

**Canadian Cancer Immunotherapy Consortium
Consortium Canadien pour l'Immunothérapie du Cancer
CCIC**

Strategic Plan

January 2009

Table of content

1. <i>Introduction and core ideology</i>	2
2. <i>Goals and strategic principles</i>	3
a. Information exchange - networking	3
b. Funding opportunities	3
c. Increased involvement of clinicians	3
d. Training of scientists and clinicians	4
e. Health Canada challenges and Ethics.....	4
f. Lobbying	5
g. Alliances with international counterparts and Pharma/biotechs.....	5
h. Scientific program.....	6
2. <i>Envisioned future</i>	7
a. 1-3 year planning horizon.....	7
b. Long term vision.....	7

Prepared by :

Jonathan Bramson (McMaster University)

Réjean Lapointe (Université de Montréal)

Brad Nelson (University of British Columbia)

Pam Ohashi (Campbell Family Institute)

bramsonj@mcmaster.ca

rejean.lapointe@umontreal.ca

bnelson@bccancer.bc.ca

pohashi@uhnres.utoronto.ca

1. Introduction and core ideology

How to move cancer immunotherapy to a higher level in Canada?

Engaging the immune system to recognize tumors is an ideal adjuvant to current therapies and should provide an ideal adjuvant to current therapies since immune cells have the unique capacity to circulate and “seek out” malignant cells within the body, thereby clearing deposits of micrometastases. Given the fine specificity with which immune cells can eradicate tumors, successful application of this method will truly yield a « kindler and gentler » treatment for this devastating disease.

As one can imagine, harnessing the human immune response to fight cancer is a daunting challenge which will require the collective involvement of basic and clinical scientists with a diverse array of expertise. Our ultimate success in this arena is predicated upon our ability to mobilize a collective of researchers with a common interest in cancer immunotherapy. *Currently, there is no centralized effort in Canada to translate immunotherapy into clinical practice.* Therefore, we believe that the creation of a consortium of investigators across Canada who will work together is the best way to maximize our collective experiences in these days of limited research funding.

A scientific and a strategic planning symposium was held in Toronto on November 20 & 21, 2008. From this meeting, we defined the following goals and objectives, and recognized that communication is central to CCIC success.

Core Ideology: To improve cancer patient outcomes by advancing the development and application of cancer immunotherapy.

Core values: The CCIC is then an organization for the development, advancement and promotion of cancer immunotherapy in Canada, through these 3 founding principles:

- **Interaction** – exchange of information and education among basic research and clinicians
- **Innovation** – in the development and application of immune therapies; seeking the best research and thinking related to the CCIC’s purpose and vision
- **Leadership** – defining resources for current initiatives and development of novel strategies.

2. Goals and strategic principles

Tumor immunotherapy is a relatively specialized field in oncology that faces specific challenges. We believe that by promoting collaborations through this consortium we can establish a comprehensive network of immunotherapists coast to coast that will be competitive at an international level. The working group that met in Toronto has defined the following items as goals for the first iteration of this consortium:

a. Information exchange - networking

- Although an appreciable number of Canadian researchers are involved in tumor immunology, they are distributed across the country with no central hub. The CCIC aims to improve communications between investigators and create opportunities for scientists to enter this field.
- The CCIC should evolve to become the pre-eminent forum/vehicle for information exchange in tumor immunotherapy for basic scientists and clinical scientists from academia and industry, alike.
- Through the formation of the CCIC, we plan to create access to expertise in the following areas:
 - Animal models
 - Cutting-edge genomics and systems biology platforms
 - Access to biobanks with human samples
 - Clinical tumor immunology with advanced immunomonitoring

b. Funding opportunities

- The CCIC will provide mentoring to help investigators obtain research funding through advice on grantsmanship and agency/panel selection.
- As a collective, we will work with funding agencies to recognize the importance of immunotherapy and consider the implementation of specific funding mechanisms to support this research.

c. Increased involvement of clinicians

- Successful clinical translation of promising immunotherapies requires close interaction between basic scientists and clinical scientists. The CCIC aims to increase awareness among clinicians and foster relations with those who express interest.
- Within the CCIC, clinical immunotherapists need to be deeply involved, and help their colleagues to be well organized.

- The CCIC could maintain an up-dated list of cancer immunotherapy clinical trials in Canada.
- Through this consortium, we will collectively identify relevant immunological and clinical endpoints to cancer immunotherapy, in accordance to the best accepted international standards. The principles for clinical trial design utilizing correlative analysis and surrogate endpoints will be clearly defined.

d. Training of scientists and clinicians

- Cancer immunotherapy is a specialized field of oncology: we need to promote and support new initiatives to develop cancer immunotherapy training strategies.
- Create opportunities for young clinical scientists to receive appropriate training needed to pursue a career in clinical immunotherapy.
- The CCIC can serve as a platform for the circulation and recruitment of the best trainees within the country, and from abroad.

e. Health Canada challenges and Ethics

- Clinical cancer immunotherapy is a relatively young field compared to other cancer fields: regulatory agencies sometimes demand requirements that may not apply to immunotherapy.
- Consequently, we must get organized to set a positive discussion to help define :
 - relevant clinical and immunological endpoints
 - standardized immunomonitoring assays
- Through the involvement of CCIC, regulatory barriers/impediments specific to immunotherapy and vaccine development used alone or in combination that slow clinical testing/translation will be reduced or eliminated.
- Each local ethics committee has its own preferences. By sharing our experiences, the CCIC will help resolve challenges.

f. Lobbying

- Granting organizations sometimes ask the scientific community to help define strategic orientations and projects. As a society, we can mobilize future members to promote cancer immunotherapy.
- To ensure that grant applications are reviewed by experts in the field who appreciate the challenges, the CCIC will encourage qualified members to serve on review panels that deal with grants related to cancer immunotherapy.

g. Alliances with international counterparts and Pharma/biotechs

- The CCIC will act as a bridge to link Canadian investigators to similar societies outside Canada such as:
 - International Society for Biological Therapy of Cancer (iSBTc)
 - The Cancer Research Institute (CRI)
 - Cancer Vaccine Collaborative (CVC)

Such a linkage will serve to keep our consortium abreast of activities in other countries without losing sight of issues that relate specifically to members of the Canadian community.

- CCIC can also serve to foster collaboration between academic researchers and large Pharma such as:
 - BMS
 - GSK
 - Pfizer
 - Sanofi Pasteur
 - Novartis
 - Others...
- Similarly, CCIC can serve a bridge for interactions with small biotech such as:
 - Biomira (Edmonton)
 - Bioniche (Montréal)
 - Diagnocure (Québec)
 - Folia (Québec)
 - Immunovaccine (Halifax)
 - RbDiscovery (Toronto)

h. Scientific program

- Formal gathering of the CCIC would occur annually (more frequently, if necessary). Initially, we plan to meet in a satellite meeting to the annual Canadian Society for Immunology (CSI) meeting.
- Although the CCIC is not originally designed to directly provide funds, the consortium could help to develop and promote the development of shared platforms, resources and projects.
- Training of graduate students and clinicians is crucial in enforcing cancer immunotherapy in Canada: linkage could be provided by the CCIC through different means, including, for example, a blog space focusing on hot topics, and many others...
- The society must be present in different international forums to be part of cancer immunotherapy development and be at the forefront of global strategic alliances and decisions.
- A web page will be developed to ease communications.

2. Envisioned future

a. 1-3 year planning horizon

At the strategic meeting held in Toronto (21 November 2008), it has been decided to initiate our scientific program through an annual meeting to be held under the umbrella of the Canadian Society of Immunology (CSI). The CSI, through some of its leaders (Drs. Hermann Ziltener, Tania Watts, and Wilf Jefferies), has brought a solid commitment to support the CCIC and the first symposia after the CSI meeting in Whistler, BC in April 6, 2008.

Here are some of the questions a future CCIC board will face:

What mechanism(s) should we use to define the focus of the CCIC?

- Conference calls?
- Business meeting at the satellite CSI meeting?
- Survey among Canadian scientists and clinicians?
- Virtual meeting through the web?
- Interaction between selected scientists, including clinical scientists?

How will we establish a financial basis?

How should we compose an advisory board?

- 5-6 scientists
- 2-3 clinicians
- 2 trainees (graduate student or post-docs)
- 1-2 scientists from the industry

b. Long term vision

To be defined!