

**125<sup>TH</sup> MEETING OF THE NATIONAL CANCER ADVISORY BOARD (NCAB)  
MEETING OF THE SUBCOMMITTEE ON CLINICAL INVESTIGATIONS**

February 11, 2003  
2:10 p.m. – 3:10 p.m.

**Welcome/Opening Comments—Dr. Jean deKernion**

Dr. Jean deKernion, Professor and Chairman and Senior Associate Dean for Clinical Operations, Department of Urology, University of California, chaired the meeting of the Subcommittee on Clinical Investigations with Dr. Ellen Feigal, Acting Director, Division of Cancer Treatment and Diagnosis, serving as Executive Secretary. The two main agenda items were: 1) a review of the Centralized Institutional Review Board (CIRB); and 2) a review of the Clinical Trials Support Unit (CTSU). Dr. deKernion noted that he was newly appointed to chair this Subcommittee. He suggested that the current meeting would be primarily informational, and would serve as an overview of some of the problems and issues facing clinical trials. He indicated that over the next few months, he would like to look at ways that the NCAB could help resolve or overcome any problems or issues.

**Introduction to Agenda Items—Dr. Ellen Feigal**

Dr. Feigal briefly summarized the context in which the 2 main agenda items, CIRB and CTSU would be discussed. She noted that there are clinical trial components across the NCI, including Clinical Trial Cooperative Groups, Community Clinical Oncology Program, Cancer Centers, Specialized Programs of Research in Excellence, and Centers for Cancer Research. A major challenge is to integrate technology advances, scientific opportunity in formulating clinical trials that address the critical clinical questions. Another major challenge is to optimize the way this research is conducted, integrating across systems and programs in using clinical trials to eliminate death and suffering from cancer—the stated goal of the NCI. Current efforts to organize the various components of the Clinical Trials Cooperative Groups are based on the results of the review conducted by the Cancer Clinical Trials Review Group in 1996-1997. This review was chaired by Dr. Armitage. Dr. Feigal then introduced Dr. Michaele Christian, the Associate Director of the Cancer Therapy Evaluation Program (CTEP), DCTD, to summarize the changes made in response to the Armitage Report focusing on the CIRB and CTSU initiatives.

The point of the presentation was to summarize initial objectives of these initiatives, progress to date, metrics for evaluation and timelines for evaluation. In addition, she noted the presentation would include timelines for protocol review and activation for phase 2 and 3 trials.

**Cancer Therapy Evaluation Program—Dr. Michaele Christian**

Dr. Christian described the various components that make up the Clinical Trials Program in CTEP, and discussed the scope of the program, which encompasses 3,300 clinical trials sites and some 11,000 Clinical Trials Investigators, accruing more than 30,000 patients. These trials involve 145 different Investigational New Drugs. She discussed the extent of industry collaboration in the programs and the rise in patient accrual over the last 5 years. Currently, there are 868 active trials with an average sample size of 856 patients. Dr. Christian briefly described the CTEP Pilot Projects and Informatics Initiatives.

**Centralized Institutional Review Board (CIRB)**

Dr. Christian gave an overview of the CIRB, which began as a pilot project in 1999 with 25 CALGB sites. The NCI in collaboration with the Office of Human Research Protection (OHRP) chose to use the Facilitated Review Model in developing the CIRB. In this model, the CIRB shares responsibilities with the local IRBs. She reviewed the process of the Facilitated Review Model and noted that in 2001-2002, a total of 36 protocols were reviewed. The number of sites has expanded to 98 to increase the number and scope of protocols, and gain more experience with using the CIRB, so that the pilot could be credibly evaluated. Using the CIRB, the time for approval has fallen from 8 weeks in 2001 to 5.5 weeks in 2002.

Next, Dr. Christian described some of the challenges to and plans for the CIRB, including plans to increase the number and scope of participating local IRBs, reducing approval time even further, and enhancing communication processes. Successful implementation of the CIRB could mean less burden for local IRBs, faster activation of trials, less burden for investigators, and more trials open for enrollment per site. An evaluation plan has already been implemented and will measure local utilization of the facilitated review process, quantify CIRB effect on local site time frames, assess satisfaction with CIRB processes, identify barriers hindering acceptance/use of facilitated review, evaluate the quality of CIRB reviews, and demonstrate CIRB compliance with Federal regulations.

#### Clinical Trials Support Unit

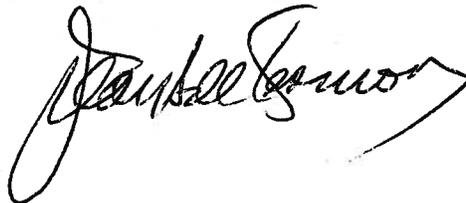
Dr. Christian described the two tasks of the CTSU: increasing the efficiency of addressing mandatory regulatory issues and collecting essential data for all Cooperative Group studies, and providing more user-friendly and broader access to NCI-sponsored Phase 3 trials for patients and physicians. In response to efforts to increase efficiency in data collection, there are five major informatics projects underway, which include a Regulatory Support System, Remote Data Capture, Clinical Data Transfer System, Randomization Hub, and Web Site. In response to the task of providing access to NCI-sponsored Phase 3 trials for patients and physicians, Dr. Christian noted that patient enrollment to trials (after a slow initial accrual) has steadily increased since January 2001. There are currently 35 trials that are active and another 46 that are in development. An evaluation plan is in place for the CTSU as well. It will include a review of commonality of forms and eligibility, single site audit process, audit CTSU for timeliness/data quality, satisfaction, timeliness of financial management, accrual rates, cross-group accruals, and other aspects of the program.

#### Timelines for Trial Review and Activation

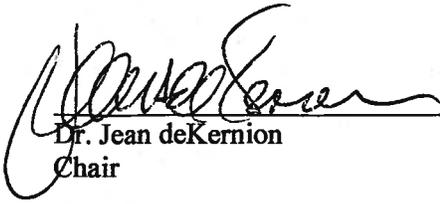
Dr. Christian reviewed milestone charts showing time to protocol approval, which in many instances is decreasing; however, she mentioned that this data is complex and they are still trying to determine which factors most affect approval timelines. After touching briefly on the expedited protocol development, Dr. Christian directed the attendees to review the handout for further information on some additional topics that she did not have time to cover, and invited attendees to contact her if they had questions.

#### **Discussion**

During the discussion period, Dr. Feigal noted that discussions between the various components of the Institute that conduct clinical trials are taking place. If these pilot initiatives successfully attack obstacles and increase efficiency of the clinical trials, we should discuss strategies to export/expand these to other clinical trials networks supported by NCI. She noted that NCI will be meeting with OHRP in the next week to discuss the CIRB, progress to date, problematic issues, and strategies to address them. There are multiple initiatives/pilot projects taking place regarding clinical investigations that are too numerous to address at this subcommittee meeting. Dr. deKernion stated that he would like to collect more information and determine what the Board can do to assist the NCI. Before the June 2003 retreat, Dr. deKernion asked Dr. Feigal to provide to the subcommittee a matrix of clinical investigations programs across NCI, and how they are linked and administered.



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Subcommittee on Clinical Investigations



2/12/03

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Dr. Jean deKernion  
Chair

Date



2/12/03

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Dr. Ellen Feigal  
Executive Secretary

Date