



ocreb

: ONTARIO CANCER RESEARCH ETHICS BOARD
: ANNUAL REPORT 2013-2014



C E L E B R A T I N G 1 0 Y E A R S T O G E T H E R

Innovative. Collaborative. Advancing ethically sound cancer research in Ontario. The Ontario Cancer Research Ethics Board is an expert oncology research ethics board providing high-quality, efficient ethics review and oversight of multi-centred cancer clinical trials in Ontario.

Ten years together

Research ethics review is vital to the advancement of ethically sound research. Before individuals can be enrolled in a research study, the research must be approved by a research ethics board (REB), an independent committee composed of medical and scientific experts, ethicists, researchers and healthcare professionals, as well as non-scientific members such as legal and privacy experts and members representing the community. The REB's role is to ensure that the proposed research adequately protects the rights, safety and well-being of the research participants. Since January 2004, the Ontario Cancer Research Ethics Board (OCREB) has fulfilled an important role in the ethics review process for cancer research in Ontario. OCREB is an expert central oncology REB serving nearly every hospital in the province that conducts cancer clinical trials. For more than 10 years, OCREB has been providing rigorous ethics review and oversight of multi-centred cancer trials while streamlining the review process.



Proud of our success

MESSAGE FROM THE OCREB GOVERNANCE COMMITTEE CHAIR AND THE EXECUTIVE DIRECTOR

Welcome to the 10th anniversary edition of the OCREB annual report. It is delightful to look back on OCREB's progress since it was launched as a new model of research ethics review in January 2004.

If one were to describe the evolution of OCREB in stages, its first three years would be characterized as a period of innovation and validation. By the end of 2005, seven institutions had established an affiliation with OCREB. In its third year, OCREB had earned the confidence of its participating institutions and moved to using the Board of Record option (where OCREB serves as the sole REB) as its only model of review. A facilitated review option – in which the initial review was done by OCREB, followed by local REB review and oversight – had been available during OCREB's first two years of operation. Although the facilitated review option was instrumental in cultivating trust, ultimately all parties deemed it to be unnecessary.

The next few years encompassed a period of maturation and consolidation. By year six, 22 of 27 institutions in Ontario were affiliated with OCREB and the number of new studies submitted each year steadily increased. OCREB had become a respected leader in oncology research ethics. However, halfway through 2010, the volume associated with OCREB's rapid success began to stretch the capacity of its operational processes and staffing levels. Thankfully, that challenging period was relatively short-lived, and with the implementation of an online submission system, 2011 ultimately can be described as a year of optimization.

The last two years have brought further refinement, exemplified by OCREB being the first REB to be qualified under the Clinical Trials Ontario (CTO) REB Qualification Program in February 2014. The CTO REB Qualification Program is a key component of CTO's Streamlined Research Ethics Review System. REB Qualification is an important means to establishing the trust needed for one institution to rely on another institution's REB. We are very proud of this achievement. We thank the OCREB team and members for their contributions to this accomplishment; special thanks go to Alison van Nie, Victoria Shelep, Richard Sugarman, Mark Whissell and Yooj Ko for their participation in the qualification review.

In August 2013, OCREB bid farewell to Jack Holland. We will miss Jack and the passion that he brought to his three years as Chair of OCREB. We thank him for his leadership in the advancement of OCREB and in particular for expertly chairing OCREB during the transition to doing its work online. Without Jack's technical acumen, it is unlikely that OCREB would have moved as smoothly and successfully into the online world.

We welcomed Richard Sugarman as the new Chair of OCREB in September 2013. Richard has a long history in the field of research ethics, including as member and Chair of the REB at The Hospital for Sick Children (SickKids). With his extensive experience, Richard will have a significant impact on the evolution of OCREB, already evident in his involvement in preparing to expand OCREB's mandate to the review of multi-centred pediatric oncology clinical trials.

The fall of 2013 also saw the appointments of Mark Whissell and Yooj Ko as Vice-Chairs of OCREB. Mark is Clinical Research Manager at Health Sciences North, where he manages the Clinical Research Department at the Northeast Cancer Centre and he has been a member of OCREB since 2010. Yooj is a Staff Medical Oncologist at the Sunnybrook Odette Cancer Centre and an Assistant Professor in the Faculty of Medicine at the University of Toronto and has been a member of OCREB since 2006. With their experience as REB members and their complementary skills and expertise in oncology research, Mark and Yooj play a significant role in advancing the mission of OCREB.



RAY SAGINUR
Chair of the OCREB Governance
Committee



RICHARD SUGARMAN
Chair



JANET MANZO
Executive Director

Keitha McMurray stepped down from OCREB in the fall of 2013. We thank Keitha for her wisdom, guidance and leadership as a member of OCREB since 2007 and as the Vice-Chair since October 2011.

Although members on OCREB may come and go as terms end and new members are appointed, one important constant throughout the past 10 years has been the expertise of the individuals who serve on OCREB. We are grateful for their unfailing dedication to the protection of research participants and to the advancement of ethically sound research. OCREB could not function without the team of dedicated professionals who support its work and we also wish to thank the OCREB staff, the members of the Policy and Procedures Committee and the OCREB Governance Committee for their contribution to OCREB's success. Finally, we thank the Ontario Institute for Cancer Research and the Government of Ontario for their unwavering support over the last 10 years – 10 great years!

The OCREB Governance Committee would like to draw attention to a last minute, but significant achievement. The Executive Director was the recipient of the Canadian Association of Research Ethics Board's (CAREB) 2014 President's Award, which was presented at the CAREB National Conference in April. The Award recognizes a CAREB member for advancing the organization's objectives through outstanding contributions and commitment to enhancing the protection of human research participants and improving the effectiveness and efficiency of the processes of human research. Congratulations, Janet!

RAY SAGINUR
Chair of the OCREB Governance Committee

JANET MANZO
Executive Director

MESSAGE FROM THE INCOMING CHAIR

It has been a pleasure to become integrated into the day-to-day flow of work at OCREB. The learning curve has been both steep and exciting. Although all REBs have much in common, the role of a central REB review focused on oncology trials has many unique aspects that may not be apparent at first glance. There are many complexities and new opportunities for efficiencies. The creation of the fine balance of collective and cooperative processes has created a unique review system that fits the needs of 26 of the 27 cancer centres in Ontario that carry out clinical trials and provide services to oncology patients. It is the careful crafting of these interlocking processes and negotiated agreements built over the past 10 years that serves as the bedrock for OCREB's high-quality work. I feel fortunate to have been passed the baton at this time and look forward to the new developments that are just around the corner.

RICHARD SUGARMAN
Chair

Another year of progress

The 2013–2014 objectives were themed into the following categories: operational excellence, excellence in quality and consistency, stakeholder satisfaction, mandate and leadership. The sections on metrics and other performance measures relate to the 2013 calendar year. OCREB member institutions, committee memberships and stakeholder survey results reflect the fiscal year April 1, 2013–March 31, 2014.

REPORT ON 2013–2014 OBJECTIVES

Operational excellence

1. Reduce the time from submission to approval of new studies by one week regardless of any increases in volume, by developing and implementing strategies to promote reduced investigator response times (i.e., reduce the overall timeframe from 10 to nine weeks)

OCREB received 70 new studies (provincial initial applications) this year compared to 60 the previous year. The overall elapsed time from submission to approval was 11.2 weeks (56 business days), which was unchanged from last year. The delay in the overall time to approval continued to be related to delays in receiving the final principal investigator's (PI) response to the OCREB review letter. While some of the strategies employed to date to reduce the PI response times appeared to have been effective in individual cases, overall there was no change in the average PI response time. Because of considerable variation in the cause of the delays, no additional strategies to reduce PI response times have been identified.

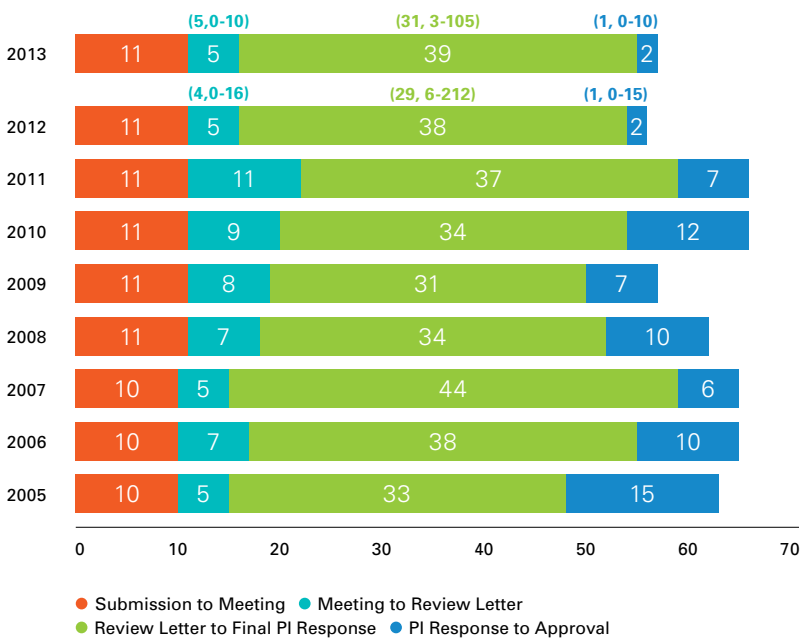
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OCREB's online system (O2) makes it much easier and more efficient to submit applications and facilitates quick turn-around times. In addition, it allows other study staff to review and submit applications when required. I also like the fact that I can keep up-to-date on the progress of each submission and that I have all approved documents at my fingertips. It is awesome and I think every REB should consider adopting this system.

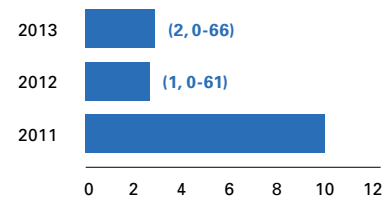
MARY BETH HUSSON
Ethics Coordinator, London Regional Cancer Program,
London Health Sciences Centre



SUBMISSION TO APPROVAL (BUSINESS DAYS) – NEW STUDIES



SUBMISSION TO APPROVAL (BUSINESS DAYS) – INITIAL CENTRE APPLICATIONS



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

Centre initial (new) applications (average processing time in business days)

OCREB received 243 centre initial applications compared to 212 in the previous year. This included centres joining studies that were originally approved in 2009, 2010, 2011, 2012 and 2013. The average time from submission to approval remained under three business days.

Other metrics

Over the past year, the studies overseen by OCREB were associated with the following submissions:

- 504 provincial amendment applications compared to 512 in the previous year. The average time from submission to approval of provincial amendments was nine days;
- 143 centre amendment applications compared to 133 in the previous year. On average, centre amendments were approved within three days;
- 278 provincial continuing (annual) review applications associated with 820 centre continuing review applications. This compares to 219 and 641, respectively in the previous year;
- 231 provincial reportable events (e.g., Data Safety Monitoring Board reports, safety updates, etc.) and 437 centre reportable events (local serious adverse events (SAEs), privacy breaches, protocol deviations). The volume for previous years is not available.

2. Develop strategies to identify extraordinarily long investigator response cycles and examine methods to address those response times

Investigations into the delays in PI response times did not uncover consistent causes; however, sites have indicated that the use of contract research organizations (CROs) might be a factor. Due to the variability in the reasons for the PI response delays, no new strategies to reduce the PI response times have been identified. OCREB is planning to meet with sponsors and CROs to inform them about OCREB with the aim of facilitating the submission and review process.

Excellence in quality and consistency

3. Maintain excellence in quality through internal and external education and training

Ninety-four and 77 per cent, respectively of survey respondents rated the quality and consistency of OCREB’s work as “good” or “excellent”. OCREB continues to employ a variety of activities to promote quality and consistency in its work.

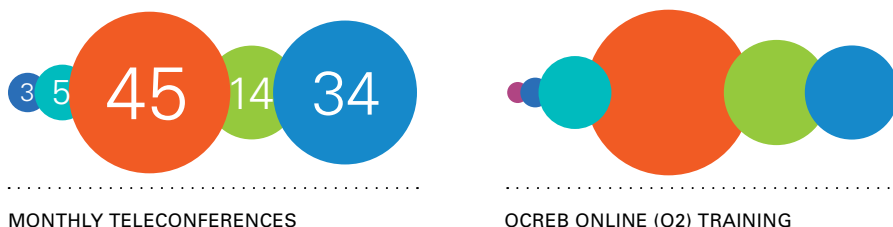
Since 2006, OCREB has been hosting monthly teleconferences to offer opportunities for study staff to learn about their responsibilities in the protection of research participants, to stay up-to-date on current issues in the research ethics field and to keep abreast of OCREB processes and procedures. The monthly teleconferences were attended by an average of 10 sites per session this year, down from 14 the previous year. In the survey results, 59 per cent of respondents rated the teleconferences as “good” or “excellent”, while 34 per cent had not attended teleconferences last year. Given declining attendance, an assessment of the research ethics education provided by OCREB is planned for next year.

To facilitate the use of OCREB’s online system (O2), training is offered monthly, and user guides and frequently asked questions are available online. Twenty-two web-based or in-person training sessions were conducted last year involving approximately 80 users. In the stakeholder survey, 71 per cent of respondents rated the O2 training as “good” or “excellent”, while 17 per cent had not attended O2 training last year.

 For O2 Support go to <https://ocrebonline.ca>

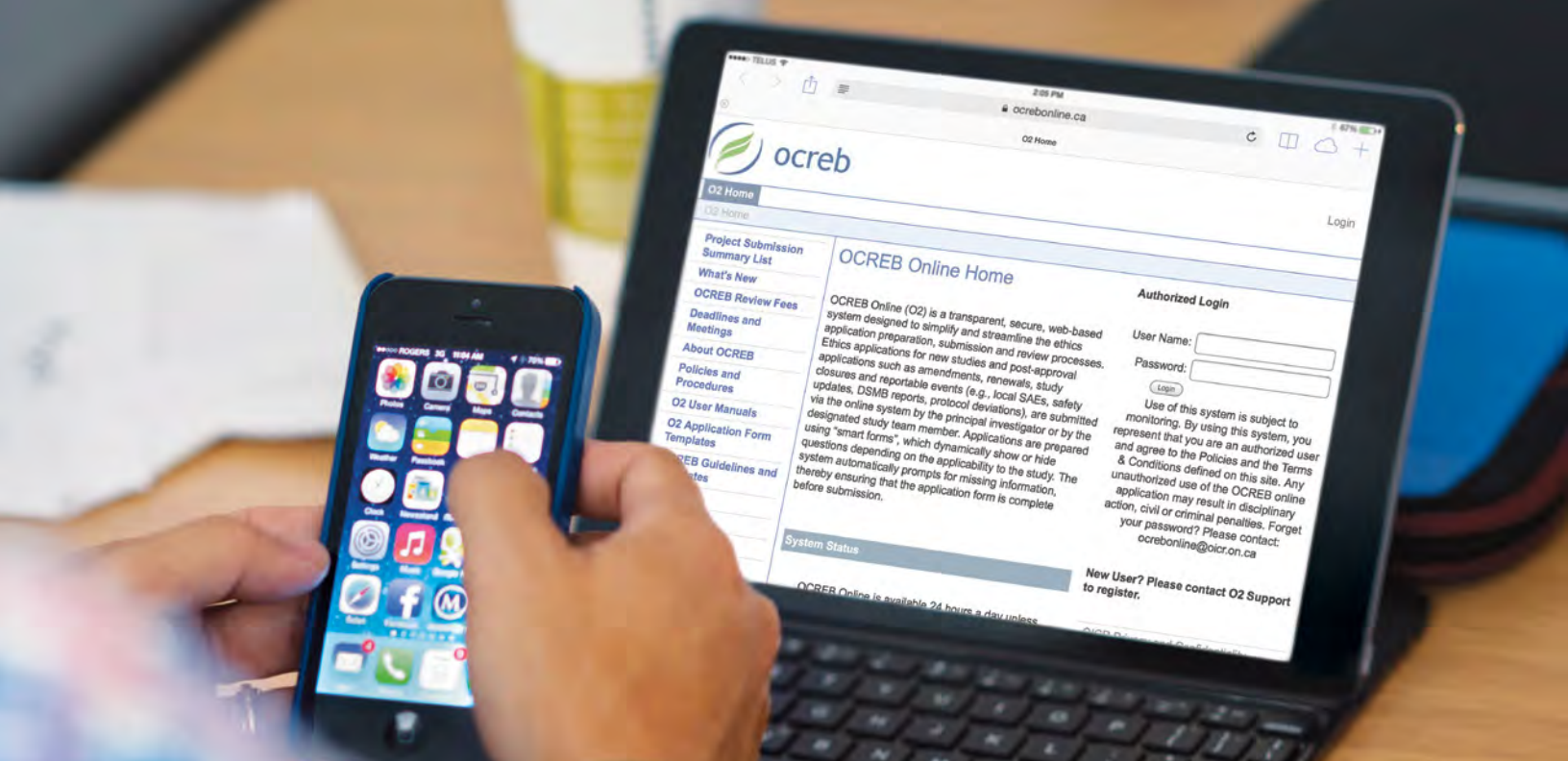
SURVEY RESULTS FOR THE FOLLOWING OCREB INITIATIVES BY PER CENT OF SURVEY RESPONDENTS

Respondents selected a response that most closely matched their general opinion of each of the initiatives, based on their experience or knowledge.



● Unacceptable ● Poor ● Adequate ● Good ● Excellent ● Question did not apply

Note: Percentages may not equal 100 due to rounding.



A majority of the OCREB office personnel attended the Canadian Association of Research Ethics Boards (CAREB) national conference in April 2013 and five OCREB members attended the CAREB Ontario conference in December 2013. OCREB staff also attended other relevant webinars, workshops and conferences. OCREB team meetings are held monthly to present new information and changes or updates in policies and procedures and in the online system. Education of the OCREB members is provided at the time of orientation, as well as at OCREB meetings on an *ad hoc* basis.

The OCREB Policy and Procedures committee serves as an advisory group to the REB, with a mandate to investigate emerging issues, develop relevant policies and procedures, and provide recommendations or information to the REB. The committee is composed of the Research Ethics Officer (Chair), the Executive Director, one or more research ethics coordinators and members drawn from OCREB, including the Chair, Vice-Chairs, an ethicist and lawyer. The Committee met six times in 2013–2014. Two key documents developed by the Committee and subsequently approved by OCREB were the *Guidelines for Managing Conflicts of Interest* and the Standard Operating Procedure *REB Review during Publicly Declared Emergencies*.

In February 2014, OCREB became the first REB to be qualified under the Clinical Trials Ontario (CTO) REB Qualification Program. The intent is to provide assurances that qualified REBs meet a minimum standard for REB governance, membership, operations and procedures. The requirements for qualification were informed by numerous sources, including Health Canada Part C, Division 5 of the *Food and Drug Regulations*, the Canadian General Standards Board Standard: *Research Ethics Oversight of Biomedical Clinical Trials*, the 2nd edition of *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, the *International Conference on Harmonization Guideline for Good Clinical Practice* and applicable U.S. regulations.



We are proud to announce that in February 2014, OCREB became the first REB to be qualified under the Clinical Trials Ontario (CTO) REB Qualification Program.



As the first REB in Ontario to be qualified by Clinical Trials Ontario (CTO) through its newly-minted qualification process, OCREB is leading the way in helping to set the standard for REBs in Ontario and for supporting the work of CTO through collaborative and resourceful participation.



ALISON VAN NIE
Research Ethics Officer, OCREB

Stakeholder satisfaction

4. At least 90 per cent of respondents to an annual satisfaction survey will rate OCREB’s overall performance as good or excellent. This will be based on responses from at least 25 per cent of centre stakeholders (i.e., researchers and research staff)

In March 2014, approximately 730 researchers and their research teams were invited to complete an online survey. A total of 128 responses were received (17 per cent response rate) of which 24 per cent were investigators, 29 per cent were study coordinators, 21 per cent were ethics and regulatory staff and the remaining 26 per cent were clinical trials nurses, data coordinators, clinical trials managers or “other”. The response rate to last year’s survey was also 17 per cent.

The table below shows the per cent of respondents that rated OCREB as “good” or “excellent” this year in each of the following categories. The results illustrate an improvement over last year in each category.

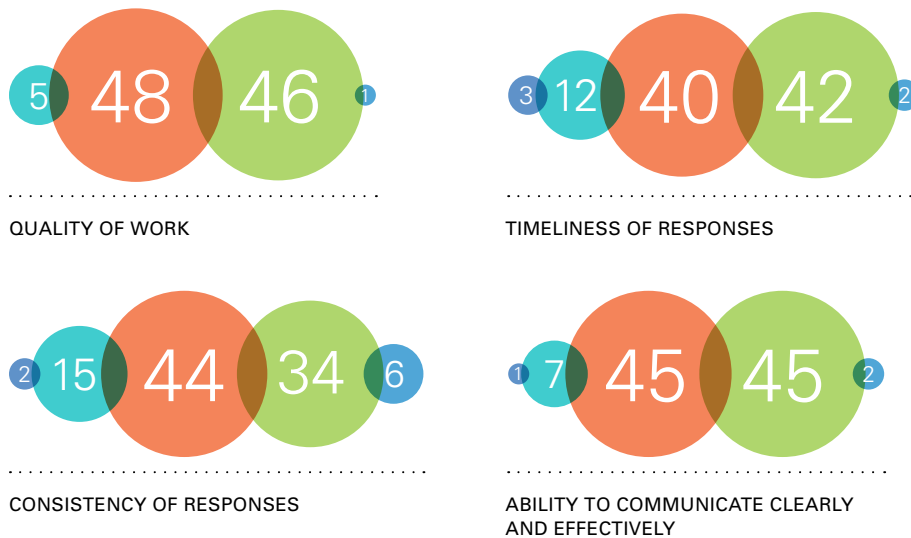


PER CENT OF SURVEY RESPONDENTS THAT RATED THE CATEGORY AS “GOOD” OR “EXCELLENT”

CATEGORY RATED	2012–13	2013–14
Overall Services	84	91
Quality of Work	87	94
Timeliness of Responses	78	82
Consistency of Responses	71	77
Ability to Communicate Clearly and Effectively	79	90

STAKEHOLDER SATISFACTION BY PER CENT OF SURVEY RESPONDENTS

Results of the stakeholder survey that rated certain aspects of OCREB's work and services.



● Unacceptable ● Poor ● Adequate ● Good ● Excellent ● Question did not apply

Note: Percentages may not equal 100 due to rounding.

Eighty-six per cent of respondents indicated that there were sufficient opportunities to interact with OCREB regarding ethical issues in their research.

Respondents were asked to comment on the benefits and challenges of using OCREB. Although both benefits and challenges were identified, the numbers of benefits cited were greater than the number of challenges.

Some of the key benefits highlighted were: efficiency in the submission and review processes; ease of use and transparency of the online system; consistency in consent forms across all sites in the province; rapid approval times, in particular for centres joining studies already approved provincially; clear communication; consistency in processes; professional and knowledgeable staff; and high quality reviews.

Some of the key challenges noted were: determining if other centres were participating; deciding which site would be the Provincial Applicant; the frequency of OCREB meetings, (i.e., only once a month); relying on the actions of the Provincial Applicant; difficulties for infrequent O2 users when navigating the online system; and obtaining assistance and timely responses from sponsors and CROs.

We are appreciative of the input received from stakeholders, whether via the annual survey or *ad hoc* throughout the year and we value the continual improvement cycle. The feedback helps the OCREB team prioritize areas for improvement.

5. Conduct a satisfaction survey to obtain feedback from study sponsors

In March 2014, sponsors and CROs were invited to complete the inaugural sponsor/CRO survey. Survey recipients were asked to forward the survey to colleagues. A total of 27 responses were received (22 Industry sponsors, one cooperative group/academic sponsor and four CROs). Since the number of potential recipients was unknown, the response rate could not be calculated. Twenty-four respondents had three to 10 studies currently open with OCREB, and three respondents were unsure. Since the number of respondents was small, the results are presented as absolute numbers instead of as percentages.

Twenty-one respondents rated OCREB's overall services as "good" or "excellent", with 16 rating OCREB's services as "better" or "much better" than the services of a single REB. Thirteen respondents had assisted the Provincial Applicant when completing the online provincial application and 11 of those rated the experience as "somewhat helpful" or "very helpful". Ten respondents were not aware that the sponsor or CRO could assist the Provincial Applicant with submissions using the online system. Twenty-four respondents indicated that if requested by the Provincial Applicant they would assist with submissions to OCREB. Eighteen respondents "somewhat agree" or "strongly agree" that the OCREB and O2 websites are helpful and informative and 17 respondents "somewhat agree" or "strongly agree" that the OCREB consent form templates are useful tools.

Key suggestions for improvements included: a recommendation for increased flexibility with the consent language; a request for increased consistency in the review comments; ensuring a more thorough initial review of the submissions to minimize the requests for changes; and timeliness with the review including holding REB meetings more often than once a month. Respondents also noted that OCREB provides quality work, is faster compared to single site REBs and indicated that the questions asked in the review letters were more appropriate.

6. Develop and implement strategies to obtain feedback from research participant stakeholders

Although OCREB supports such an initiative, it was deemed to be outside of OCREB's scope to conduct research with study participants.

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My role as a community representative allows me to bring my perspective as a cancer survivor and caregiver to the review of the consent form and other participant materials. Participating in the process is interesting and important. I find the experience a rewarding endeavour and thoroughly enjoy my work on OCREB.

JANICE HODGSON
Community Member, OCREB





Mandate

7. Become the REB of record for multi-centre Phase II and III Children's Oncology Group trials for the five pediatric centres in Ontario and their satellite sites

OCREB continues to work towards becoming the REB of record for non-Phase I, multi-centred Children's Oncology Group trials at the pediatric centres in Ontario. Members of the OCREB team have been involved in detailed work to prepare for this initiative. Process issues that are internal to the pediatric institutions have delayed this transition until the fall of 2014.

Leadership

8. OCREB will continue to be respected and consulted by local, provincial and national organizations as evidenced by the number and variety of organizations consulting with OCREB, and the number of requests for speaking engagements and consultation or participation by OCREB

OCREB was involved in many external activities again last year. OCREB's Chair, Executive Director, Research Ethics Officer and Research Ethics Coordinators continue to actively participate in a variety of provincial and national ethics-related initiatives such as CTO, the Network of Networks (N2), CAREB, the Ontario Health Study, the Canadian Cancer Clinical Trials Network (3CTN) and harmonization efforts with the NCIC-Clinical Trials Group (CTG) and the BC Cancer Agency REB. OCREB's Executive Director was invited by the Health Research Ethics Authority in Newfoundland to serve as one of two independent peer reviewers of their REBs. OCREB was consulted on its Board of Record model by the Ontario Brain Institute. The Chair is a member of the Research Participant Education Sub-committee of the Panel on Research Ethics Secretariat on Responsible Conduct of Research. The Research Ethics Officer was invited to chair the N2/CAREB REB national standard operating procedures development project. The Chair and the Executive Director were interviewed for an article that appeared in Healthy Debate, a web publication designed "to provide accessible, unbiased information about a wide variety of issues in health care of interest to the general public, healthcare workers and policymakers".



To view the article go to
[http://healthydebate.ca/2013/10/topic/
quality/research-ethics-bureaucracy](http://healthydebate.ca/2013/10/topic/quality/research-ethics-bureaucracy)

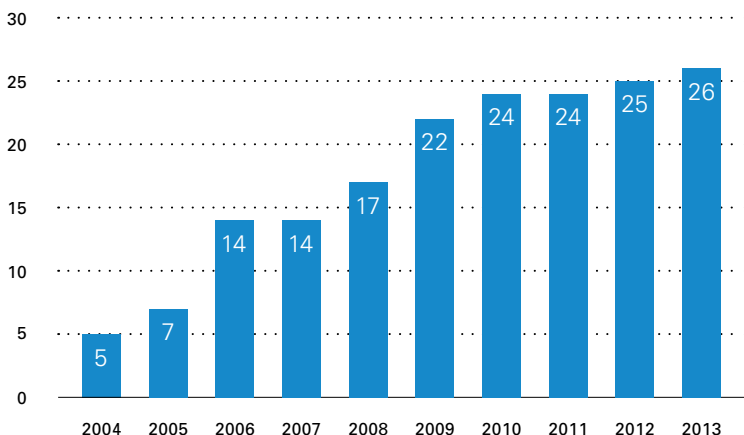
REPORT ON MEMBERSHIP, OTHER PERFORMANCE MEASURES AND GOVERNANCE

Institutional membership

Humber River Hospital established a formal relationship with OCREB in November 2013, bringing the total number of Ontario institutions that are authorized to use OCREB as their Board of Record to 26:

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| <ol style="list-style-type: none"> 1. Cambridge Memorial Hospital 2. Grand River Hospital, Kitchener 3. Hamilton Health Sciences 4. Health Sciences North/Horizon Santé-Nord, Sudbury 5. Humber River Hospital, Toronto 6. Kingston General Hospital 7. Lakeridge Health, Oshawa 8. Lawson Health Research Institute/London Health Sciences Centre 9. Mount Sinai Hospital, Toronto 10. Niagara Health System, St. Catharines Site 11. North York General Hospital, Toronto 12. The Ottawa Hospital/L'Hôpital d'Ottawa 13. Royal Victoria Hospital, Barrie | <ol style="list-style-type: none"> 14. St. Joseph's Healthcare, Hamilton 15. St. Joseph's Health Centre, Toronto 16. St. Michael's Hospital, Toronto 17. Southlake Regional Health Centre, Newmarket 18. Sunnybrook Health Sciences Centre, Toronto 19. Toronto East General Hospital 20. Thunder Bay Regional Health Sciences Centre 21. Trillium Health Partners – Credit Valley Hospital, Mississauga 22. Trillium Health Partners – Mississauga Hospital 23. University Health Network – Princess Margaret Cancer Centre, Toronto 24. William Osler Health Centre, Brampton 25. Windsor Regional Hospital 26. Women's College Hospital, Toronto |
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NUMBER OF CENTRES AUTHORIZED TO USE OCREB EACH YEAR (OF 27 POSSIBLE CENTRES)

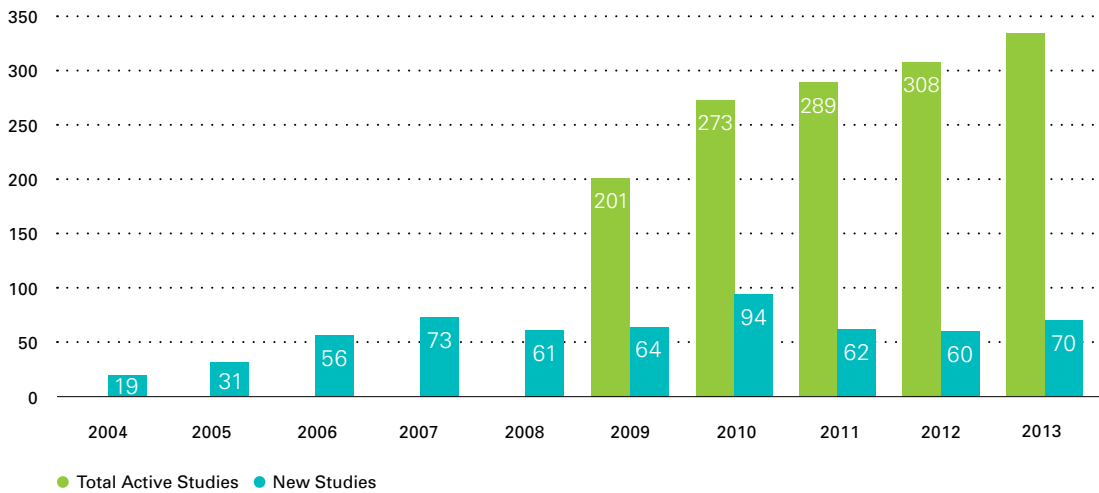


We continue to grow

Number of studies and centres

At the end of 2013, there were 334 active studies involving 949 active centre applications (not including applications for those centres at which the study had closed). This compared to 308 active studies involving 829 active centre applications in the previous year. An average of four centres participated in each study (range 1–25). While the number of new studies submitted remains at an average of 70 per year, the number of active studies has increased about nine per cent each year.

NUMBER OF STUDIES (TOTAL ACTIVE AND NEW PER YEAR)



“OCREB has served the oncology research community and oncology patients over the past 10 years. The submission and review process has evolved to reflect the technological demands of the research environment. It has been a pleasure to be a part of the process.

YOOJ KO
 Medical Oncologist, Sunnybrook Health Sciences Centre, Toronto;
 Vice-Chair, OCREB



We are moving forward

OCREB Governance Committee

OCREB is accountable to the Ontario Institute for Cancer Research's Board of Directors through OCREB's Governance Committee. The Committee met three times in 2013–2014. The Committee's meeting minutes and terms of reference can be found at www.ocreb.ca.

OCREB's objectives for 2014–2015

1. Target an eight-week average time from submission to approval for 90 per cent of the studies submitted to OCREB for initial review by the three academic/cooperative group sponsors working closely with OCREB (Princess Margaret Hospital Consortium, Ontario Clinical Oncology Group, NCIC Clinical Trials Group).
2. Improve communication and working relationships with sponsors and CROs working with OCREB, meet with a minimum of 10 industry sponsors (and/or their designated CROs) that have three or more studies currently with OCREB and meet with any academic or cooperative group sponsors that request a meeting.
3. Assess the value and feasibility of increasing the number of OCREB (full board) meetings from one to two meetings per month.
4. Assume responsibilities as the REB of record for all new non-Phase I multi-centre Children's Oncology Group (COG) trials to be conducted at the five pediatric oncology centres in Ontario.
5. Conduct needs-assessments with REB members, REB staff and research staff (at the institutional level) with respect to the research ethics education provided by OCREB and develop an education plan for all three target groups, based on the outcome of the needs assessments.
6. Conduct an assessment of the appropriateness and effectiveness of the current resource training programs offered by OCREB, e.g., Outreach and O2, and implement appropriate changes based on the outcome of the assessment.
7. Assume leadership in the development of a common optional consent form template (biospecimens and biobanking), working in collaboration with NCIC CTG and the BC Cancer Agency REB.
8. Continue to be an active partner in the ongoing national and provincial research ethics streamlining initiatives: i.e., 3CTN, the Strategy for Patient Oriented Research (SPOR) and CTO, and in the development of national REB SOPs.



For more information on OCREB,
visit www.ocreb.ca

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As a member of OCREB, I continue to be impressed not only by the quality of the reviews from a scientific perspective, but also by the responsibility that each member undertakes, both to protect the individuals who take part in clinical research and to advance the Board's knowledge of oncology. From a trial site's perspective, I am pleased that OCREB is always willing to share its approaches and best practices. OCREB continues to provide leadership on a number of key ethical issues that we are dealing with. As a site, OCREB also has streamlined our ethics submission process and helped reduce some workload.

**MARK WHISSELL**

Clinical Research Manager, Health Sciences North, Sudbury;
Vice-Chair, OCREB



Our dedicated team

OCREB Members – 2013–2014

CHAIR

Richard Sugarman

appointed September 2013
Chair, Ontario Cancer Research Ethics Board, Ontario Institute for Cancer Research, Toronto

Jack Holland

term ended August 2013
Chair, Ontario Cancer Research Ethics Board, Ontario Institute for Cancer Research, Toronto

Chair, Research Ethics Board C, University Health Network, Toronto

VICE-CHAIRS

Yoo-Joung (Yooj) Ko

appointed as Vice-Chair September 2013
Vice-Chair, Ontario Cancer Research Ethics Board

Medical Oncologist, Sunnybrook Health Sciences Centre, Toronto

Mark Whissell

appointed as Vice-Chair August 2013
Vice-Chair, Ontario Cancer Research Ethics Board

Clinical Research Manager, Health Sciences North/Horizon Santé-Nord, Sudbury

Keitha McMurray

stepped down September 2013
Vice-Chair, Ontario Cancer Research Ethics Board

Director, Clinical Studies Resource Centre, Sunnybrook Health Sciences Centre, Toronto

MEMBERS

Rebecca Auer

Colorectal and Surgical Oncologist, The Ottawa Hospital, Ottawa

Sally Bean

Ethicist and Policy Advisor, Sunnybrook Health Sciences Centre, Toronto

Amy Boucher

term ended March 2014
Registered Nurse (Oncology), Thunder Bay Regional Health Sciences Centre, Thunder Bay

Catriona Buick (alternate)
Advanced Practice Oncology Nurse, University Health Network – Princess Margaret Cancer Centre, Toronto

Stephanie Chadwick

appointed September 2013
Advanced Practice Nurse, University Health Network – Princess Margaret Cancer Centre, Toronto

Flay Charbonneau (alternate)
Manager, Pharmacy (Oncology), Sunnybrook Health Sciences Centre, Toronto

Carol Cheung

Pathologist, University Health Network – Princess Margaret Cancer Centre, Toronto

Caroline Chung

 (alternate)

Radiation Oncologist, University Health Network – Princess Margaret Cancer Centre, Toronto

Susanne Courtney (alternate)
stepped down September 2013
Community Representative, Toronto

Carlo De Angelis

Clinical Pharmacy Coordinator – Oncology, Sunnybrook Health Sciences Centre, Toronto

Ronald Feld

 (alternate)

Medical Oncologist, University Health Network – Princess Margaret Cancer Centre, Toronto

Ronan Foley

Hematologist, Internist, Director Stem Cell Processing Unit

Director, Cell Diagnostic Unit Hamilton Health Sciences

Associate Professor, McMaster University, Hamilton

Catherine Fortin

reappointed March 2014
Clinical Program Manager, Ontario Regional Biotherapeutics Program, Ottawa Hospital Research Institute, Ottawa

Meredith Giuliani

Radiation Oncologist, University Health Network – Princess Margaret Cancer Centre, Toronto

Rebecca Greenberg

appointed January 2014
Bioethicist, The Hospital for Sick Children

Assistant Professor, Department of Family and Community Medicine

Bioethicist Member, Joint Centre for Bioethics, University of Toronto, Toronto

Janice Hodgson

reappointed June 2013
Community Representative, Newmarket

Peter Kesper

appointed January 2014
Community Member, Toronto

Michael Le Huynh

appointed September 2013
Lawyer, Toronto

Paul Karanicolas

 (alternate)

Surgical Oncologist, Sunnybrook Health Sciences Centre, Toronto

Sara Kuruvilla

Medical Oncologist, London Health Sciences Centre, London

Susan MacMillan

Community Representative, Ajax, Ontario

Tony Panzarella

 (alternate)

Manager, Biostatistics, University Health Network – Princess Margaret Cancer Centre, Toronto

Assistant Professor, University of Toronto, Toronto

Nicole Park

 (alternate)

Associate, Fasken Martineau DuMoulin LLP, Toronto

Kathleen Romano

appointed March 2014
Manager Clinical Trials, Thunder Bay Regional Research Institute, Thunder Bay

Elizabeth Scheid

Research Associate, Cellular Therapy Facility Manager Juravinski Cancer Centre, Hamilton

Anne Smith

reappointed July 2013
Medical Oncologist/Hematologist, Cancer Centre of Southeastern Ontario, Kingston

Ranuka Srinivasan

 (alternate)

reappointed February 2014
Clinical Research Manager, Division of Medical Oncology and Hematology, University Health Network – Princess Margaret Cancer Centre, Toronto

Katherine Trip

term ended December 31, 2013
Assistant Professor, University of Toronto, Toronto

Nurse Practitioner, INC Research, Toronto

Laurie Turner

stepped down September 2013
Associate, Fasken Martineau DuMoulin LLP, Toronto

Stephen Welch

 (alternate)

term ended December 31, 2013
Medical Oncologist, London Health Sciences Centre, London

Shawn Winsor

 (alternate)

term ended December 31, 2013
Ethicist, Toronto

John Wunderlich

Privacy and Security Consultant, Toronto

Wei Xu

Senior Biostatistician, University Health Network – Princess Margaret Cancer Centre, Toronto

Assistant Professor, University of Toronto, Toronto

Karen Yee

 (alternate)

Hematologist, University Health Network – Princess Margaret Cancer Centre, Toronto

OCREB Policy and Procedure Committee – 2013–2014

CHAIR

Alison van Nie

Research Ethics Officer, OCREB

MEMBERS

Arshia Ali

Research Ethics Coordinator, OCREB

Sally Bean

Ethicist, OCREB

Aurora de Borja

Research Ethics Coordinator, OCREB

Michael Le Huynh

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Vice-Chair, OCREB

Janet Manzo

Executive Director, OCREB

Victoria Shelep

Research Ethics Coordinator, OCREB

Richard Sugarman

Chair, OCREB

Mark Whissell

Vice-Chair, OCREB

OCREB Governance Committee – 2013–2014

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Raphael (Ray) Saginur

Chair, Ottawa Health Science Network Research Ethics Board, Ottawa

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Partner, First Canadian Investment Properties

Managing Partner, Cathcart & Associates

Lay Member, University Health Network Research Ethics Board, Toronto

Geneviève Dubois-Flynn

Manager, Ethics Strategies, Canadian Institute of Health Research, Ottawa

Christopher M. Henley

reappointed President, Henley Capital Corporation, Toronto

Michael McDonald

Professor Emeritus of Applied Ethics and Founding Director, W. Maurice Young Centre for Applied Ethics, School of Population and Public Health, University of British Columbia, Vancouver, BC

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Richard Sugarman

Chair, OCREB

Yoo-Joung (Yooj) Ko

Vice-Chair, OCREB

Mark Whissell

Vice-Chair, OCREB

Janet Manzo

Executive Director, OCREB



OCREB Staff – 2013–2014

(back row, left to right)

Aurora de Borja

Research Ethics Coordinator

Simon Wong – to September 2013 (not pictured)

Terry Liu – from October 2013

Senior Business Systems Analyst, OCREB Online (O2)

Janet Manzo

Executive Director

Alison van Nie

Research Ethics Officer

(front row, left to right)

Arshia Ali

Research Ethics Coordinator

Sajna Baboo – to October 2013 (not pictured)

Safia Moosvi – from October 2013

Client Coordinator, OCREB Online (O2)

Victoria Shelep

Research Ethics Coordinator





FOR MORE INFORMATION

Ontario Cancer Research Ethics Board
c/o Ontario Institute for Cancer Research
MaRS Centre
661 University Avenue
Suite 510
Toronto, Ontario
Canada M5G 0A3
416-673-6649
www.ocreb.ca

