# INTERVENTIONAL CLINICAL TRIAL ENDORSEMENT FORM

**Robert H. Lurie Comprehensive Cancer Center of Northwestern University**

## OVERVIEW

<table>
<thead>
<tr>
<th>Disease Team:</th>
<th>Disease Team.</th>
<th>Version Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator:</td>
<td>PI Name</td>
<td>Version Date</td>
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<tr>
<td>Protocol Title:</td>
<td>Full Protocol Title</td>
<td>DT Approval Date:</td>
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</tbody>
</table>

### Accrual Goals

<table>
<thead>
<tr>
<th>Main Site (IL036)</th>
<th>Network Sites</th>
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<tbody>
<tr>
<td>Goal (overall)</td>
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<tr>
<td>Goal (annual)</td>
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### Sponsor: Sponsor Name

### Secondary Disease Team (if applicable):

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<tr>
<th>Disease Team.</th>
<th>Approval Date</th>
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### NM Network Sites (check all that apply)

- [ ] Main IL036
- [ ] Network Sites

## LOGISTICS

- Are the study design and safety parameters appropriate?
  - [ ] Yes  
  - [ ] No

- Does the PI have a conflict of interest greater than $25k with the drug/device manufacturer, if applicable?
  - [ ] Yes  
  - [ ] No

- Was the concept/protocol previously reviewed by the disease team greater than 6 months ago?
  - [ ] Yes  
  - [ ] No

## NCI RARE DISEASE DESIGNATION

- [ ] Yes  
- [ ] No

## PRIORITIZATION

### Keywords:

### Historical accrual:

### Competing trials:

1. XXX
   - [ ] pending  
   - [ ] open  
   - [ ] suspended

### Open date:

#### Annual accrual goal:

#### Patients screened/Patients registered:

#### Rationale for competing:

- [ ] Direct  
- [ ] Overlap, please specify:
<table>
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<tr>
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Please include any relevant additional comments below: