

Clinical Trials Office Title: **Protocol Review and Monitoring Committee Annual Scientific Review Form** Instructions: Please submit the completed form along with the current protocol to precapeta precapeta submit the completed form along with the current protocol to precapeta precapeta submit the completed form along with the current protocol to precapeta precapeta submit the completed form along with the current protocol to precapeta precapeta submit the completed form along with the current protocol to precapeta precapeta submit the completed form along with the current protocol to precapeta precapeta submit to precapeta</a at least 4 weeks prior to PRMC expiration and allow up to four weeks for to will receive an outcome notification. **Study Information** JeffTrial # **Last PRMC** Approval Date* **Principal** Investigator **Protocol Title** *If study is not activated this is the date of initial PRMC approval. If study is activated, this is the date the last approved annual scientific review **Accrual Progress Activation Date** Not Activated Is there a sufficient population to meet the minimum accrual expectation for this study? Yes No If this study has not yet been activated, skip to section 3 of this form. **Total Jefferson** accrual goal Jefferson accrual in last 12 months Jefferson accrual to date Describe any barriers there have been to accrual and what measures have been implemented or planned to overcome them.

3 Scientific Relevance and Validity

Effective

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SKCC Clinical Research Organization

	Describe how this protocol continues to demonstrate novelty or validity in an area that serves an unmet need.	
escribe the current prioritization for this trial in the MDG	's portfolio. Include all relevant information	
uch as changes in the MDG's prioritization of the study in ompeting trials.	the last year and if there are new	
tivated, describe the barriers, potential solutions, and es	Annated time for delivation.	
• PI Signature		
PI Signature		
	Date	
Principal Investigator Signature	Date	
	Date	

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