Overview

- NCI Designation
- Overview of the HCC Protocol Review Committee
- New Study PRC Submission
- Ongoing PRC Reporting Requirements
  - Change in Study Status
  - Amendments
  - Accrual
National Cancer Institute Designation

- MUSC-HCC received its NCI designation in 2009.
- The only NCI designated cancer center in SC
- 1 of 68 designated cancer centers in the US.
- NCI-designated cancer centers are characterized by *scientific excellence*
- Centers must meet *rigorous criteria* for performing multidisciplinary cancer research.
NCI Designation Characteristics

- NCI Designated Cancer Centers must have a defined **programmatic structure** that effectively promotes high quality scientific research.

- **Protocol Review and Monitoring System (PRMS)** is one of the major components of our Center’s research infrastructure.
How is the HCC Protocol Review Committee organized and structured?
Protocol Review Committee

• Currently, comprised of 19 *multidisciplinary senior members* that include:
  • 3 PRC chairs
  • Biostatisticians
  • Specialized ad-hoc members.

• **HCC Clinical Trials Office** helps administer the PRC meetings and functions.
HCC Protocol Review Committee

The focus of the Protocol Review Committee is to conduct ongoing evaluation of the MUSC’s oncology clinical protocol research portfolio based on the cancer center’s research needs and a trial’s scientific merit and study progress.
## Types of PRC Review

- **Expedited Review** – Study application is reviewed by the chair.

- **Full Board Review** – Study application is reviewed by the full PRC membership at one of the convened PRC meetings
  - Meet every 21 days
  - Must submit your PRC New Study Application by the PRC meeting deadline
  - PRC Meeting schedule is located online at [https://hcc.musc.edu/intranet/prms](https://hcc.musc.edu/intranet/prms)

### Protocol Review Committee

<table>
<thead>
<tr>
<th>PRC Deadline – CTO (Thursday - noon)</th>
<th>Reviewer Assigned</th>
<th>Reviews complete</th>
<th>PI Reply</th>
<th>PI final reply to all issues</th>
<th>PRC Agenda Set</th>
<th>PRC &amp; Chair Meeting Date (Friday 8 am)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 26, 2014</td>
<td>July 3</td>
<td>July 9</td>
<td>July 11</td>
<td>July 14</td>
<td>July 16</td>
<td>July 18</td>
</tr>
<tr>
<td>July 17, 2014</td>
<td>July 24</td>
<td>July 30</td>
<td>Aug 1</td>
<td>Aug 4</td>
<td>Aug 6</td>
<td>August 8</td>
</tr>
<tr>
<td>August 28, 2014</td>
<td>Sep 4</td>
<td>Sep 10</td>
<td>Sep 12</td>
<td>Sep 15</td>
<td>Sep 17</td>
<td>September 19</td>
</tr>
<tr>
<td>October 30, 2014</td>
<td>Nov 6</td>
<td>Nov 12</td>
<td>Nov 14</td>
<td>Nov 17</td>
<td>Nov 19</td>
<td>November 21</td>
</tr>
<tr>
<td>November 20, 2014</td>
<td>Nov 27</td>
<td>Dec 3</td>
<td>Dec 5</td>
<td>Dec 8</td>
<td>Dec 10</td>
<td>December 12</td>
</tr>
</tbody>
</table>

J-Jennifer Jaroscek, MD  R - James Ravenel, MD  W - Graham Warren, MD
PRC Review

- EXEMPT
- EXPEDITED
- FULL

How is the type of PRC review determined?
Scope of PRC Review

- The PRC Committee reviews and monitors all MUSC research that meets the following criteria:
  - **Oncology focused** with study aims related to cancer
  - **Involves cancer patients** or patients with a suspected cancer diagnosis
  - **Prospective** research, or involves a component of prospective research.
PRC Review

- Retrospective vs. Prospective
- Non-Cancer vs. Cancer
- Non-Interventional vs. Intervenational
- Trial Sponsorship

The PRC Chair has the authority to request a Full board PRC review.

*(table excerpt from the HCC Data Safety Monitoring Plan)*
PRC Review

- **Retrospective** vs. **Prospective**
- **Non-Cancer** vs. **Cancer**
- **Non-Interventional** vs. **Interventional**
- **Trial Sponsorship**

Retrospective research and non-oncology research are **EXEMPT** from PRC review
Any Prospective Non-interventional trial involving Cancer patients will require an EXPEDITED PRC review.
Any Prospective Interventional trial involving Cancer patients or aims will require a PRC review. It may be EXPEDITED or FULL depending on the study’s sponsorship.
“Study Sponsorship” Definitions

- **Industrial**: Design and implementation of the study is controlled by the pharmaceutical company or by another organization that is not NCI supported.
- **Institutional**: In-house clinical research studies authored or co-authored by Cancer Center investigators and undergoing scientific peer-review solely by the Protocol Review and Monitoring System of the Cancer Center. The Cancer Center investigator has primary responsibility for conceptualizing, designing, and implementing the clinical research study and reporting results. It is acceptable for industry and other entities to provide support (e.g., drug, device, other funding), but the trial should clearly be the intellectual product of the Center investigator.
  - This category may also include: 1) Institutional studies authored and implemented by investigators at another Center; 2) Multi-site institutional studies authored and implemented for which the Cancer Center is the lead organization
- **Externally Peer-Reviewed**: R01s, SPORES, U01s, U10s, and P01s or other trial mechanisms supported by the NIH or supported by other peer-reviewed funding organizations.
  - *To qualify for expedited PRC review*, the clinical trial protocol **MUST** be the project that had NIH scientific review. The protocol cannot be a component of the larger project
- **National**: NCI National Clinical Trials Network (NCTN) and other NIH-supported National Trial Networks (e.g. Alliance Oncology)
PRC and IRB Review Relationship

- All MUSC IRB applications for studies that involve cancer patients will be **automatically flagged and routed** for HCC PRC review and approval.

- Any studies within the scope of the PRC that are **institutional** must be approved by the PRC before MUSC IRB review will begin.
How do I submit a protocol to the PRC for initial review?
How to Submit a PRC Form

- Use your MUSC NetID to log into the HCC Intranet under the Protocol Review and Monitoring System.

- Click on “Protocol Review Committee” → “New PRC Submission Form” link and complete form.

https://hcc.musc.edu/intranet/prms/index.htm
PRC New Study Submission Form

• The electronic form has “smart forms”
• Have the following documents ready to upload:
  • **Final Protocol**
    *(with version date and name of study sponsored)*
  • **Revised Priority Diagram**
  • **Study Specific DSMP (if institutional)**
PRC Required Fields

- Title
- PI Name and Email
- Type of Research
- Sponsor Name
- Regulatory, Finance, Coordination resource
- Coordinator Name and Email
- Therapeutic Area
- Expected enrollment at HCC and duration
- Priority Diagram
- Protocol (with version date)
- Tumor registry historical data
- Study Specific DSMP (if institutional)
- Statistician Name and Email (if institutional)
What is a Priority Diagram?

PRIORITY DIAGRAM: Attach the appropriate disease-specific priority diagram that depicts where this study will be listed and to ensure there are no competing trials. CLICK HERE for instructions on how to upload priority diagram.

Priority Diagram Instructions

1. Go to https://sp.musc.edu/hcc/cto/Priority%20Diagrams/Forms/AllItems.aspx
2. Click on the disease site that your study is under. If you are submitting a study that covers multiple diseases, please submit changes within the “all programs” priority diagram.
3. Print out the priority diagram.
4. On the hard copy, write in the study you are submitting ensuring the following information is included:
   - PI name
   - 10 words or less that give the main point of the study
   - CTO# if you have one.
5. If you do not see a subcategory that your study falls into, please write in a new subcategory.
What is a Priority Diagram?

Priority Diagram Instructions

1. Go to [https://sp.musc.edu/hcc/cto/Priority%20Diagrams/Forms/AllItems.aspx](https://sp.musc.edu/hcc/cto/Priority%20Diagrams/Forms/AllItems.aspx)
2. Click on the disease site that your study is under. If you are submitting a study that covers multiple diseases, please submit changes within the "all programs" priority diagram.
Additional Key Points-
Study Specific Data Safety Monitoring Plans

• Required for Institutional Trials
• Provides the PRC members critical information related to the procedures for trial oversight and conduct

Access editable DSMP template

Upload study specific DSMP here

EXAMPLE LANGUAGE FOR A STUDY SPECIFIC DSMP

Data & Safety Monitoring Plan for [Insert title] [Insert Study ID/CTO #] [Insert Principal Investigator] [Insert version date]

1. Identification of risks and plans to minimize risk

1.1 What risks are expected due to the intervention in this protocol?

Expected: is identified in nature, severity or frequency in the study documentation (protocol, consent, Investigator Brochure, package insert etc) is considered an expected.

- The risks should be consistent with those in the consent form and the investigator’s brochure (if applicable), although they should be written in technical terms in the protocol and in lay terminology in the consent form.

<table>
<thead>
<tr>
<th>Expected Risks related to [Insert Intervention]</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
<td>Occurs frequently, Occurs infrequently Occurs rarely Frequency unknown</td>
</tr>
</tbody>
</table>
Download the “Guidance Document for Submitting a New PRC Form” to get step-by-step information for submitting a new oncology study through the HCC PRC.
Routing the PRC Form

• Study Coordinator starts the PRC form and clicks “Submit to PI” button when ready for investigator review.
• PI will receive an email notification with subject line “PRC Form Signature Required.” Coordinators will be copied on the email notification.

PI will click on “View PRC FORM” to review the PRC form and click “Sign & Submit.”
• The PRC administrator will receive a notification and contact the study team regarding the assigned PRC meeting dates, if full review is required.
Helpful tips

• You can access a pending or completed form at anytime by clicking “Access Existing PRC Submission Form” posted on the HCC Intranet

Click on this icon to open the form

• Contact the PRMS team should you have any questions about the type of review or completing the form.
  • hccprms@musc.edu
  • Kristin Britten 792-9247
  • Tricia Adrales Bentz 792-1753
  • Kris Banks-Smalls 792-1147
  • Amy Johnson Dorn 792-6231
During the PRC review

- Clear and justified study design?
- Is the intervention clearly defined?
- Clear inclusion and exclusion criteria to define the patient population?
- Clear statistical analysis plan?
- Is the sample size justified?
- Are there stopping rules should the intervention be harmful or ineffective?
- Are there defined endpoints that coincide with study objectives?
- Does the study fit in with the needs of the cancer center and have a feasible recruitment plan?
After a PRC review, the PRC administrator will correspond with the team regarding the PRC decision.

<table>
<thead>
<tr>
<th>Decision</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Study may proceed</td>
</tr>
<tr>
<td>Contingently Approved</td>
<td>Requires PI response, but does NOT go back to full board review.</td>
</tr>
<tr>
<td>Deferred</td>
<td>Require PI response and another full board review</td>
</tr>
<tr>
<td>Disapproved</td>
<td>Study may not proceed</td>
</tr>
</tbody>
</table>

The PRC administrator will contact the study team of the meeting outcome. A formal signed PRC letter will also be provided for the research study records. It is the study team’s responsibility to upload the PRC letter into the eIRB initial study application.
Additional PRC Reporting

- Study Status
- Amendments
- Accrual

How does the PRC evaluate progress?
What studies require this PRC reporting throughout the course of the study?

Any oncology study that received a PRC review (whether expedited or full review) requires additional PRC reporting.

<table>
<thead>
<tr>
<th>Clinical Research Category</th>
<th>Study Sponsorship</th>
<th>Type of Protocol Review Committee Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Retrospective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Non-intervention</td>
<td>Institutional</td>
<td>Expedited X</td>
</tr>
<tr>
<td>[e.g. Any retrospective chart reviews or tissue studies]</td>
<td>Industry X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ext. Peer Review</td>
<td>Full X</td>
</tr>
<tr>
<td></td>
<td>National X</td>
<td></td>
</tr>
<tr>
<td>II. Prospective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Non-intervention</td>
<td>Institutional</td>
<td>Expedited X</td>
</tr>
<tr>
<td>i. Non-Treatment</td>
<td>Industry X</td>
<td>Full X</td>
</tr>
<tr>
<td>a. NON-CANCER Pts</td>
<td>Ext. Peer Review</td>
<td></td>
</tr>
<tr>
<td>[e.g. Epi or Observational trials or use of leftover SOC specimens of healthy subjects]</td>
<td>National X</td>
<td></td>
</tr>
<tr>
<td>III. Prospective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Non-intervention</td>
<td>Institutional</td>
<td>Expedited X</td>
</tr>
<tr>
<td>i. Non-Treatment</td>
<td>Industry X</td>
<td>Full X</td>
</tr>
<tr>
<td>a. CANCER Patients</td>
<td>Ext. Peer Review</td>
<td></td>
</tr>
<tr>
<td>[e.g. Epi or Observational trials or use of leftover SOC specimens of cancer patients]</td>
<td>National X</td>
<td></td>
</tr>
<tr>
<td>IV. Prospective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Interventional</td>
<td>Institutional</td>
<td>Expedited X</td>
</tr>
<tr>
<td>i. Non-Treatment</td>
<td>Industry X</td>
<td>Full X</td>
</tr>
<tr>
<td>a. NON-CANCER Pts</td>
<td>Ext. Peer Review</td>
<td></td>
</tr>
<tr>
<td>[e.g. cancer control studies, registry, or SOC screening studies of healthy subjects]</td>
<td>National X</td>
<td></td>
</tr>
<tr>
<td>V. Prospective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Interventional</td>
<td>Institutional</td>
<td>Expedited X</td>
</tr>
<tr>
<td>i. Non-Treatment</td>
<td>Industry X</td>
<td>Full X</td>
</tr>
<tr>
<td>a. CANCER Patients</td>
<td>Ext. Peer Review</td>
<td></td>
</tr>
<tr>
<td>[e.g. survey, registry, supportive care, diagnostic, specimen studies of cancer pts]</td>
<td>National X</td>
<td></td>
</tr>
<tr>
<td>VI. Prospective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Interventional</td>
<td>Institutional</td>
<td>Expedited X</td>
</tr>
<tr>
<td>i. Treatment</td>
<td>Industry X</td>
<td>Full X</td>
</tr>
<tr>
<td>a. CANCER Patients</td>
<td>Ext. Peer Review</td>
<td></td>
</tr>
<tr>
<td>[agents, surg, rad onc tx for cancer]</td>
<td>National X</td>
<td></td>
</tr>
</tbody>
</table>
Additional PRC Reporting

- During the life of a trial, additional study conduct reporting is required by the PRC for purposes of HCC reporting to the NCI.
- Changes in study status
- Monthly Accrual
- Significant Amendments

All PRC forms, information and links are located online at:

http://hcc.musc.edu/intranet/prms/protocolcommittee.htm
Why does HCC require this information?

HCC reporting to the NCI

- CCSG reporting
- CTRP
Why does HCC require this information?

- We are required to report studies and accrual progress to the NCI via our NCI Cancer Center Support Grant Progress Report and also a new reporting program call the NCI Clinical Trials Reporting Program, or CTRP.
Additional CTRP Reporting for MUSC-Sponsored Institutional Trials

- Trial registration for Institutional trials require:
  - All protocol versions with version dates
  - IRB approvals for initial, amendments, renewals
  - All IRB approved consents
  - Detailed patient accrual information
Questions?

• **PRC Chairs:**
  • James Ravenel, MD
  • Jennifer Jarosckak, MD
  • Graham Warren, MD, PhD

• **PRMS Administration:**
  hccprms@musc.edu

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  • Amy Johnson Dorn, CCRP johnsae@musc.edu  792-6231