



SCIENTIFIC STEERING COMMITTEE AND ADMINISTRATION TEAM AT THE 3RD ANNUAL CONFERENCE, OCTOBER 26-27, 2018, MONTREAL.

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*CanVECTOR is a pan-Canadian, patient-oriented, Community Development Program centered on venous thromboembolism-related research, training, and knowledge translation.*

## Message from the Directors

Greetings and Happy New Year!

This past October, we marked CanVECTOR's 3<sup>rd</sup> anniversary! Also in October, we held our 3<sup>rd</sup> Annual Conference in Montréal. Our many enthusiastic attendees and speakers escaped the autumn chill by engaging in a series of warm meetings inside the Omni Mont-Royal Hotel. A big Thank You to the conference organizers Drs. Vicky Tagalakis and Shannon Bates and their planning committee for a wonderful conference program. We'd also like to give a special shout-out to our trainees, who attended in large numbers this year; their poster and oral presentations, plus their '3-minute competition' talks exemplified this year's theme: Translating Knowledge Together! This year's conference also witnessed a great turnout by our research coordinators, whose active participation has inspired us to create a CanVECTOR Research Coordinators (RC) working group (more info to follow). While still in the development stage, we predict that the RC working group will be instrumental in future conference planning and other network activities. Don't hesitate to get in touch if you are interested in planning next year's conference: we'd love to hear from you!

The end of 2018 saw tremendous representation of our members at the ASH meeting in San Diego, CA. Many network trainees, members and platform leads presented their research, and some gave ASH

Education sessions. Please join us in congratulating them for their accomplishments. Speaking of achievements, the CanVECTOR-led AVERT study was published in the *New England Journal of Medicine* in December 2018; the full article is available through CLOT+ (see page 5 of this newsletter for more information). Bravo to Marc Carrier, Phil Wells, and co-authors.

As 2019 begins, we are working to further unify and expand VTE research nationally. In addition, strategic planning for 2020 and beyond is well underway. Many who attended our 3<sup>rd</sup> Annual Conference participated in a focus group on prioritizing for our network's future. As a next step, we invite **all members** to weigh in and share your views on this important topic. Please check your Inbox for our upcoming "Strategic Planning Survey", and most importantly, please complete the survey.

As always, we invite you to send us your thoughts, comments and feedback: we are just an email or a phone call away.

We look forward to another productive year ahead, brimming with enthusiasm, collaboration and partnership.

*Susan R. Kahn*



Susan and Marc

# A look back at the 3<sup>rd</sup> Annual Conference moments!



On the day before the conference, trainees enjoyed a workshop and panel discussion on Launching a Clinician-Scientist and Research Career.



We kicked off the meeting with the welcome remarks by Dr. Vicky Tagalakis, one of the conference co-chairs.



Dr. Lisa Baumann Kreuziger shared the process of building the VENUS research network in the US.



Trainees presented their research that had been supervised by CanVECTOR members.



We broke into groups to discuss research challenges. Some of us participated in CanVECTOR Future Planning session.



The attendees were eager to learn about CanVECTOR platforms.



Dr. Lori-Ann Linkins and Carol West (Patient Partner) described how lay summaries should be tailored toward the audiences needs. The Patient Partners judged the lay summaries written by attendees.



The 2018 conference adjourned by thanking our partners and the hardworking trainees.



**SAVE THE DATE!**  
THE 4<sup>TH</sup> ANNUAL CONFERENCE WILL BE HELD  
ON OCTOBER 17-18, 2019 IN TORONTO.

Do you want to be involved in planning the conference program? Give us a shout at [info@canvector.ca](mailto:info@canvector.ca)

# The Patient's Perspective:

For this edition of The Patient's Perspective, we are featuring Suzanne Dubois' (one of CanVECTOR's Patient Partners) impression of the Patient Lay Summaries session that took place during our 2018 Annual Conference.

As a Patient Partner in the CanVECTOR Network I experience only intermittent contact with the researchers, physicians, and administrators at the core of the organization, so I really look forward to the opportunity to meet with those key players at the Annual CanVECTOR Conference—and the 3<sup>rd</sup> annual gathering in October 2018 did not disappoint!

A highlight of the 2018 conference was the session titled: "**Patient Lay Summaries: How not to get lost in Translation**", which was presented by Lori-Ann Linkins (Health Information Research Unit, McMaster University) and Carol West (CanVECTOR Patient Partner). As a part of the Knowledge Translation team Lori-Ann reviews and assesses clinical research papers to determine those most relevant for the CLOT+ Repository. If a study contains information that is thought to be relevant to patients, a plain language "Lay Summary" is created. The challenge is to create a patient resource that is interesting and informative, with a clear message. These summaries are meant to contain relatable findings and be easily understood by patients with limited medical knowledge (use of acronyms should be limited and definitions included). The resulting Lay Summaries provide pre-appraised evidence for supporting clinical decisions and are valuable tools for educating patients.

The "Patient Lay Summary" session provided some insight into one of the challenges regularly addressed during Patient Partner Council meetings—how to ensure that relevant research is made available to patients in an understandable format. Since mid-2018 Patient Partners have been incorporating the review of specific Patient Lay Summaries into their monthly teleconference meetings so that, as a group, they can discuss and provide feedback and recommendations prior to Lay Summary publication. It is amazing how the collaborative efforts of this group can lead to interesting discussions which eventually help to clarify the summaries and identify areas of concern that may be overlooked by the scientific perspective.

As the session progressed the conference attendees were split into teams, bringing together members from all sectors of the organization. It was interesting to witness the collaborative efforts of Trainees, Mentors, Early Career Investigators, Basic Science Researchers, Administrators, and Patient Partners as they worked together with a singular goal in mind: to create the most relevant, interesting and understandable lay summary!

Many inspired ideas were brought forward and some contributors showed potential for alternative careers in advertising as they pitched creative strategies to hook the audience. When the "Lay Summaries in Progress" were reviewed by the presenters and Patient Partners it was clear that all of the participants recognized the importance of creating a document that is concise and meaningful for patients.

So, who won the contest? To be honest, I don't actually remember... but I was definitely left with the impression that CanVECTOR is composed of a diverse group of dedicated, caring professionals who are open to understanding new perspectives with the shared goal to improve outcomes for patients. I'm looking forward to witnessing more collaborations at the 4th Annual CanVECTOR Conference in October 2019!



**Suzanne Dubois** has been a CanVECTOR patient partner since 2017. Her background in social services and personal experience with VTE drive her interest in patient education and advocacy. In addition to consulting on the network's research studies, Suzanne is one of the two Patient Partners who sits on CanVECTOR's Scientific Steering Committee.

## News & Updates



The next CanVECTOR's Clinical Investigators Group (CIG) face-to-face meeting will be held on **May 23<sup>rd</sup>, 2019** at the BMO Conference & Education Centre (Toronto). In addition to its regular discussions on ongoing CanVECTOR-led studies, this meeting will also feature a new segment on "Protocol Strengthening". More information coming soon!



Congratulations to Faizan Khan as the new Trainee Council chair! Faizan is well acquainted with the network and its training activities; before returning to graduate studies (PhD in epidemiology) he spent a year managing the Training, Mentoring and Early Career Investigators platform. In his new position, he will communicate the network trainees' needs to the Scientific Steering Committee.

Congratulations to Drs Adi Klil-Drori & Vicky Tagalakis who won the Eberhard Mammen Seminars in Thrombosis and Haemostasis 2019 Most Popular Article Award for their article titled: "Direct Oral Anticoagulants in End-Stage Renal Disease".



We are excited to welcome Aniara Diagnostica on board as a new CanVECTOR partner. Aniara Diagnostica provides diagnostic and research reagents for thrombosis, including kits for DOAC testing.



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# Succession Planning

Succession planning is all about making sure our organization can continue to grow and move forward in years to come. An important aspect of this planning is an agreed-on, transparent process to determine the next cohort of CanVECTOR leaders. The Scientific Steering Committee (SSC) has recently approved [Succession Planning Terms of Reference](#) to guide us. These Terms are summarized below:

## CanVECTOR's Leadership

The network's inaugural SSC was formed in 2015, consisting of the two co-directors and three co-leads for each of CanVECTOR's three foundational platforms and three scientific platforms. Since that time, additional members in key roles have been appointed to the SSC: The current Chair of the CIG (Clinical Investigator Group); two Patient Partners; The current Chair of the Trainee Council. These members are appointed by their respective platform/council.

## Leadership Terms

The co-directors and platform co-lead SSC members will serve 5-year terms and at the end of each term, elections will occur. The first term for the inaugural Directors and SSC members will end in 2020.

- co-directors and SSC members will be up for re-election after each 5-year term
- co-directors and SSC members can serve for a maximum of two terms
- Immediate past co-directors will sit on the SSC as ex-officio members



**ELECTIONS** will take place in the 1st quarter of Year 5 (October – December 2020)

**AN ELECTIONS CHAIR** will be chosen by the SSC and must be a SSC member who has declared they will leave their SSC position following the active term

**NOMINEES FOR SSC POSITIONS:** current SSC members, active CIG members and platform working group members are eligible for nomination

**VOTING:** SSC, CIG and platform working group members are eligible to vote. Voting will occur electronically with each voter choosing one nominee per position, except for the Network Directors positions, where voting will be by preferential ranking.

## What you need to know about the CanVECTOR External Advisory Board

**Members:** Our External Advisory Board (aka EAB) is comprised of senior non-VTE researchers who are external to CanVECTOR, patient engagement advisors, and representatives of our not-for-profit partners (e.g. Thrombosis Canada, Heart and Stroke Foundation of Canada, and Société des sciences vasculaires du Québec). In addition, our major pharmaceutical funding partners each retain one seat on the Board.

The Chair of our EAB is Dr. Shawn Aaron of the University of Ottawa. Dr. Brian Rowe, Scientific Director of CIHR's Institute of Circulatory and Respiratory Health, serves as an ex-officio member.

**Mandate:** it's in the name! The EAB has an advisory function to CanVECTOR's Scientific Steering Committee (SSC). They meet twice a year (once face-to-face during the annual conference, and once by teleconference) to provide advice on the network's:

- Overall strategic plan and objectives
- Scientific direction
- Operations and management, to ensure that appropriate policy and financial decisions are made and implemented

In addition, our EAB advises the network co-directors and SSC on partnership opportunities, fundraising and business development.



We wish to thank our EAB for their guidance and excellent advice to date!



See the current list of EAB on the [CanVECTOR website](#)

# High Impact Publication

Vicky Tagalakis

## Apixaban reduces thrombotic risk in patients with cancer undergoing chemotherapy: The AVERT trial

Primary prevention with the direct oral anticoagulant apixaban reduced venous thromboembolism in ambulatory patients with cancer initiating chemotherapy, according to the CIHR-funded and CanVECTOR research network supported AVERT trial published online in the New England Journal of Medicine on December 4 2018.

Dr. Marc Carrier and colleagues randomized 574 ambulatory cancer patients from 13 Canadian centers to apixaban (2.5 mg twice daily) or placebo beginning 24 hours following the first dose of chemotherapy and continuing for 180 days. All patients had a baseline Khorana score of 2 or higher, indicating intermediate-to-high risk of venous thromboembolism. The primary efficacy outcome was first episode of objectively documented major venous thromboembolism during the study period. The primary safety outcome was major bleeding.

Over the 210-day study period, 12 patients (4.2%) in the apixaban group experienced a venous thromboembolism vs. 28 patients (10.2%) in the placebo group for a 59% reduction in risk associated with apixaban (hazard ratio [HR] = 0.41, 95% confidence interval [CI], 0.26 to 0.65;  $P < 0.001$ ). The number of patients needed to treat (NNT) to prevent one venous thromboembolism was 17. The incidence of major bleeding during the study period was twice as high in the apixaban group, specifically 10 patients (3.5%), compared with 5 (1.8%) in the placebo group (HR, 2.00; 95% CI, 1.01 to 3.95;  $P = 0.046$ ). No patient experienced fatal bleeding or bleeding into a critical organ, and the proportion of major bleeds constituting a medical emergency were similar between

the groups (1 and 2 in the apixaban and placebo groups, respectively). The difference in bleeding risk between the groups was mainly attributable to more gastrointestinal, urinary, and gynecologic bleeding in the apixaban group, which is consistent with the results of previous studies of direct oral anticoagulants involving patients with active cancer.

Parenteral thromboprophylaxis with low molecular weight heparin can reduce the risk of venous thrombosis among ambulatory patients with cancer initiating chemotherapy, but it is not recommended due to small absolute benefits, NNTs in the range of 50 to 120, increased major bleeding, and patient inconvenience. AVERT is the first published study to show a clinically important and substantive reduction in thrombosis with a low dose direct oral anticoagulant in selected patients at intermediate-to-high risk for thrombosis. Although more major bleeding was observed with apixaban during the study period, when considering bleeding during the time patients were taking apixaban or placebo (median treatment duration was 157 days), major bleeding was not statistically higher with apixaban (6 patients (2.1%)) compared to placebo (3 patients (1.1%)) (HR 1.89; 95% CI, 0.39 to 9.24) for a number needed to harm of 100.

The AVERT trial is compelling support for a highly effective and relatively safe targeted approach to oral thromboprophylaxis in ambulatory patients with cancer initiating chemotherapy, and is almost certain to inform future practice guideline recommendations regarding primary prevention of thrombotic events in cancer.



The full article for this publication is available on **CLOT+**

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