1. PURPOSE
   a. The Protocol Review and Monitoring Committee (PRMC) will support the University of Kentucky Markey Cancer Center (MCC) by evaluating clinical trials to be initiated at MCC.

   b. The purpose of this document is to define the PRMC process for protocols being proposed at the University of Kentucky MCC in an effort to assure scientific merit and define the appropriate monitoring schedule for each trial.

2. SCOPE
   a. This procedure applies to all personnel at UK MCC.

   b. This procedure applies to all clinical trials being proposed at the UK MCC and the Markey Cancer Center Research Network (MCCRN).

3. RESPONSIBILITIES
   a. The PRMC reviews all studies of cancer or specific to patients with cancer that require the consent of participants and are conducted by MCC faculty or on the MCC campus. The MCC PRMC reviews studies for scientific design, priority, and feasibility. Clinical trials will be considered by the PRMC if they are Phase I, II or Phase III NCI cooperative group trials, industry sponsored, or institutional investigator-initiated clinical trials focusing on cancer prevention, cancer control or cancer treatment that have been approved by the appropriate CCART. The PRMC ensures that the study design fulfills study objectives and helps principal investigators (PIs) of investigator-initiated clinical trials optimize the scientific value of their studies.
b. The PRMC has the authority of approving protocols for IRB submission, assigning a risk level and monitoring schedule, and approving amendments to open protocols. Protocols approved by the PRMC will be reviewed by PRMC throughout the lifetime of the study to determine if a study continues to have scientific merit and progress is being made through accruals.

c. The PRMC also recommends amendments to protocols and has the authority to terminate protocols. Such reasons include the development of therapy which is superior to that proposed in the protocol or a change in the standard of care which is no longer reflected in the protocol, poor accrual, or other scientific or administrative reasons.

4. CROSS-REFERENCES

   a. The University of Kentucky Markey Cancer Center Data and Safety Monitoring Plan.
   b. Data Safety and Monitoring Committee Functional Overview – SOP No.: MCC-004.03
   c. Audit Committee SOP No.: MCC-006.02
   d. Markey Cancer Center/IRB/ORI Coordination SOP: IRB 06-0400

5. ACRONYMS AND ABBREVIATIONS

   a. ADCT – Associate Director for Clinical Translation
   b. CCART – Clinical Care and Research Team
   c. IIT – Investigator Initiated Trial
   d. MCC – University of Kentucky Markey Cancer Center
   e. MCC-CRO - Markey Cancer Center Clinical Research Office
   f. NCI – National Cancer Institute
   g. PI – Principal Investigator
   h. PRMC – Protocol Review and Monitoring Committee
   i. ePRMS- Electronic Protocol Review and Monitoring System

6. DEFINITIONS

   a. PRMC Administrative Research Assistant – The MCC-CRO staff person in charge of organizing and implementing the PRMC Meeting.
   b. Clinical Trial – The University of Kentucky MCC has adopted the National Cancer Institute (NCI) definition of clinical trials: A type of research study that tests how well new medical approaches work in people. These studies test new methods of screening, prevention, diagnosis, or treatment of a disease. Also called a clinical study.
   c. Physician Reviewers – MCC faculty or staff members assigned to review the protocol for the required criteria.
   d. Statistical Reviewer – Assigned to review statistical information for the protocol.
   e. Pharmacy Reviewer – Assigned to review pharmacology information for the protocol.
   f. Protocol Review and Monitoring Committee – An interdisciplinary committee of physician specialists from medical oncology, surgical oncology, radiation
oncology, pediatric oncology, radiology and pathology as well as pharmacists, statisticians, research nurses and basic scientists.

g. Trial Categories
   i. Interventional Studies – must undergo full PRMC review. The intervention may be diagnostic, therapeutic, behavioral or other types of interventions.
   ii. Observational Studies – may undergo expedited PRMC review. These studies focus on cancer patients and healthy populations that involve no intervention or alteration in the status of the participants.
   iii. Non-Therapeutic Non-Intervention Studies – may undergo expedited PRMC review at the discretion of the chair. Ancillary, companion, or correlative studies must be linkable to other patient data.

   1. Ancillary studies: auxiliary studies that are stimulated by, but not a required part of, a main clinical trial/study and that utilize patient or other resources of the main trial to generate information relevant to it. Companion or ancillary studies included must be linked to an active clinical research study, and should include only patients accrued to that trial or study.

   2. Correlative studies: laboratory-based studies using specimens to assess cancer risk, clinical outcomes, response to therapies, etc. This should include only studies that can be linked to individual patient data.

   iv. Exempt Studies - Studies that are exempt do not involve cancer research, do not consent cancer patients, or do not reflect the NCI’s definition of a Clinical Trial.

7. PROCEDURE
   a. Committee Members – The PRMC serves to oversee the scientific integrity of clinical cancer trials of the MCC as the clinical research review committee for the MCC. The Chair of the PRMC is appointed for a three-year term by the MCC Director. Committee members are appointed by the Chair and the ADCT and approved by the Director and serve three year terms. Ad-hoc members may be appointed by the Chair, as needed. One of the voting members will serve as the Vice Chair appointed by the Chair. Membership of the PRMC is comprised of a broad representation with a focus on senior cancer investigators and includes clinical cancer expertise from all disciplines at the MCC, the Biostatistics Shared Resource Facility (BBSRF), MCC Pharmacy, MCC basic science programs and the MCC Cancer Prevention and Control Program, MCCRN (where applicable), as well as a patient representative.

   b. Meeting Schedule – The PRMC meets twice a month, unless rescheduled by the PRMC Chair or designee.

   c. Submission process – All clinical studies of cancer or specific to patients with cancer that require the consent of participants and are conducted by MCC faculty or on the MCC campus must be reviewed by the MCC PRMC. Studies are submitted through the MCC-CRO, and the PRMC Chair determines the type of PRMC review required: exempt, expedited, or full.
i. Exempt studies include:
   1. Those that do not require the consent of participants (i.e., retrospective studies using previously obtained clinical data).
   2. Those that do not involve cancer research.
   3. Those that do not meet the NIH definition of a clinical trial.

ii. Expedited studies include:
   1. Protocols derived from a national cooperative group or those that have undergone external peer review.
   2. Observational or epidemiologic studies, including ancillary, companion, or correlative studies that are linkable to other patient data.
   3. At the discretion of the PRMC chair, observational or epidemiologic studies may be considered for full review.

iii. Studies requiring full review include:
   1. Protocols endorsed by a CCART that are not eligible for PRMC exemption or expedited review.

d. Studies must be entered into ePRMS to be assigned to the next available PRMC meeting.

e. The PRMC Administrative Research Assistant facilitates the review process through the ePRMS functions of OnCore.

f. Assigning Reviewers – Reviewers are assigned to each study by the PRMC Chair. For all industry-sponsored trials and all investigator-initiated trials (IITs), two physicians, a biostatistician, and a pharmacy reviewer (where applicable) will be assigned. All potential reviewers must inform the PRMC Administrative Research Assistant of their availability to review a study within 24 hours, as well as any potential conflict of interest that might exist. If the potential reviewer is unable to review the protocol, the reviewer must state why and inform the PRMC Administrative Research Assistant. An alternative reviewer will then be notified and will be required to respond within 24 hours.

g. The PRMC Administrative Research Assistant sends an agenda via the Oncore ePRMS with reviewer assignments to PRMC members at least one week before each meeting.

h. Reviewers complete a Protocol Review Form through the OnCore ePRMS. The Protocol Review Form should be returned to the PRMC Administrative Research Assistant the Wednesday prior to the scheduled PRMC meeting.

i. Initial Protocol Review Criteria
   i. Phase I, II and III trials, industry-sponsored trials, and all IITs are reviewed for scientific merit, including feasibility, study design, and the inclusion of relevant clinical, pharmacokinetic, pharmacodynamic, biological, and genetic endpoints (if applicable).
For institutional studies, the committee also reviews protocols for inclusion of all required protocol elements (ICH E6, Section 6.0).

j. Initial Protocol Review Actions - The PI or designee is responsible for presenting the protocol at the PRMC meeting. After discussion and reviewer recommendations, each committee member in attendance scores the protocol and recommends approval or disapproval.
   i. A quorum is met by the presence of 51% of the current members or their proxies. The PRMC will approve, approve with defined revisions, disapprove, or table a clinical trial. An approval of 51% of PRMC members present, after a quorum is met, is necessary for a clinical trial to be approved by the PRMC. PIs are to abstain from voting and will be asked to leave the room for voting. However, they should be available for discussion of key questions. All substantive comments brought up during consensus voting by the committee will be addressed before final approval by the PRMC chair. All correspondence must be kept in the Oncore ePRMS database and maintained in hard copy and electronic formats.

k. National Cancer Institute’s Central Institutional Review Board (NCI-CIRB) reviewed studies and studies sponsored by national groups are reviewed by the PRMC Chair via an expedited review process. The PRMC memo is typically issued to the PI within 3-5 working days.

l. Attendance by committee members is requested at all meetings, but it is understood and expected that other commitments will come up on occasion.
   i. If a committee member foresees that they will be unable to attend more than 50% of the meetings, the member should be considered for replacement.
   ii. Attendance will be taken at all scheduled meetings.
   iii. Each committee member may assign another individual within the practice group of similar academic rank to attend a committee meeting and carry their vote in that meeting. Proxy assignments are to be sent to the attention of the committee Chair ahead of the meeting for approval.

m. The committee Chair assigns the DSMC review timeline based on the origination of the study, phase, and known safety issues.

n. The PI receives a decision by ePRMS within 3-5 working days. A memo is sent to the PI and the study personnel describing the decision.

o. Initial Review for Observational Studies – The PRMC Chair and or designee reviews and responds to the PI with a decision by email within 5 working days. A memo is sent to the PI and the study personnel describing the decision.

8. DOCUMENTS AND REQUIREMENTS
   a. Minutes are prepared for all meetings, documenting attendees and outcome of protocols reviewed. Also, the PI of each protocol reviewed receives a memo detailing the decision of the PRMC. The minutes and memos are signed by the PRMC Chair or Vice Chair and are prepared and maintained by the PRMC Administrative Research Assistant.
b. Attendance logs, minutes, and other meeting materials will be maintained in electronic and hard copy formats.

9. ATTACHMENTS
a. None

10. REFERENCES
a. NCI Dictionary of Cancer terms (NCI Dictionary of Cancer Terms - National Cancer Institute)
b. ICH E6, Section 6.0

11. REVISION HISTORY
a. Revision: 01
   i. Date: 27 November 2012
   ii. Description of change:
       1. Committee membership clarified
       2. Administrative changes
b. Revision: 02
   i. Date: 15 April 2015
   ii. Description of changes
       1. Implementation of ePRMS
       2. Administrative changes
       3. Clarification of terms