

Section 2:

Offices and Staffing Central to the Clinical Trials Process

Various aspects of the clinical trials process are dictated by local policies and procedures, federal regulations, and other guidelines that are enforced through DF/HCC offices and committees. Staff involved in conducting clinical trials includes both medical and non-medical specialists, all of whom are coordinated through two central administrative offices: The Office for Human Research Studies (OHRS) and the Quality Assurance Office for Clinical Trials (QACT). OHRS and QACT collaborate with DF/HCC staff and human research procedure and policy committees to ensure the highest quality clinical research. The staff members within the QACT also work with the study teams to ensure proper data collection and preparation for analysis.

In addition, members of these offices serve on various human research procedure and policy committees. It is through the daily operation of these offices and regularly scheduled meetings of the research committees that DF/HCC is able to provide careful review of all ongoing scientific research and, ultimately, the care and protection of the research subjects.

Offices

2.1 Office for Human Research Studies (OHRS)

OHRS is intimately involved in ensuring the regulatory compliance of human participant research. The office oversees all protocol related events that arise during human subject research, including the review, approval, and activation process. OHRS is responsible for managing scientific and institutional review board reviews of research involving human participants and coordinates review by ancillary and interested offices at all institutions at which the research will be conducted. This includes pharmacy, nursing and radiation safety among other offices. The OHRS staff consists of a senior director and deputy director, assistant directors, human research coordinators, communication coordinators, and administrative personnel. Staff members play a role in assisting the research staff with all regulatory aspects of the trial, from protocol submission and committee meetings to protocol or consent form revisions and continuing reviews. In addition to the regulatory aspects, OHRS provides the necessary documents and forms for the various stages of the clinical trial process.

Contact lists and forms are located on the OHRS website at www.dfhcc.harvard.edu/ohrs. Questions may be sent to the OHRS e-mail (ohrs@dfci.harvard.edu).

2.2 Quality Assurance Office for Clinical Trials (QACT)

The Quality Assurance Office for Clinical Trials (QACT) at the Dana-Farber Cancer Institute (DFCI) was established in 1986 as the Quality Control Center (QCC). The QCC was charged with creating a standardized data management system for clinical trials. Over time, the role of the QCC has expanded to include a variety of tasks, such as registering subjects to clinical trials, developing case report forms (CRFs), generating frequency and descriptive summaries for investigators, generating vital statistical reports for DFCI and the organizations with whom DFCI has partnered, and auditing clinical trials. A major aspect of the QACT's role is monitoring the quality assurance of all clinical trial processes within DF/PCC, and within DF/HCC. The quality assurance officer for clinical trials has overall supervision for this office and is assisted by the assistant directors of the QACT.

QACT is responsible for the quality control and computerization of clinical trial data (primarily for DF/HCC

PI-initiated trials), and works closely with the OPRS and the Department of Biostatistics. The functions of the QACT include:

- Prospective registration/randomization of all protocol participants and generation of eligibility checklists
- Computerization and monitoring of clinical trial research data, primarily for DF/HCC-initiated trials
- Internal protocol audits for regulatory, DF/HCC and protocol compliance
- Administrative coordination of the Clinical Trials Operations Committee (CLINOPS)
- Administrative coordination of the Clinical Investigations Leadership Committee (CLC)
- Implementation of CLINOPS policies as needed and identification of areas that require attention for the smooth functioning of the clinical trials process
- Coordination of the Data Safety Monitoring Board (DSMB) for Phase III trials
- Coordination of the Data Safety Monitoring Committee (DSMC) for Pilot, Phase I, and Phase II trials
- Monitoring protocol accrual and reporting on slow and rapidly accruing trials
- Generation of clinical research-related reports for disease programs, planning purposes and federal requirements
- Production of statistical reports for DF/HCC trials

For additional information about the QACT, please call (617) 632-3761 or refer to QACT website at www.dfhcc.harvard.edu/clinical-research-support/quality-assurance-office-for-clinical-trials-qact.

2.3 Clinical Trials Education Office (CTEO)

The DF/HCC Clinical Trials Education (CTEO) is dedicated to the support and ongoing education of the DF/HCC research community. The office's mission is to enhance the quality of clinical research by: developing and providing focused education on clinical trials; serving as a liaison between investigators and the NCI to ensure effective communication and to meet NIH/NCI clinical trial requirements; and designing study management tools and templates needed to meet regulatory and institutional requirements.

CTEO works closely with the OHRS, QACT, Clinical Trials Operations Committee (CLINOPS), Clinical Investigations Leadership Committee (CLC), and various DFCI and DF/HCC committees to identify topics that require educational attention. Emphasis is placed on investigator-initiated trials.

The office is comprised of a director and an education coordinator. CTEO staff members are available for consultation with investigators and research staff working in the cancer center.

The activities of the CTEO include:

- Development and implementation of educational programs focusing on issues related to the

conduct of clinical trials within DF/HCC

- Management of the master database for human subjects protection training
- Prospective registration of protocols with clinicaltrials.gov and the National Cancer Institute (NCI)
- Centralization and coordination of the NCI Investigator registration and annual renewal process
- Maintenance of the Guide to Human Research Activities

Additional information about the CTEO may be found at www.dfhcc.harvard.edu/cteo. Questions may be forwarded to the CTEO at (617)-582-8480 or cteo@dfci.harvard.edu.

2.4 Dana-Farber Cancer Institute (DFCI) Clinical Trials Office (CTO)

The mission of the DFCI Clinical Trials Office is to effectively support investigators and clinical research staff with the submission, coordination, and execution of DF/HCC research protocols involving human subjects. The CTO serves as a centralized DFCI resource for education, communication, and support related to regulatory compliance in clinical trials.

Established in 2008, the CTO initiatives include providing regulatory support through the review of study protocols prior to submission, assistance with IND/IDE applications, and the recruitment and orientation of clinical research staff within DFCI. As the office became established, additional opportunities were recognized in the areas of providing oversight for the CALGB and the Network Affiliates, ongoing support of clinical research activities at the DFCI satellite facilities, and development of a career pathway for staff including retention planning.

The CTO works collaboratively with the OHRS as well as the QACT to ensure compliance with the overarching policies and procedures of DF/HCC.

The office is comprised of a director, regulatory specialists, managers, clinical research coordinators, and administrative assistants.

2.5 Massachusetts General Hospital (MGH) Cancer Center Protocol Office (CCPO)

The MGH Cancer Center Protocol Office was created in 1994, and it provides centralized data management and administrative management for MGH participation in each DF/HCC protocol.

The administrative director of the MGH Cancer Center Protocol Office works closely with the DF/HCC Medical Director for Clinical Trials Operations and the QACT officer to ensure quality protocol management.

In addition, the MGH Cancer Center Protocol Office works closely with the OHRS and the QACT to comply with the regulatory aspects of every protocol and ensure proper subject registration and data collection.

The administrative director of the MGH Cancer Center Protocol Office is a participant in all of the scientific review committees and the IRB.

2.6 Beth Israel Deaconess Medical Center (BIDMC) Cancer Clinical Trials Office (CCTO)

The BIDMC Cancer Clinical Trials Office (BIDMC CCTO) was created to provide research administrative infrastructure for BIDMC participation in DF/HCC protocols. Study teams use an organizational approach consisting of a site PI and research nursing, as well as non-research nursing assigned to take primary responsibility for carrying out each protocol.

The BIDMC CCTO administrative team works closely with the DF/HCC Medical Director for Clinical Trials Operations and the QACT to ensure quality protocol management. The CCTO program coordinator and regulatory specialists support the daily activities of the BIDMC CCTO and facilitate timely and efficient communications between members of the BIDMC CCTO, QACT, and OHRS.

In addition, the BIDMC CCTO works with the OHRS and the QACT to facilitate compliance with the regulatory aspects of every protocol and ensure proper subject registration and integrity of data collection.

Committees

2.7 Clinical Investigations Leadership Committee (CLC)

CLC provides a regular forum for the senior clinical investigations faculty and administrative leaders across the DF/HCC member institutions to discuss and resolve system-wide issues related to the conduct and support of clinical trials within DF/HCC. The committee reviews clinical investigations activities, processes, and systems, as well as DF/HCC issues that require senior-level, inter-institutional attention.

The CLC advises the Center Director and Executive Committee regarding the various systems and processes related to the conduct of DF/HCC clinical trials. These processes and systems include, but are not limited to:

- System-wide, protocol-specific, or PI-specific issues that impact the appropriate conduct of clinical trials
- Organizational capabilities and resources related to clinical trials
- General issues related to trial design that impact the effective conduct of trials
- Inter-institutional policies and practices that impact the conduct of clinical trials
- Concerns that arise from clinical trial review, auditing and monitoring processes
- Issues that individual institutions have regarding the clinical investigations program
- Operational issues that require senior faculty input and institutional consideration on clinical trials issues

2.8 Clinical Trials Operations Committee (CLINOPS)

CLINOPS is a component of DF/HCC's Clinical Research Unit, which is an NCI-approved Shared Resource. The purpose of CLINOPS is to review DF/HCC clinical trials operations, facilitate inter-institutional communication, resolve CLINOPS-identified clinical trial issues, and develop and/or revise DF/HCC-wide clinical trials operating policies and procedures. Members include key representatives with clinical trials responsibilities from DF/HCC member institutions, including but not limited to such areas as nursing, pharmacy, information services, and data management. Minutes of the CLINOPS meetings are maintained by the QACT.

2.9 Institutional Review Boards (IRBs)

The DF/HCC institutions have designated the DFCI IRB as their IRB of record to review cancer related research on their behalf. The mission of the DFCI IRB is to review research involving human subjects and to ensure that the risks and benefits of the research are appropriate and to ensure that there is full compliance with Federal regulations for the protection of human subjects in research. The DFCI IRB abides by the ethical standards set forth in the “Belmont Report,” and the regulatory provisions defined in [45 CFR Part 46](#) and 21 CFR Parts [50](#) and [56](#).

The DFCI IRB reviews all research involving human subjects and has the authority to approve, require modifications in, or disapprove *all* research activities, including proposed changes in previously approved human subject research.

The initial IRB review is based on a review of the protocol, consent and all other relevant documents including the pharmacy manual and any surveys, etc. The IRB uses its expertise to determine whether the research is reasonable and supportable. At the time of its initial review, the IRB must determine how often it should reevaluate the research project and set a date for its next review.

The IRB assessment of risks and anticipated benefits involves consideration of:

- Risks associated with the research, as distinguished from the risks of therapies the participants would receive if they were *not* participating in research
- Minimization of risks
- Probable benefits to be derived from the research
- Risks that are reasonable in relation to the benefits, if any, to subjects and the importance of the knowledge to be gained
- Information that potential subjects will be provided with an accurate and fair description of the risks or discomforts and the anticipated benefits
- Intervals of periodic review, and where appropriate, determination that adequate provisions are in place for monitoring the data collected

The IRB determines the adequacy of the provisions to protect the privacy of subjects and to maintain the confidentiality of the data. Equally important, where the subjects are likely to be members of a vulnerable population (e.g., children, prisoners), the IRB must determine whether *additional* safeguards are in place to protect their rights and welfare.

2.10 Scientific Review Committee (SRC)

The scientific review committees (SRC) review all cancer related treatment trials that are considered to be greater than minimal risk trials involving adult subjects. The SRC reviews the research for scientific merit, priority, and ability to meet accrual goals. This includes review for the novelty and importance of the therapeutic questions, the feasibility of the research plan, the capability of the research team to conduct the trial in a timely fashion, and whether the protocol is competing with other protocols already underway.

The pediatric scientific review committee (PSRC) reviews all trials involving pediatric participants. The PSRC reviews the novelty and importance of the therapeutic questions, the feasibility of the research plan, the capability of the research team to conduct the trial in a timely fashion, and whether the protocol

is competing with other pediatric protocols already underway.

Scientific review occurs prior to IRB review. Protocols will not be referred to the IRB unless the investigator has responded to the condition(s) set by the SRC or PSRC. For protocols involving adult and pediatric participants, full board review will be conducted by the committee that represents the overall PI on the trial and the other committee will have one member participate in the review as a representative for the other population.

2.11 Scientific Progress Review Committee (SPRC)

The Scientific Progress Review Committee (SPRC) provides annual scientific process review for all active protocols. This review is different from SRC review and IRB continuing review in that it focuses on accrual data, scientific merit given changes in knowledge and discoveries over the past year, and current prioritization status from the disease program.

SPRC review occurs after IRB review. Results from the IRB continuing reviews are provided to the SPRC to facilitate identification of protocols that are not meeting accrual and/or scientific merit objectives.