ROLE OF PRMS FROM START TO FINISH

Tricia Adrales Bentz, MHA
Hollings Cancer Center
National Cancer Institute Designation

- MUSC-HCC received its NCI designation in 2009.
- The *only* NCI designated cancer center in SC
- 1 of 69 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.
As charged by the NCI for all NCI Designated Cancer Centers, the Hollings Cancer Center Protocol Review Committee’s focus is on the priorities, scientific merit, and progress of the oncology clinical protocol research conducted at MUSC.
Protocol Review Committee

- Currently, comprised of 19 *multidisciplinary* senior members that include 3 PRC chairs, biostatisticians and specialized ad-hoc members.

- **HCC Clinical Trials Office** helps administer the PRC meetings and functions.

- Maintains authority to *open protocols* that meet the *scientific merit* and *scientific priorities* of the center and to *terminate protocols* that do not demonstrate scientific progress.
## Trials Reviewed by the PRC

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient - Oriented</strong></td>
<td>This type of research is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects.</td>
</tr>
<tr>
<td></td>
<td><em>Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual, tissue banking, and studies that do not require patient consent.</em></td>
</tr>
<tr>
<td><strong>Prospective</strong></td>
<td>Excludes any retrospective chart reviews</td>
</tr>
<tr>
<td><strong>Oncology Related</strong></td>
<td>The Study’s objectives relate to cancer treatment, prevention, diagnosis, supportive care, basic science or behavioral or health service research. Subjects may have a cancer diagnosis or not.</td>
</tr>
<tr>
<td><strong>Hypothesis-Driven</strong></td>
<td>Excludes any study where there is no hypothesis. Possible examples include the development of a tissuebank or development of a registry.</td>
</tr>
</tbody>
</table>
NCI Two-Step Review

- NCI is expecting that all NCI designated cancer centers have a two-step clinical trial review process by the Disease Focus Group (DFG) and the Protocol Review Committee (PRC)

- Demonstrates improved management and utilization of Cancer Center resources
DFG role in New Protocol Processing

- All **Interventional** clinical trials MUST be ....

  - **Prioritized** by the DFG:
    - **Research Type:**
      1) Externally Peered Reviewed
      2) Institutional
      3) National (NCI cooperative Group)
      4) Industrial
    - Justification for all competing trials

  - **Vetted** by the DFG before proceeding to the PRC
    - **Scientific Value:**
      Does the trial align with our CCSG goals? Does the trial have scientific merit?
    - **Value Added:**
      Does the trial address an unmet clinical need? Does the trial fill a gap in the trial portfolio?
    - **Operational Feasibility:**
      Will the trial successfully accrue patients? Do we have the resources to conduct the trial?
Interventional vs. Non-Interventional

- **Interventional**: Individuals are assigned prospectively by an investigator based on a protocol to receive specific interventions. The participants may receive diagnostic, treatment, behavioral, or other types of interventions. The assignment of the intervention may or may not be random.
  - *Excludes observational or correlative trials where information is collected and measures are observed. Examples include a simple survey trial or blood draw trial that would not change a patient’s care.*
  - *These non-interventional trials do not require DFG review prior to PRC submission at this time.*
Workflow Summary

Interventional
Needs DFG Review Prior to PRC

Non-Interventional
Can proceed to PRC review, DFG review is optional

PRC Review
DFG Meetings

• DFG Meetings are held monthly or every two weeks.

• To get your study on a DFG meeting agenda, contact the DFG administrator [http://horseshoe.musc.edu/hcc/clinical-trials/prc](http://horseshoe.musc.edu/hcc/clinical-trials/prc)

**Breast** (Devin Barnett)
**BMT/Malignant Hematology** (Shanta Salzer)
**Head and Neck** (Brittanie Weinerman)
**Gynecologic** (Vistea Crawford)
**Gastrointestinal** (Lindsey Hunt)
**Genitourinary** (Sarah Annand)
**Melanoma** (Bryan Cox)
**Neuro-Oncology** (Michelle Decandio)
**Phase I/Solid Tumors** (Alan Brisendine)
**Pediatric** (Shanta Salzer)
**Sarcoma** (Bryan Cox)
**Thoracic** (Eleanor Hardy)
DFG Trial Prioritization

- **Scientific Value:**
  Does the trial align with our CCSG goals?
  Does the trial have scientific merit?

- **Value Added:**
  Does the trial address an unmet clinical need?
  Does the trial fill a gap in the trial portfolio?
DFG Prioritization Form

• All Interventional trials must be vetted by the DFG before proceeding to the PRC

• DFG approval and trial Prioritization is documented on the DFG Prioritization Form as signed by the DFG leader or meeting designee.

• This signed form will be required for PRC initial study review form as of March 1, 2018.
Types of PRC Review

- **Expedited Review** – Study application is reviewed by 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 [http://horseshoe.musc.edu/hcc/clinical-trials](http://horseshoe.musc.edu/hcc/clinical-trials)

<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>November 30, 2017</td>
<td>December 8</td>
<td>December 27</td>
<td>December 29</td>
<td>January 2</td>
<td>January 3</td>
<td>January 5</td>
</tr>
<tr>
<td>December 28, 2017</td>
<td>January 5</td>
<td>January 17</td>
<td>January 19</td>
<td>January 22</td>
<td>January 24</td>
<td>January 26</td>
</tr>
<tr>
<td>January 18, 2018</td>
<td>January 26</td>
<td>February 7</td>
<td>February 9</td>
<td>February 12</td>
<td>February 14</td>
<td>February 16</td>
</tr>
<tr>
<td>February 8, 2018</td>
<td>February 16</td>
<td>February 28</td>
<td>March 2</td>
<td>March 5</td>
<td>March 7</td>
<td>March 9</td>
</tr>
<tr>
<td>March 1, 2018</td>
<td>March 9</td>
<td>March 21</td>
<td>March 23</td>
<td>March 26</td>
<td>March 28</td>
<td>March 30</td>
</tr>
<tr>
<td>March 22, 2018</td>
<td>March 30</td>
<td>April 11</td>
<td>April 13</td>
<td>April 16</td>
<td>April 18</td>
<td>April 20</td>
</tr>
<tr>
<td>April 12, 2018</td>
<td>April 20</td>
<td>May 2</td>
<td>May 4</td>
<td>May 7</td>
<td>May 9</td>
<td>May 11</td>
</tr>
<tr>
<td>May 3, 2018</td>
<td>May 11</td>
<td>May 23</td>
<td>May 25</td>
<td>May 28</td>
<td>May 30</td>
<td>June 1</td>
</tr>
<tr>
<td>May 24, 2018</td>
<td>June 1</td>
<td>June 13</td>
<td>June 15</td>
<td>June 18</td>
<td>June 20</td>
<td>June 22</td>
</tr>
</tbody>
</table>

Example:
How is the type of PRC review determined?

- EXEMPT
- EXPEDITED
- FULL
### Scope of PRC Review

| **Patient - Oriented** | This type of research is conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. 

*Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual, tissue banking, and studies that do not require patient consent.* |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prospective</strong></td>
<td>Excludes any retrospective chart reviews</td>
</tr>
<tr>
<td><strong>Oncology Related</strong></td>
<td>The Study’s objectives relate to cancer treatment, prevention, diagnosis, supportive care, basic science or behavioral or health service research. Subjects may have a cancer diagnosis or not.</td>
</tr>
<tr>
<td><strong>Hypothesis-Driven</strong></td>
<td>Excludes any study where there is no hypothesis. Possible examples include the development of a tissuebank or development of a registry.</td>
</tr>
</tbody>
</table>

*If in doubt, just contact PRMS and we can review the protocol.*
“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 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

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

http://horseshoe.musc.edu/hcc/clinical-trials/prc

Protocol Review Committee

All prospective cancer research studies involving diagnosis, treatment, prevention and control that have review for scientific merit must be submitted to the Protocol Review Committee (PRC) for review and an Institutional Review Board (IRB) requires the PRC approval letter to accompany the initial submission.

Contact Information
Hollings Cancer Center
Protocol Review & Monitoring System
86 Jonathan Lucas St.
Suite 373
P.O. Box MSC 955
Charleston, SC 29425

Dr. Jennifer Jarosclak, Chair-PRC
Phone: 843-792-2967

Amy Johnson, CCRP, Administrator
Phone: 843-792-6231
E-mail: jenjar@sme.musc.edu

Tricia Bentz, MHA, CCRP Administrator
Phone: 843-792-1753
E-mail: adraileta@musc.edu

Dr. Graham Warren, Chair-PRC
Phone: 843-876-2295

James Ravenel, MD, Chair-PRC
Phone: 843-792-4363

Kristin Britton, Administrative Coordinator
Phone: 843-792-9247
E-mail: hccprms@musc.edu

Protocol Review Committee Meeting Dates
- 2014 Meeting Dates

Protocol Review Forms
- PRC Submission Packet Checklist (DOC)
- New PRC Submission Form
- Access Existing PRC Submission Form
- PRC Amendment Submission Form (DOC)
Hollings Cancer Center
Protocol Review Committee New Study Submission Form

Background and Purpose
As mandated by the NCI within the Cancer Center Support Grant (CCSG) guidelines, the Protocol Review Committee (PRC) is responsible for actively monitoring scientific progress of all prospective oncology research trials conducted at the Cancer Center. All trials approved by the PRC for merit, whether via full or expedited review, have access to NCI CCSG supported centralized resources such as informatics and biostatistics. To ensure that the Cancer Center demonstrates oversight and appropriate management and prioritization of resources, the PRC has the authority to open protocols that meet the scientific merit and scientific priorities of the center and to terminate protocols that do not demonstrate scientific progress.

The charge of the Hollings Cancer Center PRC is to conduct formal internal peer scientific merit review of all prospective cancer clinical studies conducted at the Medical University of South Carolina. Prospective research looks at outcomes that have not occurred at the time the study is initiated and information is collected over time. These studies involve future interventions and may or may not involve informed consent. Examples include new specimen collection, registries, survey studies, or therapeutic interventions. Protocols are reviewed for scientific merit, adequate study design, safety, availability of targeted study population, and feasibility of timely completion of all proposed research projects to be conducted by its assigned programs at the Cancer Center.

Getting Started
If you are an investigator hoping to submit a new prospective research study that specifically involve cancer related study aims, describes eligibility criteria specific to the involvement of cancer patients or patients with a suspected or actual cancer diagnosis, the study must be sent to the HCC PRC for review. As all oncology related studies that are submitted to the MUSC Institutional Review Board (IRB) will automatically route to the PRC administrator, it is advisable to consult with the HCC PRC administrator regarding PRC requirements prior to starting the IRB application to ensure an efficient study start-up.

All prospective oncology related studies will require some type of PRC review. For studies sponsored by a pharmaceutical company or NCI NCTN (or cooperative group) research base, PRC review may occur simultaneously with an IRB review. However, all institutional or investigator initiated trials must be reviewed and approved by the HCC PRC prior to MUSC IRB review. Institutional are defined as trials inhouse clinical research studies authored or co-authored by an MUSC investigators or other non-MUSC academic faculty member. The study may have additional consortia or industrial support to manage the trial, but the faculty member serves as the sponsor-investigator and has primary responsibility for conceptualizing, designing, and implementing the clinical research study and reporting results.

Figure 1. New Oncology Prospective Study Review Schema by Study Sponsor Type

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.

  
  Your Study Coordinator, Tricia adraleta@musc.edu, has drafted a Protocol Review Committee (PRC) Form for the study titled:

  Test

  Please click on the link below to review and update as needed. Upon your approval, please click on the “Sign and Submit” button within the PRC form.

  A Phase I Trial of Drug A in Combination with Standard of Care Treatment

  If you have any question regarding the PRC review process, please contact Kristin Britton, PRC Coordinator, at 792-9247 or brittonk@musc.edu with any questions.

  Thank you,
  Clinical Trials Office

• PI will click on “View PRC FORM” to review the PRC form and click “Sign & Submit.”

• The Cancer Center’s Disease Focus Group administrator will receive a notification and confirm that the trial has been discussed with the focus group members

• 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.

- 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
  - Amy Johnson Dorn 792-6231
PRC New Study Submission Form

• The electronic form has “smart forms”
• Have the following documents ready to upload:
  • Final Protocol
    (with version date and named sponsored)
  • Study Specific DSMP (if institutional)

Note: Priority Diagrams will no longer be required.
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)
After PI Submission…

• The PRC form will be routed to the Disease Focus Group (DFG) Coordinator to verify that any interventional trial was appropriately vetted and approved by the DFG.

• The DFG Coordinator will then upload the DFG Trial Prioritization Form and forward the form to on to the PRC Administrator.

• If PRC form is complete and no additional clarification is needed, the study is then assigned for PRC review and the study team is contacted about the PRC meeting date.
PRC Scientific Review Considerations

• As charged by the NCI for all NCI Designated Cancer Centers, the PRC’s focus is on the scientific merit, priorities and progress of the clinical protocol research conducted at the institution.

• 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?
## PRC Review Outcomes

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.
How does the PRC evaluate progress?
Additional PRC Reporting

- During the life of a trial, any oncology study that received a PRC review (whether expedited or full review) requires additional PRC reporting 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/proto colcommittee.htm
Why does HCC require this information?

• We are required to report studies and accrual progress to the NCI.

• In 2011, NCI made trial registration to the **Clinical Trials Reporting Program (CTRP)** a requirement of all NCI designated cancer centers.

• NCI expects all interventional clinical trials opened to accrual as of or after January 1, 2009 that are conducted in NCI-designated Cancer Centers to be registered.
SPECIAL NOTES ABOUT INTERVENTIONAL INVESTIGATOR-INITIATED TRIALS (IITS)
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
PRC Evaluates IIT’s Study Specific Data Safety Monitoring Plan

- Required for all Interventional IIT’s
- Provides the PRC members critical information related to the procedures for trial oversight and conduct

**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></td>
</tr>
<tr>
<td>•</td>
<td></td>
</tr>
<tr>
<td>• Occurs frequently</td>
<td></td>
</tr>
<tr>
<td>• Occurs infrequently</td>
<td></td>
</tr>
<tr>
<td>• Occurs rarely</td>
<td></td>
</tr>
<tr>
<td>• Frequency unknown</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. MUSC Sponsored Investigator-Initiated Trials Risk Category Descriptions and Guidelines for DSMC Oversight and Monitoring

<table>
<thead>
<tr>
<th>RISK CATEGORY</th>
<th>STUDY PROJECT CHARACTERISTICS</th>
<th>HCC DSMC STUDY PROGRESS REPORTING REQUIRED?¹</th>
<th>HCC DSMC AUDIT FREQUENCY¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>- Interventions are low in risk and/or similar to the inherent risk of the standard treatment&lt;br&gt;- Therapeutic Interventions are approved by the FDA and the scientific interest lies in the correlative studies of biopsies, pharmacokinetic studies and pharmacodynamics studies, and/or pharmacoeconomic studies&lt;br&gt;- Does not involve a MUSC held-IND</td>
<td>Annually</td>
<td>Annually</td>
</tr>
<tr>
<td>Moderate</td>
<td>- Interventions increased risk due to the nature of the research or the population being evaluated.&lt;br&gt;- Typically include therapeutic interventional trials using a Phase II or III design.&lt;br&gt;- Does not involve a MUSC held-IND</td>
<td>Semi-Annually</td>
<td>Annually</td>
</tr>
<tr>
<td>High</td>
<td>- Interventions are greater than moderate risk.&lt;br&gt;- These studies may involve first-in-human agents, or test articles having a high expectation of toxicity, or gene transfer.&lt;br&gt;- Typically a Phase I or Phase I/II design and require close monitoring of toxicities and/or determination of a maximum tolerated dose.&lt;br&gt;- May involve a MUSC-held IND.</td>
<td>Semi-Annually&lt;br&gt;&lt;i&gt;For dose escalation trials, upon completion of each odd numbered dose level and special reporting at MTD. Note the MTD must be approved by expedited review before expansion phase activities can begin.&lt;/i&gt;</td>
<td>Semi-Annually</td>
</tr>
</tbody>
</table>

¹ Timepoints are based from the date of trial activation.
Interventional Investigator Initiated Trials (IITs) Oversight

When an IIT’s Data Safety Monitoring Plan indicates that the HCC DSMC will be the DSMB of record, the PRMS Coordinator will forward to the DSMC Chair & Auditors to:

- Assign study to a **DSMC physician** member
- Add study to the **DSMC calendar** to track milestones as described in PRC approved study specific DSMP
  - DSMC Audit
  - Progress Report Submission
DSMC AUDIT PROCESS
Katherine Halloran, RN, CCRP
& Bonnie Waldman, JD, CCRP
DSMC Internal Auditors

Audit Scheduled and Conducted
Audit Exit Interview
Classification of Audit Findings
Protocol Deviations (PDs) Major or Minor
Data Queries Data Clarification Requests (DCRs) Or Data Verification Requests (DVRs)
Initial Audit Report to PI and SC
PI/SC responds to audit
Final Report Preparations
Final Audit Report with PI Responses to DSMC
DSMC Audit Outcomes
Acceptable (Green)
Acceptable with Follow-up (Yellow)
Unacceptable (Red)
Audit Review and Exit Interview

Audit Review

- **Patient Cases**: A minimum number of cases equivalent to **15 percent of the patients enrolled** to a trial since the last audit or at least five cases, whichever is the greater number, will be audited.

- **Regulatory Records**: includes IRB applications, IND application, and CT.gov Registration

- **Pharmacy Records**: includes drug accountability logs, patient enrollment logs, and physicians’ orders

- Audit Exit Interview with PI and/or key study team members.
# New Classification of Audit Findings

## Protocol Deviations

<table>
<thead>
<tr>
<th>Protocol Deviations</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any variance from the protocol</td>
<td><strong>Major</strong>&lt;br&gt;Significantly impacts patient safety, toxicity evaluation, and/or clinical data quality and integrity</td>
</tr>
</tbody>
</table>

## Queries

<table>
<thead>
<tr>
<th>Queries</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any variance from the protocol</td>
<td><strong>Data Verification</strong>&lt;br&gt;Any data capture system entry that is not supported by source documents</td>
</tr>
</tbody>
</table>
# Auditor Initial Audit Report

**Hollings Cancer Center**
**Data Safety and Monitoring Committee**
**Initial Audit Report**

**CTO #**

**Sponsor:**

**Lead Institution:** Medical University of South Carolina

**Lead Principal Investigator:**

**Protocol Title:**

**Audit Date:**
**Patient #:**
**Patient Initials:**

## INITIAL AUDIT REPORT SUMMARY

<table>
<thead>
<tr>
<th>LEGEND</th>
<th>DESCRIPTION OF FINDINGS/COMMENTS</th>
<th>DEFICIENCY</th>
<th>FOLLOW UP REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Clarification Request - DCR</td>
<td>This audit involved X subjects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Verification Request - DVR</td>
<td>Major Protocol Deviations: #.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol Deviation – PD</td>
<td>Minor Protocol Deviations: #.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Report Form – CRF</td>
<td>Data Clarification Requests: #.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s Clinical Notes - CN</td>
<td>Data Verification Requests: #.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC’s Clinical Notes – PN</td>
<td>Recommendation(s): #.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source Document – SD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source Document Verification – SDV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PATIENT #

**SUBJECT SUMMARY**

- INFORMED CONSENT
- ELIGIBILITY
- PROTOCOL COMPLIANCE
Findings that require a response will be indicated

Provide a response within the audit template

Attach any support documentation

Consider the corrective actions

Responses should be returned within 3 weeks from the time the report is released
The Final audit report will be presented reviewed via a full board DSMC.

The DSMC will vote on an audit outcome.
### Table 4. Types of Audit Rating Outcomes

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unacceptable</td>
<td>This rating is provided when the audit identifies major deviations and/or <em>many</em> minor deviations that can compromise patient safety and/or data integrity. Unacceptable audit ratings may warrant a re-audit to verify implementation of corrective action plans. Additionally, the DSMC may recommend temporary suspension of the trial until the corrective action is verified to be in place. The DSMC may request a change to the approved study specific DSMP such that the frequency of routine audits or progress report submissions is increased. This type of DSMP amendment would warrant the PI’s submission of the revised DSMP for PRC review and approval.</td>
</tr>
<tr>
<td>Acceptable with Follow-up</td>
<td>This rating is provided when audit documentation supports a satisfactory level of patient safety and data integrity conduct, and a corrective action plan is specifically acknowledged by the DSMC and will be verified in future DSMC audits. The study can continue per the approved study specific DSMP such that the frequency of routine DSMC audits and DSMC progress reports remains the same.</td>
</tr>
<tr>
<td>Acceptable</td>
<td>This rating is provided when audit documentation supports an excellent to acceptable level of patient safety and data integrity conduct and no corrective action plan requested by the DSMC. The study can continue per the approved study specific DSMP such that the frequency of routine DSMC audits and DSMC progress reports remains the same. No further action is required by the principal investigator.</td>
</tr>
</tbody>
</table>
QUESTIONS?