Disease Team Charter

Robert H. Lurie Comprehensive Cancer Center: Protocol Review and Monitoring System (PRMS)

1.0 OVERVIEW & PURPOSE

The Robert H. Lurie Comprehensive Cancer Center's Protocol Review and Monitoring System (PRMS) is an integrated two-stage review system for the initial and ongoing evaluation of all cancer relevant clinical trials conducted within the Lurie Cancer Center (LCC). This system consists of the Disease Teams (DTs) and the Scientific Review Committee (SRC). The committees work together to provide a complementary and on-going review process, but each has a distinct, and clearly defined role.

The purpose of the DTs is to review new and ongoing trials within their team portfolio to help ensure alignment with the clinical/scientific mission of the LCC as well as to confirm adequate commitment and prioritization within the team and feasibility. The DTs function as the first stage of review within the LCC's PRMS and is one component of the overall LCC Research Oversight System (ROS).

2.0 MEMBERSHIP

The LCC's Associate Director for Clinical Research is responsible for appointing DT leaders in conjunction with faculty division leaders as appropriate. DT leadership updates are shared at monthly ROS meetings as well.

2.1 Leadership

Each DT may have two (2) or three (3) co-leaders, depending on the size of the team and the multi-modality contributions to clinical trial design and accrual that the DT possesses.

2.2 Core Members

Each DT is comprised of core (voting) members from multidisciplinary perspectives which may include Medical Oncology/Hematology, Pathology, Radiation Oncology, Radiology, Interventional Radiology, Laboratory Research, and Surgery as appropriate. The DT leaders are responsible for overseeing their respective rosters with administrative support from the PRMS staff. Core members count towards quorum for voting purposes within each DT (see below for description of quorum).

2.3 Ad Hoc Members

Each DT may have additional ad hoc members at the discretion of the DT leaders; these may include rotating representatives from other modalities or departments not frequently involved in clinical trial accruals within a particular DT. Ad hoc members may be asked by DT leaders to provide input or vote on protocol endorsement in specific circumstances but do not generally count towards quorum for the team and may not attend each meeting.

2.4 Other Attendees

The remaining DT attendees typically consist of disease-focused clinical and/or research staff who may participate in the discussion of protocols under review but are not voting members of the DT. Representatives from the LCC Basic Sciences Programs are invited to periodically attend DT meetings and may contribute to discussions of new IIT protocols or concepts as well as areas for future development. In addition, each DT has one or more designated liaison for Community Outreach and Engagement (COE). These are often existing Core Members of the DT but additional representatives may be invited periodically to DT meetings at the discretion of the leaders. PRMS staff coordinate DT meetings and are responsible for maintaining

documentation of including rosters, agendas, and minutes.

3.0 AUTHORITY AND RESPONSIBILITY

The primary objective of each DT is to provide first-stage review as part of the LCC PRMS by applying an integrated, multidisciplinary approach to guide the selection of high-quality cancer clinical trials within the team's portfolio. To meet this objective, the DTs are responsible for the following:

- Collaborating to develop areas of research with potential impact in the field of study. This includes reviewing initial study concepts/proposals/letters of intent (LOIs) for LCC investigator-initiated trials (IITs)
- Reviewing and endorsing all newly proposed trials submitted for consideration
- Performing ongoing review of the DT's research portfolio, including a review of actual vs. projected annual and overall accrual rates for existing trials
- Optimizing population subgroup recruitment, including increasing both gender and racial/ethnic diversity
- Maintaining a study activation priority list of pending protocols for their research portfolio

4.0 PROCEDURES AND ADMINISTRATION

4.1 Meetings

DTs are required to meet at minimum quarterly to review new project proposals and assess their full portfolio of trials. The frequency of meetings is determined by the DT leaders and may vary with the size of the team and/or volume of the portfolio.

4.2 Quorum

A quorum is required to take action on endorsement of new trials at a DT meeting. Quorum is defined as 50% or more of the DT's core members. In the absence of quorum at a meeting, trials may be discussed and routed administratively to capture additional votes if needed for endorsement purposes. In addition, high priority trials may be reviewed or endorsed on an ad hoc basis between meetings if deemed appropriate by the DT leader(s), and the outcome confirmed at the next available DT meeting if needed.

4.3 Meeting Agenda

4.3.1 Concept Review for LCC Investigator-Initiated Trials (IITs)

For LCC IITs, the first stage of review may consist of a concept or proposal, letter of intent (LOI), or early draft protocol; the format is up to the discretion of the DT Leaders and may occur prior to submission to an external funding source for support. Early DT review of IIT concepts provide an important step intended to reduce faculty and staff effort in developing protocols of lesser scientific merit or redundancies. The DT review at this stage is focused on strengthening the proposed research through constructive feedback on the hypothesis, objectives, research design concepts, eligibility criteria, etc. Full IIT protocols may be re-routed for final DT endorsement upon confirmation of funding and completion of a final draft. DTs should prioritize IITs that do not overlap with existing trials and which can reasonably be expected to complete accrual within the desired time frame.

4.3.2 Protocol Endorsement

The DTs are expected to review all new potential interventional protocols for endorsement, taking into account their current and projected overall study portfolio, potential competing studies, patient population, and likelihood of successfully accruing patients to the trial. A completed Endorsement Form (EF) is made available to the SRC at the time of submission for second-stage review. Protocols may be rejected, endorsed, or placed on hold for re-review by the DT. DTs may request clarifications from the PI or study Sponsor or make recommendations for revision as appropriate. Of note, protocols that originate outside of the LCC (e.g. industry trials, external IITs or national trials) should be in final draft format with an FDA May Proceed determination (if applicable) at the time of official DT endorsement; protocols not yet meeting this criteria may undergo initial discussion while in draft format, but the details of accrual goal and status of competing studies will be documented officially at the time of receipt of final protocol for DT endorsement.

4.3.3 Protocol Acknowledgement

All new non-interventional protocols that qualify for at least Designated Review by the SRC and/or that may be requesting Clinical Trials Office (CTO) support must be routed to the appropriate DT for acknowledgement. These protocols do not require a vote or a quorum to acknowledge, but DTs may still ask questions or request changes by the PI or study Sponsor if appropriate. Acknowledgements are documented in the corresponding DT meeting minutes and in the LCC Clinical Trials Management System (CTMS) which is NOTIS.

4.4 Policies and Guidelines

4.4.1 Prioritization of Accrual for Potential Trials

Each DT is expected to review their current and projected portfolio of clinical trials to determine whether each newly proposed interventional trial competes with an existing trial. If a study is deemed to be in competition with one or more ongoing or pending trial, the DT must document whether:

1) current annual and/or overall accrual rates and the LCC patient population justify opening a competing trial, or
2) if any competing trial(s) should be closed or are expected to close enrollment before the new trial is opened

While the SRC has final authority to approve competing trials at second-stage review, the DT is expected to provide the rationale for considering the request as documented on the EF. Multiple competing studies are generally discouraged, but additional consideration may be given for the following circumstances:

- early phase/slot-based studies
- documented record of meeting or exceeding projected accrual rates
- upcoming known or anticipated changes to the enrollment status of trials in the portfolio
- overlapping but not directly competing eligibility criteria or patient populations

In general, DTs should place the highest priority for accrual and activation purposes to LCC IITs, and if necessary submit a plan to close or otherwise manage enrollment whenever appropriate on non-IIT trials that directly compete with LCC IITs.

4.4.2 Inclusion of Women and Minorities or Population Subgroup Recruitment

It is expected that women and members of minority groups and their sub-populations be included in all LCC clinical research projects unless a clear and compelling justification is provided indicating that inclusion is inappropriate with respect to the health of the subjects or the purpose of the research. Accrual of women and minorities to all types of studies (both interventional and not) should be proportional to the patient population in the LCC's primary catchment area. DTs are responsible for identifying opportunities and strategies for recruitment and retention of women and minorities; periodic review of recruitment rates for women and minorities will be conducted to correct any deficiencies that are noted.

4.4.3 Regular Review of Research Portfolio and Trial Accrual

DTs are responsible for ongoing review of accrual to their active trials. PRMS staff assigned to each DT will prepare and present monthly active portfolio reports to assist the review of accrual, taking into account both annual rate as well as current total accrual to each interventional study. The DTs are expected to regularly discuss protocols that are not meeting either annual or overall accrual rates, document contributing factors, discuss plans to address, and provide status updates or other adjustments as needed. Monthly DT meeting minutes will be provided to the SRC along with any preemptive actions taken by the DT. SRC will review each DTs portfolio as a whole at least annually and may issue warning and/or closure letters in accordance with the LCC accrual policy. DTs should review and discuss any formal correspondence received from the SRC and respond in writing within the timeline required.

4.4.4 DTs and the Research Oversight System

The DTs are responsible for providing a coordinated response to any questions or concerns raised by the other committees of the Research Oversight System, including the SRC, the Data Safety Monitoring Committee (DSMC), the Audit Sub-Committee (ASC), and/or the Research Oversight Committee (ROC) as is appropriate or warranted.

4.5 Administration and Responsibilities

4.5.1 Role of the DT Leader(s)

Each DT is led by 2 or more leaders who are jointly responsible for ensuring their team functions effectively as outlined in this Charter. DT leaders are appointed by the LCC Associate Director (AD) for Clinical Research. In the event that a leader steps down or departs the institution, the AD for Clinical Research will appoint a replacement leader and review the role and responsibilities of the position as needed.

Specifically, the leaders are expected to:

- Chair each DT meeting, and ensure quorum is met; this may include addressing attendance concerns or periodically reviewing and updating the DT roster as appropriate to ensure adequate, multi-disciplinary representation.
- Facilitate any ad hoc meetings or communications (such as by email) as needed and ensure decisions are communicated to the PRMS staff for documentation purposes.
- Provide mentorship to junior faculty in the DT, in particular as pertains to encouraging and supporting the development of IITs

- Arbitrate discussions regarding prioritization of trials, both for purposes of study activation as well as for accrual if competing or overlapping trials are proposed.
- Oversee the full DT portfolio of trials to ensure it aligns with the patient population, the needs of the catchment area, and the overall goals of the LCC; this includes ensuring a balanced portfolio of industry, IITs, and NCTN trials.
- Review monthly DT accrual dashboards to help ensure accuracy as well as to identify areas for improvement.

4.5.2 Role of the DT Coordinator

The LCC Clinical Trials Office (CTO) employs a team of coordinators who oversee the PRMS as a whole and provide administrative support to the DTs and SRC. Each DT is provided an assigned coordinator whose responsibilities are as follows:

- Maintain membership rosters for the DTs, including making updates as needed and reviewing periodically with the DT leaders for any changes.
- Create and distribute agendas and materials to the DT for review in advance of DT meetings
- Facilitate the scheduling and logistical aspects of meeting conduct (room reservations, meeting invitations, links for virtual participants, etc).
- Record meeting attendance and assist the DT leaders with confirming quorum is met.
- Assist in collecting and documenting the necessary elements of DT decisions for new studies being reviewed on the Endorsement Forms (EFs).
- Prepare and route DT outcomes (including endorsements, disapprovals, and study status updates or decisions) to the SRC, CTO staff, and/or other committees as needed; this includes logging of activities and determinations in the LCC's clinical trial management system (CTMS) which is NOTIS.
- Record, distribute, and maintain DT meeting minutes.
- Prepare and present to the SRC at the time of annual DT portfolio review; help facilitate communications back to the DT from the SRC and vice versa.

4.6 DT Interactions with Other Components of the LCC

4.6.1 Interactions with the LCC AD for Clinical Research

The DT leaders report to the AD for Clinical Research, who appoints and reviews all DT leaders. The AD for Clinical Research conducts a quarterly DT Leaders' Meeting where metrics (both DT and LCC overall) are reviewed along with challenges and process improvements to support clinical trial activation and accrual. The AD for Clinical Research may also meet periodically with each DT to discuss more team-specific concerns as needed.

4.6.2 Interactions with the LCC ROC

The AD for Clinical Research represents the DT leaders' and their interests at monthly ROC meetings. The ROC is comprised of leadership from other LCC clinical research operations and oversight components including the LCC

Deputy Director, the faculty Chairs of the SRC, DSMC and ASC, the CTO Medical Director, and CTO senior leadership. Key issues impacting the DTs may be brought to these meetings as well as updates regarding DT leadership changes or performance metrics.

4.6.3 Interactions with Community Outreach and Engagement

Each Disease Team (DT) will collaborate with the Community Outreach and Engagement (COE) program to ensure clinical trial portfolios reflect the needs of LCC's catchment area. Each DT will have a designated COE liaison responsible for regular communication with the Community Advisory Board (CAB) to gather input on barriers to trial participation, patient priorities, and recruitment strategies. COE liaisons will bring CAB feedback to DT meetings for discussion and integration into trial planning, ensuring community-informed trial development. The Associate Director (AD) for Clinical Research will oversee this communication, working closely with COE liaisons, COE leaders, and the CAB to facilitate meaningful dialogue and ensure actionable strategies are implemented to enhance trial accessibility, address disparities, and improve enrollment of underrepresented populations.