

**SUPPORTING STATEMENT A For:**  
**Drug Accountability Report Form and Investigator Registration**  
**Procedure in the Conduct of Investigational Trials for the**  
**Treatment of Cancer (NCI)**

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**Revision**

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**Table of Contents**

**A. JUSTIFICATION.....1**

A.1 CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY.....1

A.2. PURPOSE AND USE OF THE INFORMATION COLLECTION.....4

A.3 USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION.....7

A.4 EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION.....8

A.5 IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES.....11

A.6 CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY.....11

A.7 SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINES OF 5 CFR 1320.5.....12

A.8.1 COMMENTS IN RESPONSE TO THE FEDERAL REGISTER NOTICE  
.....12

A.8.2 EFFORTS TO CONSULT OUTSIDE THE AGENCY.....12

A.9 EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS.....13

A.10 ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS.....13

A.11 JUSTIFICATION FOR SENSITIVE QUESTIONS.....14

A.12.1 ESTIMATES OF BURDEN HOURS  
.....15

A.12.2 ANNUALIZED COSTS TO RESPONDENTS .....17

A.13 ESTIMATE OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS OR  
RECORD KEEPERS.....18

A.14 ANNUALIZED COST TO THE FEDERAL GOVERNMENT.....18

A.15 EXPLANATION FOR PROGRAM CHANGES OR ADJUSTMENTS.....19

A.16 PLANS FOR TABULATION AND PUBLICATION AND PROJECT TIME SCHEDULE.....19

A.17 REASON(S) DISPLAY OF OMB EXPIRATION DATE IS INAPPROPRIATE.....19

A.18 EXCEPTIONS TO CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS.....20

## ATTACHMENTS

- \*ATTACHMENT 1: NCI/DCTD/CTEP Drug Accountability Record Form (DARF)
- \*ATTACHMENT 2: NCI/DCTD/CTEP Drug Accountability Record Oral Form (DARF-ORAL)
- \*ATTACHMENT 3: Statements of Investigator
  - ATTACHMENT 3A: NCI/DCTD/CTEP Modified FDA Form 1572
  - ATTACHMENT 3B: FDA Form 1572 (DCP)
- \*ATTACHMENT 4: NCI/DCTD/CTEP Supplemental Investigator Data Form
- \*ATTACHMENT 5: Financial Disclosure Forms
  - ATTACHMENT 5A: NCI/DCTD/CTEP Financial Disclosure Form
  - ATTACHMENT 5B: Financial Disclosure, Form FDA 3455 (DCP)
- ATTACHMENT 6: Information About DARF Working Group
- ATTACHMENT 7: NCI/DCTD/CTEP PIA
- ATTACHMENT 8: OHSR Data Collection Required Review
- ATTACHMENT 9: Privacy Impact Assessment (PIA)

## **Abstract**

This information collection is a revision for a 3 year period. The U.S. Food and Drug Administration (FDA) holds the National Cancer Institute (NCI), Division of Cancer Treatment and Diagnosis/Cancer Therapy Evaluation Program (NCI/DCTD/CTEP) and the Division of Cancer Prevention (DCP) responsible, as a sponsor of investigational drug trials, for the collection of information about the clinical investigators who participate in these trials and to assure the FDA that systems for accountability are being maintained by investigators in its clinical trials program. The information collected is used to identify qualified investigators and to facilitate the submission and distribution of important information relative to the investigational drug and the response of the patient to that drug. Investigators are physicians who specialize in the treatment of patients with cancer. Data obtained from the Drug Accountability Record is used to track the dispensing of investigational anticancer agents from receipt from the NCI to dispensing or administration to patients. NCI and/or its auditors use this information for compliance purposes.

### **A. JUSTIFICATION**

#### **A.1. Circumstances Making the Collection of Information Necessary**

The National Cancer Institute, Division of Cancer Treatment and Diagnosis/Cancer Therapy Evaluation Program (NCI/DCTD/CTEP) and the Division of Cancer Prevention (DCP) request OMB approval under the Paperwork Reduction Act (44 U.S.C. 3501 et seq.) for the reporting and record keeping requirements contained in the Food and Drug Administration (FDA) regulation “Investigational New Drug Application” (Title 21 Code Federal Regulations (CFR) Part 312) specifically as it pertains to NCI/DCTD/CTEP and DCP sponsored clinical trials and the requirements for Investigational New Drug (IND)'s sponsors. The NCI/DCTD/CTEP fosters drug development to benefit cancer patients and as an IND sponsor is:

- 1) required to select only investigators qualified by training and experience as appropriate experts to investigate the drug, and
- 2) to assure the FDA that systems for accountability are being maintained by investigators in its clinical trials program.

***Investigator Registration Procedure in the Conduct of Investigational Trials for the Treatment of Cancer***

The U.S. Food and Drug Administration (FDA) has numerous requirements for sponsors specified in 21 CFR Part 312.53. These regulations require sponsors to obtain information from the investigator before permitting them to begin participation in an investigational trail. This includes the following:

- (1) Statement of Investigator (Form FDA 1572), signed by investigator,
- (2) Supplemental Investigators Data Form
- (3) Financial Disclosure Form for Investigator Registration
- (4) Curriculum vitae

***The Drug Accountability Record Form (Form NIH 2564) (DARF) and Drug Accountability Record Form-Oral (DARF-Oral)***

The FDA also requires that sponsors and investigators account for all investigational agents used in these studies. The Drug Accountability Form (Form NIH 2564), is the instrument by which the NCI and NCI registered investigators track the receipt, administration and disposition of these experimental agents. The FDA regulations require investigators to:

- “...maintain adequate records of the disposition of the drug, including dates, quantity and use by subjects...” (312.62);
- “..... upon request from any properly authorized officer or employee of FDA, at reasonable times, permit such officer or employee to have access to, and copy and verify any records or reports made by the investigator pursuant to 312.62. The investigator is not required to divulge subject names unless the records of particular individuals require a more detailed study of the cases, or unless there is reason to believe that the records do not represent actual case studies, or do not represent actual results obtained.” (312.68)
- “...furnish all reports to the sponsor of the drug who is responsible for collecting and evaluating the results obtained [in the investigation.]” (312.64).

Similarly, 21 Code of Federal Regulations includes requirements for sponsors to:

- “...maintain adequate records showing the receipt, shipment or other disposition of the investigational drug [to investigators]” (312.57);
- “...submit the records or reports (or copies of them) to the FDA [for inspection] (312.58);
- “...discontinue shipments of the investigational new drug to the investigator and end the investigator's participation in the investigation [if this] investigator is not complying with the signed agreement (Form FDA-1572), the general investigational plan, or the requirements of this part or other applicable parts...” (312.56); and
- “...make such reports to FDA regarding information relevant to the safety of the drugs...” (312.56).

The information collected with these forms is authorized under sections 413(b)(1) of the Public Health Service Act (42 USC 285a-2). NCI/DCTD/CTEP, as an IND sponsor,

- “shall establish or support the large-scale production or distribution of specialized biological materials and other therapeutic substances for cancer research and set standards of safety and care for persons using such materials.”

To support this NCI/DCTD/CTEP developed the "Drug Accountability Record" form (DARF) (**Attachment 1**) to help investigators using NCI sponsored drugs under NCI protocols meet FDA requirements. For the NCI, the DARF serves as the link between NCI's record of drug distribution to an investigator and NCI's review of the clinical data on research patients; it ensures that investigational drugs are not diverted for inappropriate protocol or patient use.

Further, in response to change in the practice wherein the medication that was developed in the past was produced almost exclusively for intravenous administration, more investigational agents have been developed for oral administration because it is more convenient for the patient. The sponsor of the investigational trial is required to assure the proper distribution of the agent, but is also required to ensure the proper disposition of investigational agent. Whereas intravenous formulations of medications are administered at the medical facility, oral

medications are commonly dispensed to patients for administration at home. Often these medications must be returned to the dispensing institution when the patient does not use them, for any number of reasons (withdraw from study, change in dose etc). In order to meet the regulatory requirements for the medications dispensed to the patient, NCI/DCTD/CTEP developed the Drug Accountability Report Form for Oral agents (DARF-Oral), (**Attachment 2**), to document the return of medication to the dispensing facility for final disposition.

## **1A.2. Purpose and Use of the Information**

### ***Investigator Registration Procedure in the Conduct of Investigational Trials for the Treatment of Cancer***

Various Programs within the NCI use different forms to collect data:

- NCI/DCTD/CTEP Modified FDA Form 1572 for annual submission (**Attachment 3A**)
- DCP unmodified Form FDA 1572 submitted on a protocol by protocol basis (**Attachment 3B**)
- NCI/DCTD/CTEP Supplemental Investigator Data Form (**Attachment 4**)
- NCI/DCTD/CTEP Financial Disclosure Form (**Attachment 5A**)
- DCP Financial Disclosure Form per protocol submission (**Attachment 5B**)

Completion of these forms ensure compliance with NCI/DCTD/CTEP and DCP's responsibilities as IND sponsors. The FDA can request copies of these forms at any time for audit and review. Record keeping of investigator registration and financial disclosure data in a standard format is required to track compliance and to allow an investigator to receive NCI-sponsored drugs. NCI/DCTD/CTEP does not establish a standardized format for submission of the Curriculum vitae (CV) but allows the investigator to submit the information in



any configuration they chose. This requirement is an essential part of investigator accountability process and motivates them to maintain accurate, appropriate records. The record keeping retention period is specified by FDA regulation, and the NCI does not deviate from that requirement.

### ***The Drug Accountability Record (Form NIH 2564)***

As noted above, the FDA requires IND sponsors to maintain adequate records on the shipment and disposition of drugs to investigators. In a September 1982 PMB survey, each participant (See Attachment 6) received a draft of the proposed Drug Accountability Record Form (DARF). The participants were asked to apply the application of the form to the dispensing of investigational anticancer drugs in their practice setting. In November 1982, each participant submitted their comments to NCI. A meeting was then arranged at NIH to discuss their experiences. All participants felt that the procedure could be implemented without undue burden. The committee decided that recording of patient's "informed consent" each time a drug was dispensed would be difficult. Since obtaining Informed Consents from patients is a legal requirement for all clinical investigation, it was decided that the recording of the date of each patient's consent was unnecessary and deleted from the original form.

The DARF and DARF (Oral) forms are used by NCI/DCTD/CTEP in the management of approximately 135 NCI/DCTD/CTEP sponsored INDs. Pharmacists, nurses and investigators or their designee at medical institutions use the information entered onto the DARF or DARF-Oral to keep track of the dispensing of investigational anticancer agents to patients.

NCI/DCTD/CTEP uses the data from the DARF or DARF-Oral to ensure compliance with our responsibilities as an IND sponsor. The requested information is retained exclusively at the institution and examined on a triennial basis or more frequently if needed, when investigational

medication cannot be accounted for. It is not collected or sent anywhere else.

NCI/DCTD/CTEP Management can request copies of the DARF or DARF-Oral at any time for audit and review and DARFs are reviewed at least once every 3 years during site audits.

The information contained in the DARF or DARF-Oral is compared to already existing information in the Pharmaceutical Management Branch-Drug Authorization Review and Tracking System (PMB-DARTS)<sup>1</sup> module histories for each investigator and clinical site to ensure there is no diversion of investigational drug supplies to inappropriate protocol or patient use. The accountability information is also compared to patient flow sheets (protocol reporting forms) during site visits conducted for each institution. All comparisons are completed with the intention of ensuring protocol integrity, patient safety, and compliance with FDA regulations. Record keeping of drug accountability information in a standard format is required to allow an investigator to receive, and continue to receive NCI-sponsored drugs. This information is reviewed at the time of site visit audits, which currently occur at least once every 3 years. The IND sponsor may also request copies of the DARF at any time. This requirement is an essential part of investigational agent accountability process and motivates the investigator to maintain accurate, appropriate records. The record keeping retention period is specified by FDA regulation, and the NCI/DCTD/CTEP does not deviate from that requirement. As noted above, the FDA requires IND sponsors to maintain adequate records on the shipment and disposition of drugs to investigators.

During the past 33 years, the Drug Accountability Record Form (DARF) has been in continuous use; there have been no significant problems expressed concerning the use of the form and site visit audit team leaders have not made any suggested changes in the form or

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<sup>1</sup> PMB-DARTS is part of the CTEP Enterprise computer database discussed further in Section A.3.

procedures. In May of 2012, the Pharmaceutical Management Branch worked with members of the investigational community to address the issue of accountability of for oral medication that had been dispensed to the patient, but had to be returned when it was no longer required. This effort resulted in the modification of the existing DARF to develop the DARF-Oral so that the returned medication could be documented more clearly and comply with regulatory requirements.

### **A.3. Use of Information Technology and Burden Reduction**

#### ***Investigator Registration Procedure in the Conduct of Investigational Trials for the Treatment of Cancer***

The system continues to make an electronic version of the forms available on the CTEP web site. Sites download and print the form as it is needed. The NCI Online Credentialing Repository (OCR) initiative, previously known as FIREBIRD, proposed in the previous submission of February 2013, was terminated in 2013.

The pilot IT system associated with the Investigator Registration (IR) process in which scanning previously collected IR documents into a database was terminated in 2013, due to lack of resources. A Privacy Impact Assessment (PIA) was approved by HHS on May 23, 2012. The IT system is titled, “NIH NCI Investigator Registration Filing Process” (**Attachment 7**). ***The Drug Accountability Record Form (NIH Form 2564)/ The Drug Accountability Record Form (Oral)***

### **A.4. Efforts to Identify Duplication and Use of Similar Information**

#### ***Investigator Registration Procedure in the Conduct of Investigational Trials for the Treatment of Cancer***

Although NCI/DCTD/CTEP's procedure is to collect the investigator registration on an annual basis compared to the FDA and DCP process, which is to collect this information on a per protocol basis, the NCI is requesting approval of essentially the same document. The FDA utilizes a similar form and mechanism to collect this information from other sponsors of investigational trials. The information and method utilized by the FDA requires significantly greater burden to the investigators who complete the forms and the government who review and retain the forms. More than 30 years ago the FDA and the NCI established a modified submission and retention procedure for investigator registration and financial disclosure information. Whereas the FDA requires other sponsors to submit this information on a protocol by protocol basis, the NCI/DCTD/CTEP collects this data annually. This was done to reduce the administrative burden on the individual NCI/DCTD/CTEP registered investigators since they often participate in numerous trials simultaneously.

Additionally, though the questions between the FDA version of the FDA Form 1572 and the NCI/DCTD/CTEP versions are the same, CTEP has pre-populated two responses in Blocks 6 (see **Attachment 3A**):

*N/A-The Cancer Therapy Evaluation Program, National Cancer Institute requires each investigator to submit a separate FDA Form 1572, CV, Supplemental Data Form, and Financial Disclosure Form. The information entered in this section will NOT be entered in the CTEP NCI database.*

and Block 7 of the Form FDA 1572 to account for the annual submission of data.

*I am participating in Cancer Therapy Evaluation Program (CTEP), National Cancer Institute-sponsored clinical trials. I understand that this single FDA Form 1572 will cover my participation in all (one or more) clinical trials under CTEP sponsorship (IND and/or funding). I also understand that I am responsible for meeting all the requirements for clinical trials specified by this signed FDA Form 1572 for EACH CTEP clinical trial in which I participate.*

Regarding the NCI/DCTD/CTEP Supplemental Investigator Data Form (see **Attachment 4**) and NCI/DCTD/CTEP Financial Disclosure Form (see **Attachment 5A**) the FDA does not specify a specific form for collection of this essential data. These forms were developed to fill the void created by the FDA requirement. The NCI/DCTD/CTEP procedure has been in place and met all of the regulatory requirements for more than 30 years. CTEP has built an extensive submission and tracking process around the annual submission procedure because it provides NCI/DCTD/CTEP with the most current data. Any changes to the existing process will require a major change in the form retention and retrieval mechanism as well as the business processes at NCI/DCTD/CTEP. A change will increase the burden to both the investigator and the government.

A small portion of the NCI's portfolio, managed by the Division of Cancer Prevention (DCP), relies on the protocol by protocol registration process and uses the exact same forms as cleared by FDA, forms are provided as **Attachments 3B and 5B**. As noted, DCP is required to capture this information under the Code of Federal Regulations. This registration process has also been in place for decades and while the NCI is working to streamline investigator registration through the implementation of an electronic information collection mechanism, NCI OCR, the NCI needs to continue to capture information via the two different sets of forms (annual and per protocol) due to the nature of NCI's clinical research and regulatory requirements.

In addition, it may be that respondents who complete the NCI/DCTD/CTEP Modified FDA Form 1572 may or may not fill out the FDA Form 1572 for other organizations (e.g. pharmaceutical companies) who also sponsor investigational trials. FDA holds the sponsor (i.e.,

NCI/DCTD/CTEP in this case) responsible for the conduct of the clinical trial and the collection and review of the NCI/DCTD/CTEP Modified Form 1572 to provide to the FDA upon demand.

***The Drug Accountability Record Form (NIH Form 2564)/ The Drug Accountability Record Form (Oral)***

When NCI/DCTD/CTEP proposed development of the DARF in 1982, seven investigators who received investigational anticancer drugs from NCI were asked to form a task force to pilot the proposed drug accountability procedure (**Attachment 6**). These investigators were selected from hospitals, universities, adult and pediatric cancer centers, clinical cooperative study groups and private practice settings. They were chosen because they accurately represented the community of investigators receiving investigational drugs from the NCI. These investigators recruited the support of pharmacists and nurses who were familiar with the availability of the data, the frequency of collection and the clarity of instructions and record keeping. The task force, at that time, was unable to identify any duplication of efforts regarding the Drug Accountability Record Forms.

In May, 2012, the PMB staff identified the need to further document the return of oral medication. The PMB Staff worked with pharmacists at the institutional level who are responsible for accounting for medication disposition and those who monitor and audit the conduct of trials. This collaboration resulted in the identification of the essential elements for the form DARF-Oral. The DARF-Oral (**Attachment 2**). This form is similar to that developed and implemented by the National Cancer Institute of Canada (NCIC) in collaboration with the NCI/DCTD/CTEP in the United States in 2010.

**A.5. Impact on Small Businesses or Other Small Entities**

There are no small businesses or other small entities involved.

#### **A.6. Consequence of Collecting the Information Less Frequently**

##### ***Investigator Registration Procedure in the Conduct of Investigational Trials for the Treatment of Cancer***

NCI/DCTD/CTEP collects the investigator registration and financial disclosure information annually. DCP collects this information on a per protocol basis where the one time registration typically lasts for a number of years, depending on the length of the study. This frequency has been acceptable to the NCI and the FDA for 30 or more years with the justification that it adequately reflects changes in the investigator status, financial changes and shipping requirements. Investigators notify NCI/DCTD/CTEP when there are significant changes within the one year period, or over the course of a study.

##### **The Drug Accountability Record Form (NIH Form 2564)/ The Drug Accountability Record Form (Oral)**

Drug accountability data record must be recorded every time a drug is received, administered, dispensed, or returned. The IND sponsor reviews the drug accountability data at triennial site visits. Between site visits, the institution should validate the data to maintain the quality of the drug accountability data. If drug accountability information were reviewed less often than once every 3 years, its accuracy and usefulness during site visits would be questionable. Since accountability data is cumulative by protocol, any error made would be compounded. Compounded errors are more difficult to detect and correct, thus limiting the effectiveness of the drug accountability procedure as an auditing tool.

**A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This survey will be implemented in a manner that fully complies with 5 C.F.R. 1320.5.

**A.8 Comments in Response to the Federal Register Notice and Efforts to Consult**

**Outside the Agency**

The 60-Day Federal Register Notice of the proposed data collection was published on November 17, 2015, Vol. 80, p. 71815. No public comments were received.

For the investigator registration process, there have been recent discussion with the FDA to discuss the development of an electronic submission platform (refer to Section A.3 for discussion). FDA has been consulted to ensure the electronic mechanism for investigator registration met regulatory requirements.

Regarding the Drug Accountability Record Form – Oral (DARF-Oral), in May 2012 at the request of investigators and pharmacists, the NCI/DCTD/CTEP cooperatively revised the DARF to provide additional information to document the return or oral medication to the institution when it is no longer required by or not appropriate for the study recipient to use. This revision was also consistent with the regulatory requirements of the sponsor. Follow up discussions with investigational pharmacists in the supported institutions in May 2014, and requests for comments in the quarterly PMB newsletters, demonstrated that the form has been received and that no additional modifications are required at the present time.

**A.9. Explanation of Any Payment or Gift to Respondents**

Respondents will not receive any payment or gift for answering the questions.



#### **A.10. Assurance of Confidentiality Provided to Respondents**

All information will be kept private to the extent permitted by law.. For Investigator Registration, the release of information submitted to the NCI as part of the Investigator Registration/Financial Disclosure process is compliant with current regulatory requirements. For the Drug Accountability Records (DARFs), the investigators or their designees are the record keepers of drug accountability information. The information submitted to NCI is made available to the IND sponsor and to FDA upon request to meet regulatory requirements in 21 CFR Part 312.64(d) (for Investigator Registration) and to verify the legal use of investigational drugs (for DARFs). Investigators are made aware of their legal requirements when they complete a FDA-1572 form and the NCI/DCTD/CTEP Investigator Supplemental Data form by which they become eligible to use investigational new drugs. The investigators or their designees retain the forms for a period of 2 years following the date a marketing application is approved for the drug for the indication for which it is being investigated and closure of the NCI IND. However, if no application is to be filed or if the application is not approved for such indications, the records must be retained until 2 years after the NCI IND closure and FDA is notified.

The Office of Human Subjects Protection (OHSR) does not need to review this submission since this is an administrative collection of information in which generalization of findings is not conducted, and thus it does not meet the definition of “research” under regulations 45 CFR 46 (**Attachment 7**).

Individual patient names are not required on the DARF and DARF-Oral, only patient initials or institutional assigned patient specific code numbers to allow comparisons with patient protocol flow sheets (in compliance with HIPPA rules). These codes could be compared with patient protocol flow sheets and which if linked, could identify the patient. Without this

reference, drug accountability would be impossible. The NIH Privacy Act Officer has reviewed this submission and has determined that the Privacy Act would apply to this data collection. This data collection for the Investigator Registration and the DARF is covered by NIH Privacy Act Systems of Record, 09-25-0200, “Clinical, Basic and Population-based Research Studies of the National Institutes of Health (NIH) HHS/NIH/OD,” published in the Federal Register on 9/26/2002 (67 FR 60776) (**Attachment 8**).

**A.11. Justification for Sensitive Questions**

No sensitive questions are involved for either the Investigator Registration or DARF. Personally identifiable information (PII) is being collected

***Investigator Registration Procedure in the Conduct of Investigational Trials for the Treatment of Cancer***

PII is being collected in the form of education, date of birth and UPIN of the investigator, and financial disclosure information. This information is necessary to meet regulatory requirements established by the FDA and to clearly establish the identity of investigators where there are similar or identical names. It also ensures that the investigator has completed required training, is licensed and practicing in the field of expertise in which the research is conducted. The collection and evaluation of this information by the NCI is required by the FDA of NCI as sponsor and protects the health and safety of patients who participate in investigational trials.

***The Drug Accountability Record Form (NIH Form 2564)/ The Drug Accountability Record Form (Oral)***

PII is collected in the form of patient’s initial, patient ID, NCI protocol number and title, NCI investigator number and information pertaining to the drug and its dose form and

strength. As mentioned in A.10, alone this information may not be PII, however when linked it could identify a patient.

**A.12.1 Estimates of Annualized Burden Hours**

The annualized burden for the Investigator Registration process and the DARFs is estimated to require 14,649 hours or approximately 43,947 hours for the three-year approval period. The total respondents are 25, 571 or 76,713 over the three-year period. The annual burden for the three registration forms is 11,141 and over a three-year time frame, the burden is estimated to be 33,423 hours.

Agent Accountability facilitated via the use of the DARF and DARF-Oral is estimated to add 3,288 respondents and an annual burden of 3,507 hours. A three-year burden is estimated to be 10,521 hours.

Table A.12-1 Estimates of Annual Burden					
Type of Respondents	Form	Number of Respondents	Number of Responses	Average Time per Response (in Hours)	Total Hour Burden
Investigators and Designee for Investigator Registration and DARF	Statement of Investigator (Attachments 3A or 3B)	22,283	1	15/60	5,571
	NCI/DCTD/CTEP Supplemental Investigator (Attachment 4)	22,283	1	10/60	3,714
	Financial Disclosure Forms (Attachment 5A or 5B)	22,283	1	5/60	1,857
	NCI/DCTD/CTEP Drug Accountability Record Form (DARF and DARF-Oral) (Attachments 1 & 2)	3,288	16	4/60	3,507

Grand Totals (Hours)		22,571	119,457		14,649
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**A12.2 Annualized Cost to Respondents**

<b>Table A.12-2 Annualized Cost to Respondents</b>				
Type of Respondents	Form	Total Hour Burden	Wage Rate per Hour	Respondent Cost
Investigators and Designee	NCI/DCTD/CTEP Statement of Investigator	5,571	\$65.39	\$364,288
	NCI/DCTD/CTEP Supplemental Investigator	3,714	\$65.39	\$242,858
	Financial Disclosure	1,857	\$65.39	\$121,429
	NCI/DCTD/CTEP Drug Accountability Record Form	3,507	\$30.21	\$105,946
<b>Total</b>		<b>14,649</b>		<b>\$834,521</b>

The annualized cost burden to the respondents is estimated at \$834,521 (see Table A.12-2). The total cost is estimated at \$2,503,563 over the course of the three-year information collection. These estimates are based on the number of investigators supported by Pharmaceutical Management Branch. Wage estimates are based upon burden hours at an average cost of \$65.39 per hour for Investigator Registration. This estimate is based upon the results of personal experience of the CTEP staff and a small survey conducted to identify how institutions fulfill the requirement to complete the required forms. All though each institution does this differently the following estimates were developed. The investigational registration documents are completed as a result of combined efforts of the investigator and support staff (usually a clinical research

assistant-CRA) the investigator does 40% of the work and the CRA performs 60% of the work. Using wage estimates from the internet (<http://www.salary.com/category/salary/> ) salaries of the personnel involved and calculated a combined salary based on their contributions. The maintenance cost for the DARFs was calculated using the same methodology using wage figures identified in PharmacyWeek a national industry annual survey published online ([http://www.pharmacyweek.com/cm/salary\\_survey/national\\_survey](http://www.pharmacyweek.com/cm/salary_survey/national_survey) ). The DARF Wage Rate per hour was calculated using the same methodology where the pharmacist makes 25% of the entries and the pharmacy technician makes 75% of the entries. In this case, the Wage Rate per hour was calculated to be \$30.21. The estimate is also based on FDA estimates of an industry average for preparing and submitting collected information. For re-registration, the NCI sends forms pre-populated with the current data for the investigator to review, modify if required and sign.

**A.13. Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers**

There is no additional cost burden to the respondents and record keepers.

**A.14. Annualized Cost to the Federal Government**

<b>Table A.14-1 Annual Cost to the Federal Government</b>			
	YEAR (2016)	YEAR (2017)	YEAR (2018)
<b>TOTAL CONTRACTOR COST</b> Investigator Registration, 9 FTE, 100% Effort	\$738,917	\$753,764	\$768,839
<b>TOTAL CONTRACTOR COST</b> DARF Audits, 6% Effort	\$21,959	\$22,179	\$22,400

NCI Staff			
Senior Clinical Research Pharmacist, GS14, Step 10, 5% FTE (Salary \$139,523)	\$6,976	\$7,046	\$7,116
Annual Cost	\$767,852	\$782,989	\$798,355

The average annualized cost to the Federal Government is estimated to be \$779,732 . For the Investigator Registration process, the annualized cost to the Federal government for collecting, evaluation, sorting, entering into a tracking database, storing and coordinating annual renewal requires 9 FTEs at an estimated \$738,917. For the Drug Accountability Record, the total estimated cost to the Federal government is approximately \$21,959. This is based on one auditor spending one hour reviewing the contents of the DARF files. Typically the auditors spend two (2) days auditing patient records of which one auditor spends one (1) hour (1/16) auditing the DARF records. The three-year total for government cost is \$2,349,196. The contract is overseen by a GS 14 Step 10 employee and requires 5% of an FTE at a cost of \$6,976 annually.

**A.15. Explanation for Program Changes or Adjustments**

This request provides an explanation for the cancellation of a FIREBIRD/OCR, initiatives for the inclusion of electronic record keeping associated with investigator registration program. The estimated burden for the electronic CV was removed from the previous submission since the Firebird/OCR initiative was discontinued in 2012. All investigators are required by their institutions to maintain a current CV as part of their professional and academic responsibilities. The Program accepts any format of an investigator's CV so that there is no additional burden associated with this document.

There is also an increase in total burden hours. The previous submission requested 14,328 burden hours where this current submission is requesting 14,649 burden hours. The increase in burden is a result of an increase in accrual to investigational studies and a greater number of patients participating in studies. There is an increase of 2,083 investigator respondents from 20,200 in the previous submission to 22,283 in the current submission.

**A.16. Plans for Tabulation and Publication and Project Time Schedule**

There are no plans to publish this data for statistical use.

**A.17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The date will appear on all forms and information.

**A.18. Exceptions to Certification for Paperwork Reduction Act Submissions**

No exceptions to the certification statement are required by this information collection.