CPN Roster and Regulatory Forms Packet

February 2011

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Attached Documents:

CPN Roster Form

CPN Conflict of Interest Disclosure Form

CPN Member Site Application Form

CPN Receipt of Study Agents Form

CPN Delegation of Tasks/Site Signature Form

FDA Form 1572

CTEP Supplemental Investigator Data Form

CTEP Financial Disclosure Form

CPN Affirmation of Integrity Form

NCI-DCP Financial Disclosure Form

Dear Colleagues,

Thank you for your interest in the Cancer Prevention Network (CPN). The National Cancer Institute's Division of Cancer Prevention has established the following requirements for all CPN-coordinated trials for the purpose of maintaining the highest possible level of integrity and patient safety. Blank copies of each of the forms listed below are provide as a part of this packet and available on the Study Coordinator's page of the CPN website: **http://www.cancerpreventionnetwork.org**

Prior to Study Participation: It is well known that chemoprevention clinical trials are challenging to implement. We accept that challenge because of the potential benefits to our patients. Each study team that is interested in participating in a CPN-sponsored clinical trial is invited to participate in a teleconference discussion about the specific trial in which you are interested. During this teleconference we will discuss recruitment strategies, necessary resources, and other topics that will impact your successful participation in this study. See the Resource Checklist on page 5 of this packet.

The Regulatory Packet. Please provide the following materials at your earliest convenience:

Step I. Roster forms are required to register each individual with the Cancer Prevention Network's database and provide the user IDs and passwords you will need for access to the Members-Only section of the CPN website. In all cases, we need forms with **original signatures**. Please keep copies for your files.

☐ **All members of your study team will need to provide the following. Note: There may be members of your study team who do not have a formal license, certificate, or CV. In this case, please create a note-to-file explaining this, sign and date the note, and submit with the regulatory packet.**

- ☐ Documentation of training in "Protection of Human Research Subjects". Any course approved by your local institution is acceptable. This course available free on-line from National Cancer Institute (NCI) at the following link: **http://cme.cancer.gov/clinicaltrials/learning/humanparticipant-protections.asp**. After completing course, please print off certificate and submit with forms.
- ☐ Roster Form.
- ☐ Conflict of Interest Disclosure Form (please review the conflict of interest policy before signing).
- ☐ Affirmation of Integrity Form (please review the policy concerning scientific misconduct before signing).

☐ **All members of your study team who are listed in Field #6 of the Study-Specific 1572 form will also need to provide these documents (see instructions for completing the 1572 forms):**

- ☐ Signed and dated copy of Curriculum Vitae or NIH Biosketch (see instructions for completing the 1572 forms)
- ☐ Copy of current medical license or other certification (see instructions for completing the 1572 forms)
- ☐ Individual 1572 form (see instructions for completing the 1572 forms)
- ☐ DCP Financial Disclosure Form (see instructions for completing the 1572 forms)

☐ **Any physician/investigators who do not already have NCI/CTEP code numbers will need to provide the following:**

- ☐ CTEP Supplemental Investigator Data Form
- ☐ CTEP Financial Disclosure Form

Step II. Regulatory documents are required to register and certify your site or institution. Please provide one of each of the following forms for each site at which your study team will be seeing patients:

- ☐ Treating Site Application
- ☐ Receipt of Study Agents Form
- ☐ Study-specific 1572 Form, signed by Principal Investigator (see instructions for completing the 1572 forms)
- ☐ Delegation of Responsibilities Form/Signature Sheet, signed by PI and all study team members
- ☐ IRB meeting minute excerpt or letter documenting approval of the protocol
- ☐ Copy of IRB-approved consent form
- ☐ Copies of any IRB-approved patient recruitment materials
- ☐ IRB roster/member list
- ☐ FWA assurance document
- ☐ CAP and CLIA certificates
- ☐ List of lab normal values or reference ranges
- ☐ Site specific recruitment and retention plan (a template follows for your convenience)
- ☐ Security statement (a template follows for your convenience)

Completed information packets should be sent to the CPN Operations Office at the address below. **Please note that we will not be able to review your information packet until all of the requested materials have been received.**

Step III. We will process all forms and forward the documents to DCP's regulatory contracting agency, CCS Associates. This organization provides the "green light" to begin ordering study agent and accruing patients. At the same time, we will offer a teleconference among your study coordinators/CRAs and ours for the purposes of insuring consistency in the manner in which the study is conducted and to answer any remaining questions.

Step IV. Recruit and enroll study participants. Enjoy the research. Know that the work we do together will make a difference.

Thank you in advance for your help with this request.

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The mission of the Cancer Prevention Network is to organize, promote, and conduct cancer prevention research through a coordinated, multidisciplinary network of dedicated investigators and study personnel.

Checklist of Resources Needed for CPN Clinical Trial Participation

The list that follows is designed to help you decide whether or not your site can participate successfully in a CPN-sponsored clinical trial. At this early stage, most items are negotiable. The checklist is presented to help your site plan for trial participation.

Financial:

- ☐ Review the proposed budget and compare with your institution's costs of procedures, study coordinator time, investigator time, etc.
- ☐ Have your research administration department review the proposed budget. Please note: Each site will receive a set dollar amount for every patient who finishes the study, with partial payments for individuals who are deemed screen failures. These payments are authorized automatically, without the need for invoicing, when the data (complete and accurate case report forms) for each patient and each event are received.

Staffing:

- ☐ Does PI have time to devote to physical exams, procedures, and regular meetings and/or communication with study coordinator (SC)?
- ☐ If PI has limited availability, does he/she have a MD colleague available to assist with the exams? Note that NP's and PAs may do the exams in certain circumstances.
- ☐ Would your site be able to designate a fully trained study coordinator (not a programmer or a research scientist) who has CCRP or equivalent experience/certification?
    - o If yes, on average, how many studies does this study coordinator support at one time?
- ☐ Some CPN studies have over 30 case report forms per participant to complete in a timely, accurate basis. Can the SC submit CRFs and queries in a timely manner? Note: data entry is done at CLO, not at your site.
- ☐ Does your study coordinator have an assistant or a back up who can help when the workload piles up and who can serve as a secondary contact?
- ☐ Can your study coordinator perform the procedures noted in the protocol and collect samples?
    - o If not, what staffing resources are available to perform these tasks?
- ☐ Web conferences are held on a quarterly basis with each PI/SC to address and resolve site specific issues, develop recruitment strategy, review queries, etc.
- ☐ Has your study coordinator reviewed the protocol for this study? The PI may think their site is suitable for a CPN study but sometimes the SC understands the logistical aspects of the site better than the PI and has a different perspective.

Recruitment:

- ☐ Do you have additional staffing at site to assist the SC with review of patient records?
- ☐ Do you have access to a pool of patients with the appropriate eligibility criteria? If yes, how many pts?
- ☐ Are there other institutions or satellite locations with which you have a working relationship that could supply potential participants?
- ☐ Do patients have a hard time getting to your location, is parking an issue, for example?
- ☐ Are you willing to do direct mailings?
- ☐ Are databases and/or patient lists available for direct mailings? If yes, name them.
- ☐ How many participants can you realistically recruit within a month? A year?

Equipment and Infrastructure:

- ☐ Have you reviewed the protocol carefully enough to be certain you have the necessary equipment (scopes, lab machines) to perform the study procedures required by the protocol?
- ☐ Do you have adequate staffing at your site to perform necessary procedures, specimen acquisition, and specimen processing and shipment?

This template is for the CPN Colon Study, MAY03-1-03, and was taken from Attachment B of that protocol. Please feel free to modify to suit your site, your delegation of responsibilities, and the specific study in which you will be participating.

Recruitment and Retention Plan Template

Retention is the effort of keeping the participant interested, participating, and committed to the study. Retention efforts are designed to promote adherence and should begin with the initial interaction with a potential participant, not after randomization. The more attention given to recruiting healthy, committed subjects, the less effort needed to maintain adherence and retention.

PRE-INITIATION PHASE

1. Determine Protocol Staff Assignments

   The study site staff plays a key role because they have the most direct contact with subjects. The quality of this interaction is crucial in bonding with the participant to the trial. Maintaining adherence and retention is a challenge. It is important that the challenges of each trial are fully understood and that assumptions about how easy it may be to recruit and retain subjects be made based on experience from other similar studies.

   A recruitment coordinator, who can be dedicated to this effort, should be assigned to the study. Alternate recruiters should be assigned as backups.

   Determine the role of the site PI (e.g. meet with every participant, consent every participant, see participant at every visit, etc.). The site PI will need to determine how much decision-making authority will be given to the recruitment coordinator.
   The recruitment coordinator and site PI should have a good working relationship so that he/she can be easily reached by the recruitment coordinator if questions arise. The site PI will need to monitor the site's recruitment goal. The site PI and protocol team members should meet on a regular schedule to discuss how the study is progressing.

   It is important to have consistent study personnel that the participant becomes familiar with.

2. Consider Protocol Design

   Evaluate the feasibility of the study sample size by considering the eligibility criteria and demographics.

   Discussions need to be held to consider the possible effects of the placebo, participant access to study agents since they are available without being on this study, potential toxicities, and any procedures that might be burdensome to the participant.

   Determine how many subjects might be accrued per month by evaluating:

   - Subjects who have had a (a) history of colorectal cancer who are more than one year from resection and treatment and have no evidence of recurrent disease, as they may be highly motivated due to the fact that they have already had prior colorectal cancer and have a significant risk of a second primary.
   - Subjects who are at high risk for colorectal cancer based on a history of previous "advanced' colorectal adenoma(s).
   - Subjects who have participated on other colorectal cancer screening trials.
   - Subjects from site's clinical practice.
   - Literature.

   If accrual is lagging, the lead organization should be contacted to consider broadening the eligibility criteria, simplifying the protocol, decreasing the sample size, extending the recruitment period.

3. Identify referral sources – These groups can be identified via the yellow pages, the Internet, etc.

   - Patient advocates

- Retirement communities
- AARP (American Association of Retired People)
- NAACP (National Association for the Advancement of Colored People)
- Senior centers
- YMCAs, JCCs, etc.
- Health clubs
- MD referrals
- Minority-based community clinics
- Churches and temples
- Community centers
- Health fairs
- Public Health Department
- Corporate strategies (i.e. enlist endorsement and cooperative from local industry to promote enrollment)
- Alliances with disease specific organizations

4. Determine and Document Metrics for Evaluation of Recruitment and Retention Performance

- Plan for quick recognition of lagging enrollment by monitoring recruitment on a weekly basis via computerized tracking systems. This can be a key to meeting recruitment goals as it identifies problems and successes.
- Create a Recruitment Strategies Log, on a monthly basis, for each strategy you try. This Log should track the number of subjects enrolled in a defined time period, those who are ineligible, or those who decided not to go on study.
- Calculate the cost of enrollment per participant per strategy.
- Meet monthly to go over the Log and determine if the strategy is working or not, and if not, plan other strategies to try.
- Track withdrawals and reasons for withdrawal.

5. Train Staff

This trial cannot be done without the high quality of the professional staff at the study sites.

- All participating staff should be familiar with the protocol and procedures and feel part of the team effort.
- Training tools such as pocket cards, Frequently Asked Questions document, script for protocol explanation, etc should be considered.
- Have regularly scheduled meetings with the participating staff to review how the study is proceeding and any problems.
- Share ideas with other study sites within the consortium

6. Promote Comfortable and Pleasant Clinic Environment/Experience

The participant's comfort level while at the study site is of significant importance. Make the participant as comfortable as possible by presenting yourself, the study site offices, and waiting room as professional accommodating. Consider the following:

- Provide driving directions, city bus schedules, etc. to the staff scheduling the appointments. Phone numbers for taxi services and buses.
- Make free parking available, if possible.
- Post signs with directions to the study site office. Be sure the signs are easy to read, large, and bold.
- Have a well-organized clinic flow.
- Provide daily newspapers and magazines related to health. Also provide magazines for women, young adults, and children who accompany subjects to visits.
- Post information about the study such as recruitment materials, facts about the study agent. Have extra copies available.
- Family members should be encouraged to accompany the subjects. Adherence and retention of minorities may depend on involvement of family and friends so be aware of ethnic issues.
- Provide prevention and other health-related materials such as colon cancer screening information.
- Provide flexible appointment times.

- Allow ample time for subjects with the clinical trial staff.
- Remind subjects of upcoming appointments via postcards and/or telephone calls.
- Be aware of relevant cultural or minority issues. For example, you may want to have reading materials available in other languages or focused on specific minority groups.

7. Determine Recruitment and Retention Strategies Based on Evaluation of Protocol, Target Population, Clinic, Referral Sources (see NCI web site **http://www3.cancer.gov/prevention/CTR/consortia/Step2-Retention.html** for more information)

   A. Contact referral sources as noted above under the pre-initiation phase.

   B. Advertise via the newspaper, TV, radio, internet, direct mailings

   C. Minority recruitment strategies

      Successful recruitment within a minority community requires an understanding of the culture and perceptions of the medical community, disease, and communication styles. Remember that diversity exists *within* all minority populations – what works for one group may not work for another. Review literature such as census data, medical journals and articles, cancer statistics, community newspapers, books, and minority health web sites to obtain knowledge about other cultures to guide you in contacting and talking with minority groups.

      - Ask minority study subjects to present their experience to others in their community.
      - Include minority subjects in advertisements for the trial.
      - Develop concise educational messages regarding increased incidence of and mortality from colorectal cancer. Include the benefits and limitations of early detection methods and the need for research on how to prevent cancer in the messages.
      - Target local radio and TV programs with stories or messages focusing on the minority audience.
      - Use materials that are culturally appropriate.
      - Prepare special materials for those with literacy problems.
      - Advertise in the newspaper, internet, direct mailings
      - Conduct the recruitment at the referral source such as going into the church, social center, or union hall to do a presentation.
      - Contact an Office for Diversity, if available
      - Provide a translator

ACTIVE RECRUITMENT PHASE

A. Implement strategies as determined during pre-initiation phase of plan and continuously evaluate them with regard to enrollment.

B. Maintain rapport among staff by sharing ideas. Provide feedback to the Lead Organization that can be communicated to the other involved sites via a newsletter or teleconferences.

C. Assess eligibility of individual potential subjects

- Begin supportive relationship with subject.
  - Helping a participant to feel comfortable, appreciated, informed, and valued at each contact may help the participant return for the next contact. Building trust is also important, especially in the minority populations.
  - Good written and verbal communication is essential.
  - Communicate in a personable, yet professional, manner.
  - Use your full name and title when greeting a participant for the first time.
  - Address the participant as “Mr.” or “Ms.” if the individual gives you permission to use his or her first name or a nickname; make a note of this in the file for future reference.
  - Listen carefully and address any concerns voiced by the participant. Use a tone of voice that is positive, sound interested, and avoid being condescending. Speak audibly but do not speak so loud as to make the participant feel uncomfortable. Articulate each word and adjust your rate of speech, if necessary.
  - When appropriate, describe the purpose of the visit and what will happen during the time you are together. Always provide an opportunity for the participant to ask questions.

- Consider non-compliance and retention potential
  - Exclude subjects unlikely to comply and stay on study – watch for "red flags" associated with non-compliance
    - Known history of non-compliance
    - Socially unstable
    - Expressed difficult with protocol requirements
    - Expressed numerous objections to protocol requirements
    - Cavalier attitude toward protocol
    - Verbalized minimization of cancer risk
    - Verbalized "active drug only"
  - Clarify any misconceptions
  - Offer to resolve manageable logistical problems
  - Involve participant's family and friends in decision-making

RETENTION AND COMPLIANCE PHASE – BE PROACTIVE

A. Maintain communication with referring physicians regarding participant progress.

B. Establish and maintain rapport and communication with subjects

A watchful approach to those newly randomized is crucial. Be proactive. Listen carefully and try as best you can to address any participant concerns or problems. It may take a while for the participant to be on study and have established patterns before changes in those patterns can be recognized.

- Identify and track attrition "red flags"
  - Adverse events
  - Missed appointments
  - Difficult to reach by phone or failing to return calls
  - Rescheduling twice for a study site visit
  - Major personal or family events
  - Health deterioration
  - Loss of support system
  - Participant who has followed study requirements consistently no longer does so

Listen carefully to participant complaints and determine if the problem is related to study participation. Gently and carefully probe for the reasons. Address concerns right away. Lost adherence is most commonly related to troublesome life circumstances. Subjects may have had some life-altering event such as a relocation, major illness, accident, or death that affects them or a close family member. This may be a temporary situation that will resolve with time. Use discretion to determine if it is appropriate to call to see how the participant is doing and feeling about their continued participation in the study.

The participant may have health issues: hospitalized for any reason, experiences an illness similar to "trial-related disease," becomes ill. If the participant becomes ill, talk to him about his illness. In some cases, the participant may feel that his illness is related to the study agent. If the participant expresses concern, discuss this and determine if he should continue or not. The participant may feel more comfortable talking this over with his personal physician.

The types of changes that are often upsetting to subjects who have previously been adherent are: re-assignment to new clinic personnel for any procedures or tests, delays in the flow of study site visits, construction at the study site or adjacent parking areas. Let the subjects know in advance about changes at the study site, introduce them to new personnel. Listen to and address any concerns. Bone the participant to the study, not to a particular staff member. If possible, identify a primary staff member for each participant and use a constant caretaker model as much as possible. "Hand off" to another staff member openly and in the presence of the participant when a staff change is made. Let subjects take some ownership in the change process.

If a participant states that he is losing interest or has already lost interest in the study, probe to see if you can clarify a specific reason. Sometimes it is because a co-worker or friend who was also on the study has recently stopped. Sometimes recent lifestyle changes or health issues create a temporary adherence problem. Perhaps the subject has decided he does not want to have another bronchoscopy done at six months. Listen carefully. Do not coerce the participant into remaining; it is important to remember that his

Informed consent stated he could withdraw at any time for any reason. Restate his value to the study. After speaking with the participant, if he still wants to stop, complete the appropriate forms for taking him off study. As him if you can call him in a few weeks or a month to see how he is doing. When you call the participant back, do not remind him of his reason for discontinuing. Just inquire as to how he is doing and ask if his situation has changed and if he would like to come back to the study. Make his reactivation as convenient as possible.

C. Consider retention tools – reminders of the importance of their participation

- Newsletter
- Letter between visits that reminds them of the importance of their participation in the study
- Calendars
- Pens and notepads
- Christmas cards
- Anniversary cards

Security Statement Template

Security Information for web based and non web based electronic systems via CPN

Data will be entered into a secure website with appropriate firewalls, physical security, etc. Data will be provided in SAS datasets placed on a secure website, accessible via HTTPS and is user id and password protected. Furthermore, no identifying information will be contained in any of the data entered and provided with the exception of our Randomization Center database which is not a web-based system, and only accessed by appropriate Randomization personnel via user id and password.

The web based remote data access system is owned and maintained by DCP's monitoring contractor, Westat, and will be accessed by Westat programmers, CPN quality control specialists, DCP clinical research staff (Medical Monitor, Project Officer, Co-Project Officer, site monitor (Westat and Mayo), and Data Managers. Passwords are provided via the on-site training to the system. There will be different levels of access given to those accessing the system based on their individual roles. Passwords will expire with role changes, termination of role, or if training has lapsed.

Personnel who have access to patient identifiable information will be required to sign a confidentiality agreement as well as show verification of current HIPAA training course completion.

Security administration: <Name of Person>, <Programming Unit Head>, is responsible at <Name of Institution>.

Instructions for FDA Form 1572 for CPN Clinical Trials

There are two different 1572 forms that must be submitted prior to activation of your institution for any individual study. The first is the individual 1572, which must be filled out by each of the following: Principal Investigator (PI) and all study team members who have (1) direct contact with the patients; (2) responsibilities for data entry, submission, or analysis; (3) responsibilities for relabeling, repacking, or formulating study agent; (4) responsibilities for performing study-specific procedures; and (5) other critical study implementation roles. The second is the study-specific 1572, which must be completed and signed by the PI. The instructions that follow are for completing these two forms for submission for CPN clinical trials only.

I. Individual 1572:

A. Field 1: Investigator's name and address
B. Field 2: Check "Curriculum Vitae."
C. Field 3: List all sites at which this particular investigator will see patients.
D. Field 4: List all laboratories which will process specimens for this particular clinical trial.
E. Field 5: Specific name and address of your Institutional Review Board
F. Field 6: Please insert the following: "N/A – Each investigator must submit a separate FDA form 1572."
G. Field 7: Please insert the following: "I am participating in clinical trials sponsored by the Cancer Prevention Network."
H. Field 8: Check the second box for Phase 2 studies.
I. Field 9. Please read carefully.
J. Fields 10 and 11: Investigator should sign and date the form

Please make copy for your files and send this form with the original signature to the CPN Operations Office.

II. Study-specific 1572:

A. Field 1: Name and address of Principal Investigator only.

B. Field 2: Check "Curriculum Vitae."

C. Field 3: List all sites/institutions at which your investigators will conduct this clinical trial.

D. Field 4: List all laboratories which will process your specimens for this particular study. Please note that you must submit CAP and CLIA certificates as well as a listing of lab normal values or references ranges for each lab listed in this field.

E. Field 5: Specific name and address of your Institutional Review Board.

F. Field 6. Please list the names of all study team members who have (1) direct contact with the patients; (2) responsibilities for data entry, submission, or analysis; (3) responsibilities for relabeling, repackaging, or formulating study agent; (4) responsibilities for performing study-specific procedures; and (5) other critical study implementation roles.

Please note that each individual listed here must submit the entire set of roster documents, CV and license/certification, original FDA financial disclosure form, documentation of completion of Human Subjects Protections training, and an original individual1572 form.

G. Field 7: Please insert the full name of the clinical trial in which you will be participating.

H. Field 8: Check the appropriate box.

I. Field 9: Please read carefully.

J. Fields 10 and 11: Principal Investigator should sign and date the form.

Note: If you have more people and places to list in Fields 3-6 than there is room for, you can create an attachment page and state "please see attached" within the form field. Under that circumstance, please make sure the PI signs and dates the attachment pages as well as page 2.

Please make copy for your files and send these forms with the original signatures to the CPN Operations Office.