TITLE: Research Oversight and Operations Committees		
POLICY#: COM-100	**Page:** 1 of 9	**Effective Date:** 2/1/2021

1. POLICY STATEMENT:

The DF/HCC research governance infrastructure complements and provides standards for the operations in place at each affiliated institution to support day-to-day conduct of research. There are multiple committees responsible for the oversight, conduct and operational support of research throughout all DF/HCC institutions. These committees maintain representation from all DF/HCC institutions.

2. BACKGROUND:

DF/HCC has a unified and integrated cancer clinical research process and infrastructure. This includes a single Protocol Review and Monitoring System (PRMS), institutional review board (IRB) system specifically for cancer-related studies, and a Clinical Protocol Data Management (CPDM) unit which includes a data and safety monitoring process, as well as common policies and procedures to standardize the conduct of clinical research at each member institution. Other functions include educational programs for faculty and staff and common clinical research informatics and systems across the consortium. This policy outlines the governing structure of the DF/HCC-level committees and subcommittees in place to oversee and provide support and recommendations related to this infrastructure.

3. RESPONSIBLE PERSONNEL:

3.1. Associate Director for Clinical Trials
3.2. DF/HCC Associate Director for Administration
3.3. DF/HCC Medical Director
3.4. DF/HCC Deputy Associate Director for Clinical Trials
3.5. Office of Data Quality (ODQ) Director
3.6. Office of Human Research Studies (OHRS) Director
3.7. Research Informatics Office (RIO) Director
3.8. SRC Members
3.9. Executive Committee for Consortium Clinical Research (ECCCR) Members
3.10. Clinical Research Operation (CLINOPS) Subcommittee Members
3.11. Audit Committee Members
3.12. DSMB and DSMC Members
3.13. Principal Investigator (PI)
3.14. ODQ Clinical Research Auditors

4. DEFINITIONS:

None

5. POLICY:

5.1. Each committee and subcommittee has a defined purpose, authority, and membership structure. Each committee and subcommittee may have additional reporting requirements to other committees or leadership as described below and has paths to escalate or delegate topics or tasks to other committees or subcommittees as is applicable.

5.2. **Committees and Subcommittees**

5.2.1. **Executive Committee for Consortium Clinical Research (ECCCR)**

5.2.1.1. **Purpose and Authority:**

5.2.1.1.1. ECCCR is responsible for strategy and high-level decision making related to issues that arise in the DF/HCC clinical research infrastructure. The ECCCR will propose, approve, and implement significant changes and adjustments to the DF/HCC Policies and Operations and related documents.

5.2.1.1.2. ECCCR is responsible for comprehensive review of the OHRS and DFCI IRB infrastructure to meet AAHRPP requirements.

5.2.1.1.3. ECCCR will be informed of any study audits performed by the Audit Committee that have been reviewed by the DFCI IRB and determined to be serious or continuing non-compliance. The Audit Committee will present at least twice a year to ECCCR on other audit reports and metrics and as needed if other significant findings deemed by the Audit Committee to require review by the ECCCR.

5.2.1.1.4. The Data and Safety Monitoring Committee (DSMC) will also present at least twice a year to ECCCR on DSMC reviews and as needed if other significant findings deemed by the committee to require review by the ECCCR.

5.2.1.1.5. ECCCR may delegate the implementation of its decisions on policy changes or other tasks to the Clinical Trials Operations Subcommittee

5.2.1.2.**Membership Composition:**

5.2.1.2.1. ECCCR will include senior medical and operational/administrative representation from each of the DF/HCC member hospital, as appointed by institutional leadership.

5.2.1.2.2. ECCCR will be chaired by the DF/HCC Associate Director of Clinical Trials and the DF/HCC Medical Director.

5.2.2. **Clinical Research Operations Subcommittee (CLINOPS)**

5.2.2.1.**Purpose and Authority:**

5.2.2.1.1. CLINOPS is responsible for implementing the decisions of the ECCCR through operational adjustments, policy revisions, education and communication.

5.2.2.1.1.1.Minor DF/HCC policy revisions may be approved and implemented by CLINOPS, in accordance with ADM-100. Revisions that are deemed major or significant by the chair of CLINOPS will be referred to the ECCCR for review and approval.

5.2.2.1.2. CLINOPS provides a forum for information sharing, operational oversight and practical decision amongst centralized DF/HCC offices including OHRS, ODQ and RIO, as well as the institutional clinical trials offices, research nursing and research pharmacy.

5.2.2.2.**Membership Composition**

5.2.2.2.1. CLINOPS will include the Directors of OHRS, ODQ and RIO, along with designated leadership representatives from each institutional clinical trials office, research pharmacy, and research nursing. In addition, it will include a designated physician representative from BIDMC, MGH, BCH and DFCI and a designated physician representative for non-therapeutic research at DF/HCC.

5.2.2.2.2. CLINOPS will be co-chaired by the ODQ Director and the OHRS Director.

5.2.3. **Subcommittee Working Groups (Pharmacy, Nursing, Education)**

5.2.3.1. **Purpose and Authority:**

5.2.3.1.1. There are three Subcommittee Working Groups for nursing, pharmacy, and education that will focus on information sharing, operational efficiencies/inefficiencies and recommendations specific to their working group's specialty. The subcommittees sit under and report to CLINOPS.

5.2.3.1.2. The working groups will share recommendations and proposals with CLINOPS, as well as review decisions made by CLINOPS and ECCCR to assist in the execution of those decisions as they relate to each working group's focus.

5.2.3.1.2.1. The Education working group will determine resources such as guidance and training to be created in order to present and share information with the DF/HCC research community related to any policy, systems and procedural changes or clarifications made by CLINOPS and ECCCR.

5.2.3.2. **Membership Composition:**

5.2.3.2.1. Each of the working group will include appropriate representatives from each DF/HCC member hospital as identified by institutional leadership and the DF/HCC Associate Director for Administration.

5.2.3.2.1.1. The Nursing working group will include representatives from research nursing administration as well as infusion nursing from each hospital.

5.2.3.2.1.2. The Pharmacy working group will include representatives from research pharmacy administration as well as a BEACON build specialist from each hospital.

5.2.3.2.2. The Nursing and Pharmacy working groups will have annual rotating chairs identified in coordination with the DF/HCC Associate Director for Administration.

5.2.3.2.3. The Education working group will be chaired by a member of ODQ as appointed by the DF/HCC Associate Director for Administration.

5.2.4. **Audit Committee**

5.2.4.1.**Purpose and Authority:**

5.2.4.1.1. The Audit Committee oversees the auditing processes of DF/HCC protocols including the results, methods, and outcomes of internal and external audit reports provided by ODQ.

5.2.4.1.2. Through review of internal audit reports of DF/HCC protocols, the committee has the authority to take action including but not limited to: suspension of accrual, requirement of a corrective action plan or additional education of investigators, and escalation to the appropriate oversight committee(s), including the SRC, IRB and ECCCR.

5.2.4.1.2.1.The Audit Committee will present at least twice a year to ECCCR on relevant audit reports, metrics, and any issues that may require review by the ECCCR.

5.2.4.1.3. Through review of external audit reports, the Audit Committee may determine whether an internal audit or follow-up action is necessary.

5.2.4.2.**Membership Composition:**

5.2.4.2.1. Membership includes representation from all DF/HCC institutions, as well as the following departments: biostatistics, pharmacy, nursing, OHRS and ODQ.

5.2.4.2.2. The Chair and members of the Audit Committee are appointed for a minimum of a three-year term by the DF/HCC Associate Director of Administration.

5.2.4.3.Members must recuse themselves from voting if they are involved in the conduct of a protocol presented for review.

5.2.5. **Scientific Review Committees (PSRC and SRC)**

5.2.5.1. **Purpose and Authority:**

5.2.5.1.1. The scientific review committees (SRC) and pediatric scientific review committee (PSRC) are responsible for review of the scientific merit, priority, feasibility, and progress of all DF/HCC National Cancer Institute (NCI) Cancer Center Support Grant (CCSG)-relevant clinical research trials.

All proposed relevant research at member institutions must be reviewed and approved by an SRC, or through expedited administrative scientific review for prioritization as permitted by the CCSG guidelines. The SRC may disapprove newly-submitted research or may terminate a research protocol that has already been approved.

5.2.5.1.1.1. The SRC also identifies and monitors trial accrual and has the authority to temporarily or permanently close trials to new accrual due to low or slow accrual, as outlined in COM-OP-2.

5.2.5.1.2. The SRC will review all relevant DF/HCC trials at the time of IRB continuing review. Reviews will include, but not be limited to, accrual performance and continued scientific merit and relevance.

5.2.5.1.3. The SRC reviews and approves protocol placement on the Oncology Protocol System (OncPro) Priority List, as outlined in COM-OP-1.

5.2.5.2. **Membership Composition:**

5.2.5.2.1. The SRCs are comprised of DF/HCC faculty from all member institutions, as well as other reviewers across the DF/HCC with appropriate clinical and non-clinical research expertise (including representatives from biostatistics, nursing, and pharmacy).

5.2.5.2.2. Members must recuse themselves from voting on a study presented for review if they are involved in the conduct of the protocol or otherwise have a conflict of interest pertaining to the

research.

5.2.6. **Data and Safety Monitoring Committee (DSMC)**

5.2.6.1. **Purpose and Authority:**

5.2.6.1.1. The DSMC is charged with providing ongoing monitoring for high-risk Pilot, Phase I and Phase II clinical trials initiated and conducted by DF/HCC investigators. The primary purpose of the committee is to ensure the safety of study participants as well as evaluate the overall progress of the trial. Additional information on DSMC procedures can be found in COM-OP-5: DSMC Review and Data Compliance.

5.2.6.1.2. The DSMC monitors safety and data submission compliance for high risk protocols identified by the SRC, IRB and/or ECCCR. High risk protocols may include but are not limited to:

- Protocols under a DF/HCC investigator-held IND
- First in human and/or pediatric trials, gene transfer trials, cell therapy trials, or vaccine trials that do not have established data and safety monitoring

5.2.6.1.3. When the DSMC is directed by the SRC, IRB and/or ECCCR to monitor protocols with an external (non-DF/HCC) sponsor, the DSMC will only monitor research conduct within the participating DF/HCC sites. This includes protocols where the IND is held by the NCI/CTEP.

5.2.6.1.4. The DSMC will present at least twice a year to ECCCR on DSMC reviews and as needed if other significant findings are deemed by the committee to require review by the ECCCR.

5.2.6.2. **Membership Composition:**

5.2.6.2.1. The DSMC is comprised of, at a minimum, three medical oncologists, one ad hoc physician (as needed), one biostatistician, one nurse, and one pharmacist.

5.2.6.2.2. The DSMC Chair(s) and members are appointed by the DF/HCC Administrative Director.

5.2.7. **Data and Safety Monitoring Board (DSMB)**

5.2.7.1. **Purpose and Authority:**

5.2.7.1.1. The DSMB is charged with reviewing DF/HCC investigator-sponsored, randomized protocols that otherwise do not have an independent DSMB assigned. The DF/HCC DSMB is an advisory committee to the DF/HCC Administrative Director and study principal investigators.

5.2.7.1.2. The DSMB monitors protocol design, progress, safety and data submission compliance for randomized Phase III protocols, randomized Phase II protocols with comparative endpoints, or other protocols with a complex design as directed by the SRC, IRB and/or CLC.

5.2.7.1.3. When the DSMB is directed by the SRC, IRB and/or ECCCR to monitor protocols with an external (non-DF/HCC) sponsor, the DSMB will only monitor research conduct within the participating DF/HCC sites. This includes protocols where the IND is held by the NCI/CTEP.

5.2.7.2. **Membership Composition:**

5.2.7.2.1. The DSMB is comprised of five permanent voting members that include three medical oncologists, a statistician, and one other scientist.

5.2.7.2.1.1. At least three of the five voting members are external (from outside DF/HCC). The Chair of the Department of Biostatistics and Computational Biology, or designee, will serve *ex officio* as a non-voting member of the DSMB.

5.2.7.2.2. The DSMB members are appointed by the DF/HCC Administrative Director. The DSMB chair is selected from the voting members by the voting members.

6. APPLICABLE REGULATIONS & GUIDELINES:

NIH Guide Notice OD-00-039 dated June 5, 2000
21 CFR 50 – Protection of Human Research Subjects

21 CFR 54 – Financial Disclosure by Clinical Investigators
21 CFR 56 – Institutional Review Boards
21 CFR 312 - Investigational New Drugs – Drugs for Human Use
21 CFR 812 – Investigational Device Exemptions
45 CFR 46 – Protection of Human Subjects
FDA Industry Guidelines and Information Sheets
FDA Compliance Policy Guidance Programs: 7348.809, 7348.810, and 7348.811
Form FDA 1572

7. RELATED REFERENCES:

International Conference on Harmonisation – E6

8. RELATED RESOURCES:

AUD-OP-1: Internal Auditing Procedures
COM-OP-1: Maintenance of the OncPro Priority List
COM-OP-2: Accrual Monitoring and Scientific Review by the SRC
COM-OP-5: DSMC Procedures, Review and Data Compliance
COM-OP-6: DSMB Procedures and Review
Guide to Human Research Activities