

CTAC

Proposed Periodic Strategic Assessment of Scientific Steering Committee Portfolios

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Extramural Input on Strategic Portfolio Assessment

- **Periodic assessment of trial portfolios would be valuable**
 - Provides essential feedback to the Steering Committees & Groups/Research Bases
 - Ensures that trials address the strategic priorities established for the portfolios
- **Assessments would benefit from greater involvement of portfolio-specific experts**
- **Next strategic assessment should begin 3-5 years from the NCTN WG assessment**
- **Little enthusiasm for convening a cross-portfolio assessment group as large as the NCTN WG to conduct a detailed assessment of trials in each portfolio**

Proposed Portfolio Assessment Based on Input

- **Approach**

- Initial assessment of individual trials in each portfolio performed by Steering Committees
- Review of Steering Committee assessments for quality and objectivity conducted by a CTAC Working Group
- Next round of assessment to begin in 2016

- **Rationale**

- Facilitates critical self-examination by those most directly involved in concept development and evaluation
- Provides a more in-depth, informed assessment
- Review of Steering Committee assessments by a single group of cross-portfolio experts to ensure objectivity and adherence to the strategic priorities
- Results of the assessment of current trials should be useful for future strategic priority setting

Proposed CTAC Cross-Portfolio Oversight Process

- **Performed by CTAC Working Group**
 - CTAC Subcommittee
 - NCTN Group Chairs
 - NCTN Group Statisticians
- **Analyzes quality and objectivity of the individual Steering Committee portfolio assessments as well as adherence to the strategic priorities**
- **Performs cross-portfolio analysis based on individual assessments**
 - Overall cross-portfolio quality
 - Cross-portfolio recommendations
 - Value of the assessment process
 - Recommendations for future assessments
- **Reports results of individual portfolio assessments and the cross-portfolio analysis to CTAC**

Proposed SC Portfolio Assessment Process

- **Assessment of concepts reviewed by Steering Committee since NCTN WG assessment**
- **Assessment criteria for approved concepts**
 - Alignment with strategic priorities
 - Addresses NCTN WG recommendation(s) for improvement of the portfolio
 - Unique suitability for federal clinical trials system
 - Clinical importance
 - Scientific contribution
 - Feasibility
- **Assessment of the rationale for disapproval of concepts**
- **Assessment Report presented to CTAC Working Group**
 - Assessment of approved concepts according to the six criteria
 - Assessment of the soundness of the rationales for disapproving concepts
 - Overall assessment of portfolio

GI Steering Committee Strategic Priorities

A. Colon Cancer

1. Adjuvant trial with incorporation of novel biomarkers (e.g., circulating tumor-DNA) as integrated or integral markers for minimal residual disease and treatment response
2. Immunotherapy in a priori immunogenic colorectal cancers (MSI-H) and non-immunogenic cancers by exploring immunomodulatory mechanisms
3. Biomarker-directed treatment approaches in patients with metastatic disease

B. Esophagogastric Cancer

1. Studies in the locally advanced setting. This includes concepts in the neoadjuvant or high risk adjuvant setting
2. Immunotherapy and molecularly targeted therapies in gastroesophageal malignancies

GI Steering Committee Strategic Priorities

C. Hepatobiliary

1. Hepatocellular Carcinoma (HCC)
 - First and second line studies of systemic therapy
 - HCC locally advanced therapy with TACE- combined with therapies such as immune modulators (PD-L1) or others
2. Biliary Cancer
 - Randomized phase II trial in second line therapy after progression on gemcitabine/cisplatin, targeting FGFr and/or IDH1-2 pathways, MEK inhibition
 - Phase III randomized adjuvant study evaluating combined modality of radiation plus chemotherapy vs systemic therapy in higher risk extra-hepatic biliary cancer

GI Steering Committee Strategic Priorities

D. Pancreatic Cancer

1. Late stage pancreas adenocarcinoma
 - Evaluation of novel therapies in second/third-line setting
 - Exploration of immune therapeutic approached in later stage pancreas adenocarcinoma
 - Determination of value of maintenance therapy
2. Borderline resectable pancreas adenocarcinoma
 - Define a reference standard
 - Studies to define optimal type and sequencing of systemic therapy
 - Studies to determine the contribution of radiation therapy to chemotherapy in disease control
 - If radiation therapy is of value, what is optimal dose/method of delivery (IMRT vs SBRT)
 - Studies of neoadjuvant therapy for resectable pancreas adenocarcinoma

E/F. Neuroendocrine / Anal and Rectal Cancers

Symptom Management and Health Related QOL SC

A. NCORP SXQOL FIRST TIER HIGH PRIORITY AREAS FOR RESEARCH

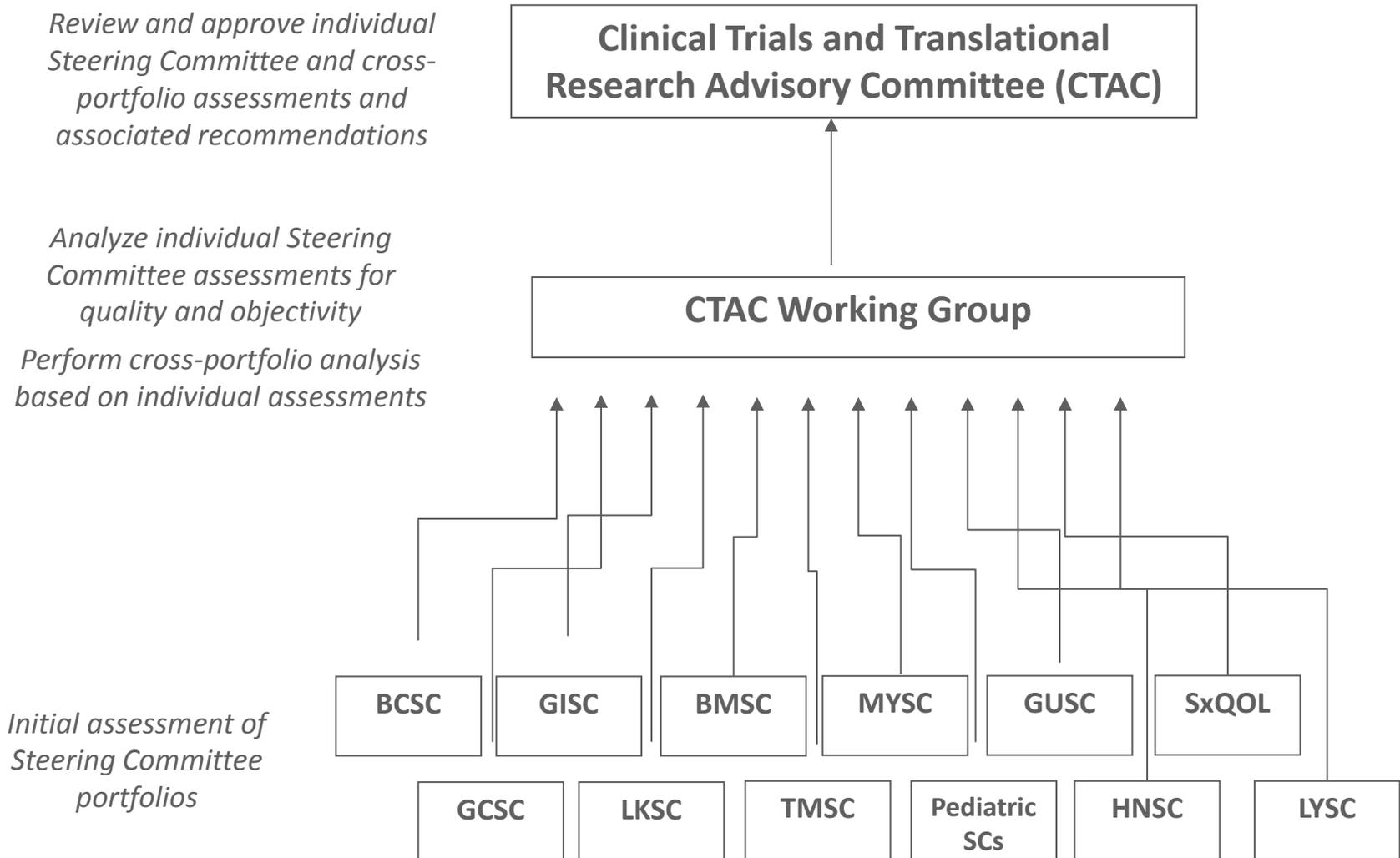
- Cognitive Impairment
- Neurotoxicity
- Cardiovascular Toxicity
- Fatigue
- Cancer Specific Pain

B. NCORP SXQOL SECOND TIER HIGH PRIORITY AREAS FOR RESEARCH

- Sleep Disorders
- Bone Health Toxicity
- Metabolic Toxicity
- Psychological Distress

Strategic Assessment

Scientific Steering Committee Portfolios



Operational Elements of the Assessment Process

Volume of concepts assessed

- 1-4 approved concepts per Steering Committee annually
- Based on average number of concepts approved per year since inception of each Steering Committee

Information provided for each portfolio assessment

- Analysis of the portfolio-specific clinical trials landscape
- Trial specific information
 - Concept summary
 - Summary of Steering Committee deliberations
 - Trial status including accrual performance
 - Population/public health impact
 - Other sources of support (BIQSFP, industry, foundations)
 - Correlative studies performed contemporaneously with trial (e.g., integrated biomarkers)
 - Correlative studies to be conducted using trial specimens

Proposed Timeline of Assessment Activities

- July/August 2015: Formation/Orientation of CTAC Assessment WG
- November 2015 – October 2016: Portfolio-Specific Self-Assessments
- January 2016 – April 2017: Present Portfolio-Specific Assessment Reports to CTAC Assessment WG
- March 2016 – November 2017: Present CTAC Assessment WG analysis of Assessment Reports to CTAC
- March 2018: Present CTAC Assessment WG Cross-Portfolio Analysis to CTAC

Roles

- Steering Committee Chairs
 - Lead assessment of portfolio
 - Present to CTAC Assessment WG
- CTAC Working Group Chairs
 - Lead analysis of Steering Committee portfolio assessments
 - Lead cross-portfolio analysis based on individual assessments
 - Presents results of self-assessments and cross-portfolio analysis to CTAC
- CTEP Medical Officers
 - Provide trial specific information
 - Assist in preparing presentations to CTAC Assessment WG
 - Participate in landscape analysis
- CCCT Program Directors
 - Participate in landscape analysis
 - Provide coordination and facilitation

Additional Slides

Clinical Trial Landscape Analysis

Formal analysis of the clinical trials landscape prepared for each portfolio to inform the assessment process

Performed by CTEP/DCP Medical Officers and CCCT Program Directors for each Steering Committee

Data sources

- Clinical Trials Reporting Program (CTRP)
- Clinicaltrials.gov
- International clinical trials databases, if available
- Expert knowledge (CTEP/DCP Medical Officers, Group/Research Base portfolio experts)

Provided to self-assessment group and the CTAC Working Group

Volume of Approved Concepts Per Year

Steering Committee	Average	Range
Breast (BCSC)	3	2 – 4
Brain (BMSC)	3	2 – 5
Clinical Imaging (CISC)	1	0 – 2
Gynecologic (GCSC)	4	1 – 6
Gastrointestinal (GISC)	4	2 – 5
Genitourinary (GUSC)	2	1 – 3
Head & Neck (HNSC)	1	0 – 3
Leukemia (LKSC)	2	1 – 4
Lymphoma (LYSC)	2	0 – 5
Myeloma (MYSC)	1	0 – 2
Pediatric & Adolescent Solid Tumor (PASTSC)	3	1 – 4
Pediatric Leukemia & Lymphoma (PLLSC)	2	1 – 3
Symptom Management (SxQOL SC)	4	3 – 7
Thoracic (TMSC)	2	1 – 4

Timeline of SC-Specific Assessment Activities

- **NCI Summary Materials Sent to SC Assessment Groups**
 - October 2015: BCSC and GCSC (07/2012 – 08/2015)
 - December 2015: GISC and LKSC (06/2012 – 10/2015)
 - February 2016: BMSC and TMSC (12/2012 – 12/2015)
 - April 2016: MYSC and Pediatric SCs (10/2012 – 2/2016)
 - June 2016: GUSC and HNSC (11/2012 – 4/2016)
 - August 2016: SxQOL and LYSC (8/2012 – 6/2016)

SC Self Assessments occur within 1-3 months after receipt of materials

Timeline of SC-Specific Assessment Activities

- **Presentation of SC Assessment Reports to CTAC Assessment WG by SC Assessment Group Co-Chairs**
 - January 2016: BCSC and GCSC
 - April 2016: GISC and LKSC
 - July 2016: BMSC and TMSC
 - October 2016: MYSC and Pediatric SCs
 - January 2017: GUSC and HNSC
 - April 2017: SxQOL and LYSC

- **Presentation of Assessment WG Analysis of SC Assessment Reports to CTAC by WG Co-Chairs**
 - March 2016: BCSC and GCSC
 - July 2016: GISC and LKSC
 - November 2016: BMSC and TMSC
 - March 2017: MYSC and Pediatric SCs
 - July 2017: GUSC and HNSC
 - November 2017: SxQOL and LYSC

Timeline of SC-Specific Assessment Activities

- **Presentation of CTAC Assessment WG cross portfolio assessment and recommendations to CTAC**
 - March 2018