Data Monitoring Committee (DMC) Responsibilities

1.0 OBJECTIVES

1.1 This procedure details the major responsibilities of the Robert H. Lurie Comprehensive Cancer Center’s (Lurie Cancer Center) Data Monitoring Committee (DMC).

1.2 This procedure is intended to comply with all federal regulations, National Cancer Center (NCI) guidelines, the Clinical Protocol Scientific Review and Monitoring System’s (CPSRMS) Operating Manual, and the Lurie Cancer Center’s Data and Safety Monitoring Plan (DSMP).

2.0 RESPONSIBILITY

2.1 This SOP applies all DMC members and attendees and to the Clinical Research Office (CRO) employees responsible for providing administrative support to the DMC.

3.0 APPLICABLE REGULATIONS AND GUIDELINES

3.1 May 9, 1997 International Conference on Harmonisation; Good Clinical Practice: Consolidated Guideline

3.2 CPSRMS Operating Manual

3.3 Data and Safety Monitoring Plan of the Robert H. Lurie Comprehensive Cancer Center

4.0 REFERENCES TO OTHER APPLICABLE SOPs

4.1 DMC Administrative Processes

4.2 Publication Policies and Processes

4.3 Data Compliance Policies and Processes

4.4 Low Accrual Policy

5.0 DEFINITIONS

5.1 Clinical Protocol Scientific Review and Monitoring System (CPSRMS): This system is comprised of three committees that work collaboratively to provide
oversight of all aspects of clinical research conducted at the Lurie Cancer Center. These committees include: the Scientific Review Committee (SRC), the Data Monitoring Committee (DMC), and the Audit Committee.

5.2 Clinical Research Office (CRO): The CRO provides a centralized resource to facilitate the development, conduct, quality assurance monitoring, compliance with regulatory agency requirements, and evaluation of clinical trials at the Lurie Cancer Center. As such, the office coordinates the majority of clinical research conducted in medical oncology, malignant hematology, gynecologic-oncology, neuro-oncology, radiation oncology, surgical oncology, and chemoprevention.

5.3 Data Monitoring Committee (DMC): The DMC is a part of the Lurie Cancer Center’s Clinical Protocol Scientific Review & Monitoring System (CPSRMS) and is an independent committee responsible for data and safety review of all institutional clinical trials. This responsibility includes the review of audit reports generated by the Audit Committee.

5.4 Northwestern Oncology Trial Information System (NOTIS): A web-enabled clinical trial management system that was developed to comprehensively capture data generated by cancer clinical trials.

5.5 Northwestern University Investigator-Initiated Trial (NU IIT): A trial initiated by an investigator at Northwestern University or by an investigator at Children’s Memorial Hospital (CMH). All such trials must be monitored according to the Lurie Cancer Center’s DSMP.

5.6 Scientific Review Committee (SRC): The SRC is part of the Lurie Cancer Center’s Clinical Protocol Scientific Review and Monitoring System (CPSRMS) and is an independent committee responsible for reviewing new clinical trials to ensure that they are scientifically sound. The SRC conducts a full scientific review of all clinical trials that have not received peer review by other NIH-approved peer-review bodies.

6.0 PROCEDURES

6.1 The DMC is an independent committee of the Lurie Cancer Center’s CPSRMS that is responsible for the safety review and data monitoring of all NU investigator-initiated trials (NU IITs) that adhere to the Lurie Cancer Center’s DSMP.

6.2 The DMC will conduct ongoing safety reviews of all NU IITs requiring moderate and high intensity monitoring and semi-annual safety reviews for those studies determined to require minimal intensity monitoring. For further details on the different levels of monitoring and how a monitoring level is assigned to each study, please see the DSMP and the CPSRMS Operating Manual.

6.3 The DMC will also issue formal progress reports for all NU IITs through reviews of Study Activity Reports (SARs), which include Semi-Annual Data and Safety Monitoring Reports (DSMR) and Minimal Intensity Monitoring Reports (MIMRs) submitted for each trial, required semi-annually for all clinical trials monitored by the
committee (see CPSRMS Operating Manual appendices for all forms). The DMC will send all final DSMRs to the Scientific Review Committee (SRC) for consideration.

6.4 The DMC will monitor accrual for all trials that adhere to the Lurie Cancer Center DSMP.

6.5 The DMC will review all reports released by the Audit Committee. If any issues are found related to data integrity, the DMC will interact directly with the PI and the study team to ensure all issues are resolved (e.g., collection of missing data, correction of inaccurate data, etc.). If issues are unresolvable, DMC decisions take precedence over PI decisions. In the event that misconduct or other issues impacting study integrity exist, the DMC will inform the Scientific Review Committee (SRC) immediately, and will assist the SRC in reporting this to authorities as needed (e.g., the IRB, FDA, NCI, funding sponsor, etc.).

6.6 The DMC will review all serious adverse events (SAEs) that occur on NU IITs. The individual events are reported by the QAMs at the first DMC meeting after receipt of the event report and are incorporated into each protocol summary table, which is regularly reviewed by the DMC.

6.7 The DMC will review all dose-limiting toxicities (DLTs) for Phase I dose-escalation studies. The Quality Assurance Monitors (QAMs) employed by the CRO immediately review all toxicity during the dose-escalation phase of studies and present these data to the DMC. Protocol suspensions and re-opening of accrual to the next cohort, based on DLT evaluation, fall under the purview of the DMC.

6.8 The DMC will review all FDA annual reports (prior to submission to the FDA) for those studies where the NU PI holds the Investigational New Drug Application (IND) or Investigational Device Exemption (IDE).

6.9 The DMC will review protocol deviations (see CPSRMS Operating Manual appendices for all forms).

6.10 The DMC will review protocol revisions of an administrative nature prior to IRB submission. Amendments central to the science of the trial may be reviewed, but final approval is deferred to the SRC.

6.11 In the event that issues are identified with a trial, the DMC will notify the PI of the issue(s) and may request a response or a more formal corrective action plan (CAP).

6.12 The DMC must review all data to be supplied for use in abstract and/or manuscript development, prior to release of the study to the PI and/or biostatistician.

6.13 If in the course of its work the DMC finds that the scientific integrity of a trial is in question, this is immediately reported to the SRC. The DMC will also assist the SRC in reporting this to authorities as needed (e.g., the IRB, FDA, NCI, funding sponsor, etc.).