

**DANA-FARBER / HARVARD CANCER CENTER  
POLICIES FOR HUMAN SUBJECT RESEARCH**

<b>TITLE:</b> HumanClinical Research Oversight and Operations Committees		
<b>POLICY#:</b> COM-100	<b>Page:</b> 1 of 7	<b>Effective Date:</b> 1/31/192020

**1. POLICY STATEMENT:**

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:**

None

**3. RESPONSIBLE PERSONNEL:**

- 3.1. DF/HCC Medical Director for Clinical Trials Operations
- 3.2. DF/HCC Associate Director for Administration
- 3.3. Office of Data Quality (ODQ) Director
- 3.4. Office of Human Research Subjects (OHRS) Director
- 3.5. SRC Members
- 3.6. CLINOPS Members
- 3.7. CLC Members
- 3.8. Audit Committee Members
- 3.9. DSMB and DSMC Members
- 3.10. Overall-Principal Investigator (PI)
- 3.11. ODQ Clinical Research Auditors

**4. DEFINITIONS:**

- 4.1. **Rare Cancer:** ~~Diseases with a prevalence of 6 or As defined by the National Cancer Institute, cancer that occurs in fewer cases than 15 out of a population of 100,000- people each year.~~

**5. POLICY:**

**5.1. Committee Management**

- 5.1.1. Clinical Research Operations Committee (CLINOPS), Audit Committee and Clinical Investigations Leadership Committee (CLC) are administratively managed by the Office of Data Quality (ODQ). The Scientific Review Committees (PSRC and SRC) are administratively managed by the Office of Human Research Subjects (OHRS).

**Commented [SC1]:** Minor edits throughout to replace old terminology.  
Updated definition of "rare cancer" to align with updated NCI definition.

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5.1.2. The following committees are considered peer review protected; therefore, the minutes are confidential and must not be placed in files that may be audited: CLINOPS, Audit Committee and CLC.

**5.2. Clinical Research Operations Committee (CLINOPS)**

5.2.1. CLINOPS is responsible for the review, evaluation and development of DF/HCC policies in accordance with ADM-100, as well as the facilitation of inter-institutional communication and resolution of identified DF/HCC-wide research issues.

5.2.2. Issues discussed may be escalated to the CLC for further review, at the discretion of the CLINOPS Chair.

5.2.3. Membership

5.2.3.1. CLINOPS is chaired by the DF/HCC Medical Director for Clinical Operations.

5.2.3.2. Membership consists of multi-disciplinary representation from the DF/HCC institutions, including but not limited to the institutional clinical trials offices, pharmacy, nursing, OHRS and ODQ. Members are appointed by the CLINOPS Chair.

**5.3. Audit Committee**

5.3.1. 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.

5.3.2. Authority and Oversight

5.3.2.1. 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 CLC.

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

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5.3.3. Membership

5.3.3.1. 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.

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

5.3.3.3. Members must recuse themselves from voting if they are involved in a protocol presented for review.

5.4. Scientific Review Committees (PSRC and SRC)

5.4.1. The PSRC and SRC are responsible for monitoring accrual and evaluating scientific progress and merit of all DF/HCC interventional clinical research trials, with the exception of those trials reviewed by the Data and Safety Monitoring Board (DSMB).

5.4.2. Authority and Oversight

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

Trials involving therapies in rare cancers are exempt from closure due to low or slow accrual.

5.4.2.1.1. The SRC will review all DF/HCC trials annually. Reviews will include, but not be limited to accrual performance, scientific merit, trial completion and publication. Any trials that are disapproved by the SRC Reviewer will be sent to the full SRC for additional review and determination.

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

5.4.3. Membership:

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5.4.3.1. The SRC is comprised of DF/HCC faculty and other reviewers across the DF/HCC institutions with appropriate clinical and non-clinical research expertise.

**5.5. Clinical Investigations Leadership Committee (CLC)**

5.5.1. The committee's purpose is to discuss and resolve system-wide issues related to the conduct and support of clinical research and effectively communicate their decisions to the respective DF/HCC institutions for operational implementation.

5.5.2. Authority and Oversight

5.5.2.1. Each DF/HCC institution delegates authority to the CLC as the clinical research leadership structure for the respective institution's oncology clinical research programs.

5.5.3. Membership:

5.5.3.1. The CLC is comprised of senior DF/HCC faculty and administrative leadership representing all DF/HCC institutions, biostatistics and pharmacy.

5.5.3.2. The CLC Chair and members are appointed by the DF/HCC Administrative Director.

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

5.6.1. 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 DATA-OP-2: DSMC Review and Data Compliance.

5.6.2. Authority and Oversight

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

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- 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

5.6.2.2. When the DSMC is directed by the SRC, IRB and/or CLC 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.

5.6.3. Membership:

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

5.6.3.2. The DSMC Chair(s) and members are appointed by the DF/HCC Administrative Director.  
~~Each DF/HCC institution delegates authority to the CLC as the clinical research leadership structure for the respective institution's oncology clinical research programs.~~

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

5.7.1. 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.

5.7.2. Authority and Oversight

5.7.2.1. 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.

5.7.2.2. When the DSMB is directed by the SRC, IRB and/or CLC to monitor protocols with an external (non-DF/HCC) sponsor, the

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DSMB will only monitor research conduct within the participating DF/HCC sites. This includes protocols where the IND is held by the NCI/CTEP.

5.7.3. Membership:

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

5.7.3.2. 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 Procedures and Criteria  
COM-OP-3: CLINOPS Purpose and Procedures  
COM-OP-4: CLC Purpose and Procedures  
DATA-OP-2: DSMC Review and Data Compliance

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Guide to Human Research Activities

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