



Attachment 5A:

**NCI ADULT CENTRAL IRB (CIRB) APPLICATION
FOR TREATMENT STUDIES**

OMB#: 0925 – xxxx **Expiry Date: xx/xx/xxxx**

STATEMENT OF CONFIDENTIALITY

Collection of this information is authorized under 42 USC 285a. Completion of this form is required as per the NCI CIRB Standard Operations Procedures based on 45 CFR 46.103 (b) (4). If you choose not to complete this form, you will not be able to participate in the CIRB. Data collected as part of the NCI CIRB review is c private and protected by law. Under the provisions of Section 301d of the Public Health Service Act, no information that could permit identification of a participating individual may be released. All such information will be kept private under the Privacy Act and will be presented only in statistical or summary form.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.



**NCI ADULT CENTRAL IRB (CIRB) APPLICATION
FOR TREATMENT STUDIES**

SECTION A: GENERAL INFORMATION

COOPERATIVE GROUP:

GROUP STUDY NUMBER:

STUDY VERSION DATE:

STUDY TITLE:

STUDY CHAIR	
Name	
Title	
Specialty	
Site	
Address	
Phone #	
E-mail	
FAX #	

STUDY CO-CHAIR (If applicable)	
Name	
Title	
Specialty	
Site	
Address	
Phone #	
E-mail	
FAX #	

CONTACT PERSON	
Name	
Title	
Specialty	
Site	
Address	
Phone #	
E-mail	
FAX #	



WILL THIS BE ON THE CTSU MENU?

PLEASE NOTE: CIRB membership includes individuals who are not part of the oncology and/or the scientific community. Therefore, you must use lay language (non medical, non legal terms) and define all terms unique to science when completing this application.

SECTION B: SUMMARY OF STUDY

Please answer each of the following questions in 250 words or less per question.

1. State the question that this study will answer (i.e. study objectives):

2. State the hypothesis for this study:

3. Describe the background research that has led to your hypothesis/study objectives:

4. Describe the study. (Include schema)

5. How will the research design answer the hypothesis?

6. How will the new information gained from this study impact the treatment for this disease or condition?

7. Will participants be required to discontinue or modify any current medication, or be denied any standard of care for any condition, in order to be eligible for participation?

8. Is there an interim safety monitoring plan for this study?

Yes

No

If yes, please explain.



SECTION C: PARTICIPANTS

1. Number of participants to be enrolled in the study:

2. Participant profile (Check all that apply.)

2.2.1 Describe the target population in terms of ethnicity:

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic category	Sex/Gender		Total
	Females	Males	
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category Total			

2.2.2 Describe the target population in terms of race:

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Racial Categories	Sex/Gender		Total
	Females	Males	
American Indian /Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of all Subjects			

3. Specify the age range of eligible participants:

If participants under the age of 18 years old are eligible, an assent form must be submitted.



4. Which of the following vulnerable populations are eligible to be participants (Check each item yes or no. A “no” indicates that all persons in that category are excluded.):

Physically or Mentally Disabled/Challenged Yes No

(Handicapped persons include those with a physical or mental impairment which substantially limits one or more major life activities [e.g. speaking, breathing, learning, working, caring for oneself, performing manual tasks, walking, seeing, hearing, etc.], has a record of such an impairment, or is regarded as having such an impairment)

Women with reproductive potential: Yes No

Pregnant women: Yes No

Men with reproductive potential: Yes No

Minorities: Yes No

Prisoners: Yes No

4A. Explanation of Exclusion: Federal IRB regulations require equitable selection of participants. In addition, NIH policy requires that minorities and women be adequately represented as research participants. If you checked “no” to any of the categories above, you must provide a scientific reason for such exclusion.

5. Inclusion of Incompetent Adults

- Incompetent persons include those who have a legal guardian or those whose mental status prevents them from giving informed consent and making decisions [such as those with advanced Alzheimer’s disease], excluding minors
• Note – It is ethical to enroll incompetent adults if there is a potential for direct benefit that is not otherwise available to them outside of the research.

a) Is there potential for direct benefit to the study participant?
 Yes No

If yes, please explain:

b) Is there comparable treatment available off study?
 Yes No

If yes, please explain:

c) Is the study greater than minimal risk?
 Yes No



- d) If there is comparable treatment available off study, incompetent adults should not be enrolled in the research unless there is ethical justification. Please provide such justification, if applicable:
- 1) If it is ethical to enroll them, should the protocol include additional safeguards (e.g. additional visits to the PI for evaluation, caregivers, etc.)?
 Yes No
 - 2) If so, describe the additional safeguards that have been included:
- e) Does the protocol allow for inclusion of incompetent adults?
 Yes No

If yes, where is this information located in the protocol:

Note – If the protocol does not clearly indicate whether incompetent persons are permitted or not permitted to enroll, please revise the protocol to include this information.

If yes, please confirm the *requirement* of assent is clearly stated in the protocol for this population:

[Assent should be required whenever possible if it is deemed that incompetent adults can be included. Whether and how to document assent is the decision of the local institution.]

6. Recruitment

- a) Provide the participant recruitment plan.
- b) Provide any recruitment materials (if applicable) that participants will see.
- c) Will the participants be paid or receive any other inducements (e.g., free medication, free medical care) for participating? Yes No If yes, please explain.

7. Will the participants bear any costs which are not a part of standard of care?

Yes No

If yes:



- a) List the relevant tests, procedures, hospitalizations, etc., for which the participants would be financially responsible.
- b) Are there available means of subsidizing these extra costs for participants who cannot afford them?

Yes No If yes, please explain.

SECTION D: DRUGS

1. Please provide the following information for all drugs to be used in this study. (This includes the study drugs PLUS any other medications specified in the study that the participant will receive while on this study):

Drug/study drug:
 Manufacturer:
 Supplier:
 Is the drug/study drug being used under an IND?

Yes (submit copy of Investigator's Brochure) No

IND# : _____ Holder of IND: _____

Drug/study drug:
 Manufacturer:
 Supplier:
 Is the drug/study drug being used under an IND?

Yes (submit copy of Investigator's Brochure) No

IND# : _____ Holder of IND: _____

Drug/study drug:
 Manufacturer:
 Supplier:
 Is the drug/study drug being used under an IND?

Yes (submit copy of Investigator's Brochure) No

IND# : _____ Holder of IND: _____



a.) Does this study include an off-label use of an FDA-approved drug?

Yes No

If yes, please explain. (e.g. Has an IND been applied for? Is this study exempt from an IND? If exempt, please provide official FDA documentation.)

2. For all study drugs, include the following information:

(Study drugs are all drugs that are investigational or are being studied or compared, alone or as part of a regimen.)

- a) The name of the study drug/regimen:
- b) Likely/bothersome effects that are study drug/drug class/regimen specific:
- c) Less likely effects that are study drug/drug class/regimen specific:
- d) Rare but serious effects that are study drug/drug class/regimen specific:

Risks and side effects related to temozolomide include those that are:

Likely

•

Less Likely

•

Rare but Serious

•

SECTION E: RADIATION

1. Does this study involve radiation? Yes No (If no, skip to Section F.)

2. Specify the type of radiation that the participant will receive:

Diagnostic Therapeutic Both

3. Will the participant receive radiation greater than normally received in the course of standard of care for this disease or condition?



Yes No If yes, please explain.

4. Is any radiation modality experimental?

Yes No If yes, list the risks associated with the experimental modality.

SECTION F: RISKS, BENEFITS AND ALTERNATIVES

- 1. List any known or foreseeable risks or discomforts to the participant from procedures or treatment associated with the study intervention(s). List the frequency and complications associated with each.**

- 2. List measures planned to minimize risks identified in Question # 1.**

- 3. How do the potential benefits outweigh the risks inherent in participating in the study?**

- 4. How would you treat this participant in a non-investigational setting? Please describe the treatment that is considered standard of care, as well as any alternative procedures or drugs or other courses of therapy that might be used, if such alternatives exist.**

SECTION G: GENETIC RESEARCH

Will the research identify genetic characteristics?* Yes No

If no, go to Section H.

*It may be useful to think of genetic research as being carried out on a continuum comprising of four stages: (1) to discover the pattern of inheritance of a disease and to catalog the range of symptoms involved (pedigree studies); (2) to localize and identify specific genes (positional cloning studies); (3) to develop techniques for determining the presence of specific DNA mutations (DNA diagnostic studies); and (4) to develop treatments for genetic disease at the DNA level (gene therapy research).

If yes:



a) Will results be disclosed to the participants?

Yes No

If yes, describe in what way:

If yes, how will they be given the option to not receive the results?

b) Will research findings be disclosed to participants' physicians for clinical use?

Yes No

If yes, Will this plan be discussed with the participants and their consent obtained?

c) Will the possible psychological and social risks of genetic research be adequately considered in the consent process? Will appropriate counseling be provided, both as part of the consent process and also when communicating test or other research results to participants? Please explain.

d) Will the data be protected from disclosure to third parties, such as employers and insurance companies? Describe confidentiality measures.

e) How are tissue samples secured?

f) What will happen to the tissue samples in the event that a participant withdraws from the study?

SECTION H: STORAGE OF SPECIMENS FOR FUTURE RESEARCH STUDIES

Does this study involve collection of specimens for future research studies?

Yes No (If no, skip to Section I.)



If yes:

- a) What are the types and amounts of specimens to be collected? Justify the types and amounts.

- b) How will the specimens be linked to the participants?

- c) For what types of research do you anticipate using the samples in the future?

- d) How will access to the specimens be governed?

- e) What procedure will be used if the participant withdraws consent after the specimen has been collected and stored?

SECTION I: ANCILLARY STUDIES

Will participants enrolled in this study be asked to register in any ancillary/companion studies?

- Yes No

If yes, are these studies:

- Mandatory
- Optional
- Both

PLEASE NOTE:

The CIRB will review any new ancillary/companion study regardless of whether participation is mandatory or optional.



*If an ancillary/companion study is already open, the policy is as follows. If a study **requires** that its participants also enroll in an ancillary/companion study, the CIRB must review the ancillary/companion study. A separate, Ancillary Study Application, the ancillary/companion study, and associated informed consent document(s) must be submitted to the CIRB for review and approval. Once an ancillary/companion study has been approved, it will not need to be resubmitted with each treatment study that it accompanies.*

The CIRB will review all ancillary/companion studies whose participation is mandatory for participants enrolled in an associated main treatment study, regardless of when the ancillary/companion study was activated and open to enrollment.

The CIRB will not review an ancillary/companion study if participation is optional and the study was activated and open to enrollment prior to the associated main treatment study's submission for CIRB review.

SECTION J: CONFLICTS OF INTEREST

1. Does the Study Chair or any principal involved in the development or coordination of this study have any significant financial conflicts of interest as defined in the Conflict of Interest Policy for Cooperative Group Phase 3 Clinical Trials?

Yes No If yes, please answer question #2.

2. Does the Cooperative Group have a management plan in place to address the conflicts disclosed in question #1?

Yes No If yes, please provide a copy of the management plan

SECTION K: INFORMED CONSENT

Please submit a copy of the informed consent document(s) (WORD version) for this study along with this application.

Important Note: Please send the completed CIRB application and the informed consent document(s) to adultcirb@emmes.com.