

**POLICIES & PROCEDURES**

Category: N/A  
 Title: **PRMC Accrual Monitoring and Study Closure**  
 Department(s): Protocol Review and Monitoring Committee

**1 Definitions**

|  |  |
|--|--|
| CAP  | Corrective Action Plan   |
| LAN  | Low accrual notification   |
| OTA  | Open to Accrual protocol status  |
| PRMC   | Protocol Review and Monitoring Committee   |
| Jefferson investigator-initiated study (IIS) | An investigator-initiated study or trial led by a Jefferson investigator in which the investigator authors and develops the protocol and serves as the sponsor investigator  |
| National                                     | A category of clinical research based, in part, on funding support (National Clinical Trials Network (NCTN) and other NIH-supported National Trial Networks (e.g., Alliance, CCTG, COG, ECOG, ETCTN, NRG, and SWOG). See the Cancer Center Support Grant (CCSG) Data Table Guide, <a href="#">Data Table 4</a> section, Study Source categories for definition |
| Industry                                     | A category of clinical research based, in part, on funding support. See the Cancer Center Support Grant Data Table Guide, <a href="#">Data Table 4</a> section, Study Source categories for definition   |
| External investigator-initiated study (IIS)  | An investigator-initiated study or trial led by a non-Jefferson investigator. For example, an investigator at another cancer center is the sponsor-investigator and Jefferson is a participating site.   |
| Probation Review                             | The PRMC review following the probation period for studies that received a PRMC low accrual notification and have an approved corrective action plan   |
| Minimum Accrual Expectation Category         | Studies are assigned one of three categories (A, B, or C) at the time of PRMC study approval   |

**2 Introduction**

**2.1 Policy**

Protocol Review and Monitoring Committee (PRMC) has the responsibility to monitor protocols open at Sidney Kimmel Cancer Center (SKCC) for accrual progress and has the authority to terminate protocols that do not demonstrate accrual progress. The PRMC has established minimum accrual expectations to base decisions on closing low accruing trials to further accrual.

**2.2 Purpose**

The purpose of this document is to describe the PRMC's responsibilities and procedures for monitoring accrual and terminating studies that do not meet accrual expectations.

### 2.3 Scope

All interventional studies at Jefferson approved by the PRMC and subsequently activated for enrollment will be subject to ongoing accrual monitoring by the PRMC. Per NCI expectations, PRMC will monitor accrual for interventional studies that are cancer-related, prospective, and hypothesis-driven.

Studies not applicable to the Cancer Center Support Grant (CCSG) Data Table 4 and non-interventional studies are not subject to accrual monitoring or the minimum accrual expectations. These studies include in vitro studies that utilize human tissues that cannot be linked to a living individual, tissue banking, and studies that do not require patient consent. In addition, expanded access protocols are not CCSG Data Table 4 applicable and thus not subjected to PRMC accrual monitoring. Expand Access protocols are designed for patients with immediately life-threatening conditions or serious diseases or conditions to gain access to an investigational medical product (drug, biologic, or medical devices) that is pending FDA approval for treatment outside of clinical trials when no comparable or satisfactory alternative therapy options are available.

## 3 Responsible Personnel

- PRMC Members
- PRMC Support Staff
- Principal Investigators (PI)
- Study Team

## 4 Procedures

### 4.1 Accrual Expectations

At the time of initial PRMC approval, the PRMC will assign a Minimum Accrual Expectation Category (see Table 1) to each study and communicate that assignment to the PI and study team. PRMC may assign any category to a study deemed appropriate by the committee. Minimums are intended to ensure overall appropriate progress and use of institutional resources within the SKCC active study portfolio.

For Jefferson investigator-initiated studies, Jefferson is responsible for meeting the entire enrollment goal in order to meet scientific objectives of the study. Therefore, PRMC should have closer oversight to ensure these studies are on track. The Category A minimum accrual expectation and increased monitoring frequency compared to other categories were designed to ensure closer oversight.

For Studies where Jefferson is not responsible for the entire enrollment goal, an accrual minimum of 4 per year is intended to ensure a minimum level of accrual activity to justify the effort required to initiate and maintain the study. These studies would typically be assigned to Category B; however, if there are extenuating circumstances where a particularly low annual accrual is expected and largely unavoidable, as in the case of many phase I and rare disease studies, the PI should justify any lower accrual expectations in the PRMC New Study Application at the time of initial review

Accrual to phase I industry-sponsored studies are typically dependent on slot availability, which makes it difficult to anticipate how many participants can be enrolled.

PRMC acknowledges studies for rare cancers are likely to accrue slowly. The SKCC defines rare cancer as one with an incidence of less than or equal to 6 per 100,000 per year, in accordance with RARECARE's rare cancer definition. Rare molecular subtypes may be considered for rare disease status if they meet the same criteria of an incidence of  $\leq 6/100,000$  per year; however, the PI must provide justification inclusive of incidence rates for the primary tumor as well as the subtype at the time of initial PRMC review. Studies that plan to open both rare and non-rare disease cohorts at Jefferson will be monitored according to the non-rare cohort minimum accrual expectations.

Jefferson IISs that are phase I studies and/or for rare diseases or rare molecular subtypes will typically be assigned to Category A, rather than Category C, because Jefferson is responsible for meeting the overall study enrollment goal.

For Jefferson IIS, accrual at any participating site will be counted toward meeting minimum accrual expectations. For all other studies (i.e., National, Industry, and/or External IIS), only accrual at Jefferson enterprise locations will count toward meeting minimum accrual expectations.

**Table 1:** Minimum Accrual Expectation Categories

| Category   | Minimum Accrual Expectations        | Monitoring Frequency | Studies Typically Assigned to this Category                     |
|------------|-------------------------------------|----------------------|---|
| Category A | 50% of annual accrual goal per year | Every 6 months       | Jefferson investigator-initiated studies                        |
| Category B | 4 per year                          | Every 12 months      | National, industry, and external investigator-initiated studies |
| Category C | 1 per year                          | Every 12 months      | Phase I, rare disease, and rare molecular subtypes              |

## 4.2 Review Process

At 6 months, studies may receive a courtesy warning if current accrual progress indicates they are unlikely to meet minimum accrual expectations by the 12 months milestone. Tables 2, 3, and 4 outline the PRMC's accrual monitoring processes for each Minimum Accrual Expectation Category.

**Table 2:** Accrual Monitoring Process for Category A

| Milestone | Accrual Expectation in last 12 months | Actual Accrual in Last 12 months | PRMC Actions          | PI Actions       | PRMC follow up time points |
|-----------|---------------------------------------|----------------------------------|-----------------------|------------------|----------------------------|
| 12 months | Min. 50% of annual accrual goal       | No Accrual                       | Vote close to accrual | Close to accrual | NA                         |
|           |                                       | <50% but at least 1              | LAN                   | CAP              | 3-month probation*         |
|           |                                       | More than 50%                    | None                  | NA               | Follow up in 6 months      |

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|                          |                                 |                     |                              |                  |                       |
|--------------------------|---------------------------------|---------------------|------------------------------|------------------|-----------------------|
| <b>Probation Review</b>  | Min. 50% of annual accrual goal | No accrual          | Vote close to accrual        | Close to accrual | NA                    |
|                          |                                 | <50% but at least 1 | LAN                          | Revised CAP      | 3-month probation*    |
|                          |                                 | More than 50%       | Expectation met notification | NA               | Follow up in 3 months |
| <b>18 months</b>         | Min. 50% of annual accrual goal | <50%                | Vote close to accrual        | Close to accrual | NA                    |
|                          |                                 | More than 50%       | None                         | NA               | Follow up in 6 months |
| <b>24 months or more</b> | Min. 50% of annual accrual goal | No Accrual          | Vote close to accrual        | Close to accrual | NA                    |
|                          |                                 | <50% but at least 1 | LAN                          | CAP              | 3 month probation*    |
|                          |                                 | More than 50%       | None                         | NA               | Follow up in 6 months |

\*Studies assigned to Category A may receive a 3-month probation to achieve minimum accrual expectations following a PRMC approval CAP.

**Table 3: Accrual Monitoring Process for Category B**

| Milestone                | Accrual Expectations in last 12 months | Actual Accrual in last 12 months | PRMC Actions                 | PI Actions       | PRMC follow up time points |
|--------------------------|--|----------------------------------|------------------------------|------------------|----------------------------|
| <b>12 months</b>         | 4/ yr.                                 | No accrual                       | Vote close to accrual        | Close to accrual | NA                         |
|                          |  | <4 but at least 1                | LAN                          | CAP              | 6-month probation*         |
|                          |  | 4 or more                        | None                         | NA               | Follow up in 12 months     |
| <b>Probation Review</b>  | 4/ yr.                                 | Less than 4                      | Vote close to accrual        | Close to accrual | NA                         |
|                          |  | 4 or more                        | Expectation Met notification | NA               | Follow up in 6 months      |
| <b>24 months or more</b> | 4/ yr.                                 | No accrual                       | Vote close to accrual        | Close to accrual | NA                         |
|                          |  | <4 but at least 1                | LAN                          | CAP              | 6-month probation*         |
|                          |  | 4 or more                        | None                         | NA               | Follow up in 12 months     |

\*Studies assigned to Category B may receive a 6-month probation to achieve minimum accrual expectations following a PRMC approval CAP.

**Table 4: Accrual Monitoring Process for Category C**

| Milestone | Accrual Expectations in last 12 months | Actual Accrual in last 12 months | PRMC Actions | PI Actions | PRMC follow up time points |
|-----------|--|----------------------------------|--------------|------------|----------------------------|
|-----------|--|----------------------------------|--------------|------------|----------------------------|

|                          |        |            |                              |                  |                        |
|--------------------------|--------|------------|------------------------------|------------------|------------------------|
| <b>12 months</b>         | 1/ yr. | No accrual | LAN                          | CAP              | 6-month probation*     |
|                          |        | 1 or more  | None                         | None             | Follow up in 12 months |
| <b>Probation Review</b>  | 1/ yr. | No accrual | Vote Close to Accrual        | Close to Accrual | NA                     |
|                          |        | 1 or more  | Expectation met notification | NA               | Follow up in 6 months  |
| <b>24 months or more</b> | 1/ yr. | No accrual | LAN                          | CAP              | 6-month probation*     |
|                          |        | 1 or more  | None                         | NA               | Follow up in 12 months |

\*Studies assigned to Category C may receive a 6-month probation to achieve minimum accrual expectations following a PRMC approval CAP.

Low accrual notifications (LAN) will be sent according to the processes described in Tables 2, 3, and 4. PI will have at least five business days to respond to a LAN with a corrective action plan (CAP) to increase accrual. The PRMC will determine if the PI’s response is acceptable and whether the study may continue as planned, recommend suspension for modification, or close to accrual. If PI does not respond, the PRMC will still review the study and make a determination, which may include a vote to close the study to accrual.

At the end of a probation period, if minimum accrual expectations still have not been met, PRMC may vote to close to accrual. If minimum accrual expectations have been met, studies will be reviewed again at the next defined milestone.

Studies with Phase I/II cohorts must notify the PRMC of their transition from phase I to II to ensure appropriate accrual monitoring. PRMC chairs or assigned alternative member will review and determine if the Accrual expectation category must be reassigned (i.e. Category C to Category B)

## 5 Appeals

PRMC has the authority to close to accrual any study not meeting minimum accrual expectations; however the PI may choose to petition PRMC decisions by submitting a formal appeal to the PRMC. The PRMC must approve all appeals at full board committee. If the PRMC rejects the appeal, the study will not have further opportunity to appeal or reopen to accrual. Following PRMC approval of appeals, studies will continue accrual within the defined probation period of the assigned expectation category.

## 6 Attachments

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| <b>Attachment Name</b>                 |
| Accrual Monitoring Process: Category A |
| Accrual Monitoring Process: Category B |
| Accrual Monitoring Process: Category C |

## 7 Document History

| Version | Effective Date | Description of Change  |
|---------|----------------|--|
| 1.0     | 8/10/2011      | n/a  |
| 1.2     | 7/24/2015      | Dept. and committee name changes   |
| 2.0     | 7/1/2016       | Update to new SOP format; new minimum accrual expectations; new process for reviewing accrual monthly; removal of accrual monitoring for trials exempt from accrual expectations.  |
| 3.0     | 2/17/2017      | Revised to biannual review and modified minimum accrual expectations   |
| 3.1     | 5/1/2017       | Added stipulation that studies close if not meeting minimum accrual expectation six months following approval of corrective action plan.   |
| 3.2     | 8/24/2020      | Revised accrual expectations   |
| 4.0     | 5/27/2022      | Revised accrual expectations, monitoring processes, and monitoring frequency. Clarified study types exempt from accrual monitoring by PRMC and added appeals process. Removed reference section. Added attachments to include attachments. |


## 8 Approval

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**Authors** Joseph Curry, MD (PRMC Chair) and Sarah Osipowicz, MEd, CCRP (PRMC Administrator)


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**SKCC Associate Director of Clinical Research Approval**

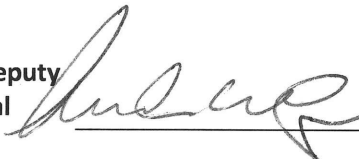

**Date of Signature** 6/8/2022

W. Kevin Kelly, DO

Does this document require review and approval from the SKCC Director or Deputy Director?

Yes
  No
 **Initials** 

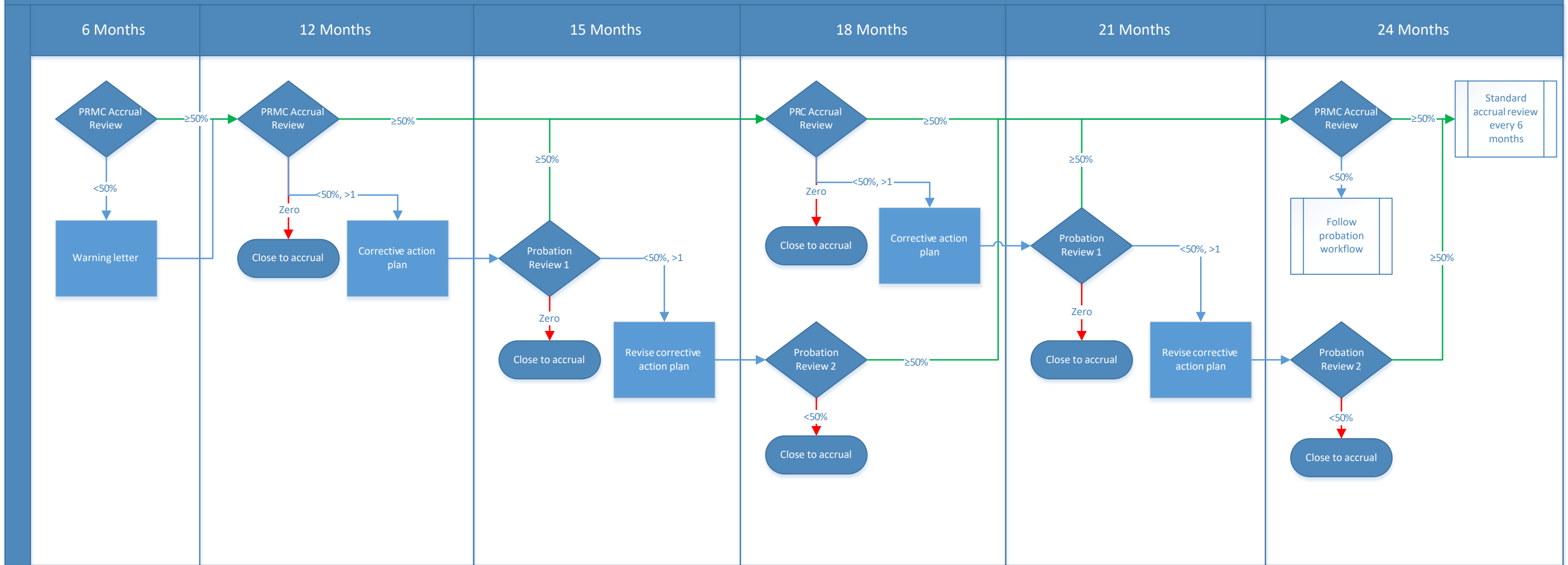
**SKCC Director/Deputy Director Approval**


**Date of Signature** 6/1/22

Andrew Chapman, DO/Neal Flomenberg, MD

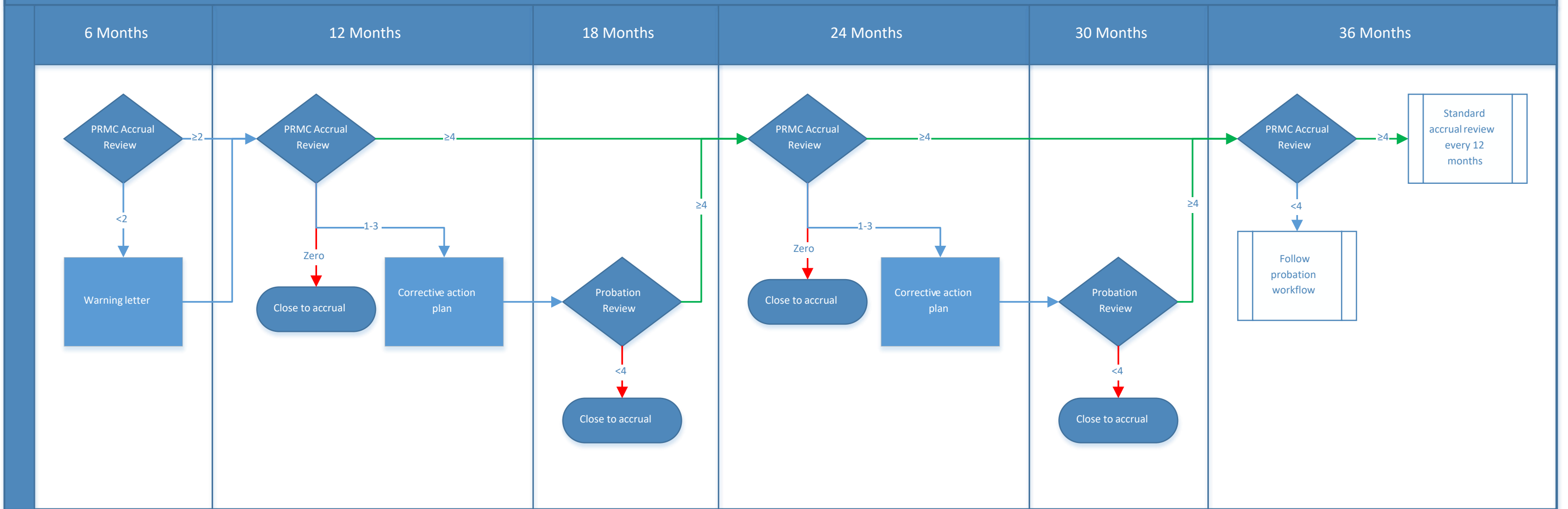
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# PRMC Accrual Monitoring Process for Category A





# PRMC Accrual Monitoring Process for Category B





# PRMC Accrual Monitoring Process for Category C

