Accepted! Refining Minimal Submission Requirements for Protocol Review and Activation

Memorial Sloan Kettering Cancer Center

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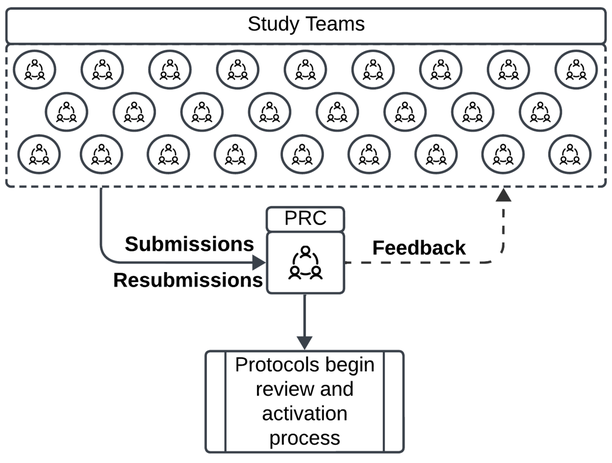
Background

- Memorial Sloan Kettering (MSK) receives 450 protocol submissions for activation each year. Providing the minimal critical information up front is a key component for successful trial activation.
- MSK's Minimal Submission Requirements (MSR) were developed by leadership to ensure activation readiness and includes a comprehensive list of items that, if missing, will delay trial activation.
- The Protocol Review Core (PRC) is a sub-unit within the Protocol Activation, Review & Human Research Protection Program (HRPP) Office, responsible for providing the resources and education necessary for the Principal Investigator (PI) and study teams to submit protocols that meet MSK's MSR. **(Figure 1)**
- If the MSRs are not met, PRC requests additional information and returns the submission to the study team.
- Since November 2020, PRC has implemented improvements to resources, workflows, and trainings in support of activation goals.

Goals

- Streamline the MSR's to improve transparency and understanding
- Improve education for clinical research staff
- Standardize process for completing MSR reviews

Figure 1: MSK Activation Initiation Workflow



Solutions and Methods

Collaborated with stakeholders to modify the MSRs (2020-Present) (Figure 3)

- Categorized based on sponsor type
- Simplified requirements
- Redefined budget and contract requirements
- Support institutional initiatives and trends in activation delays
  - Initiatives: NCTN TTA, Prioritization, etc
  - Trends: Pharmacy details, Nursing support, etc
- Leverage technology to prompt submitters in providing documentation **(Figure 2)**
  - Appropriate IND/IDE plan
  - Funding deadlines
  - Timeline to activate MSK cohorts

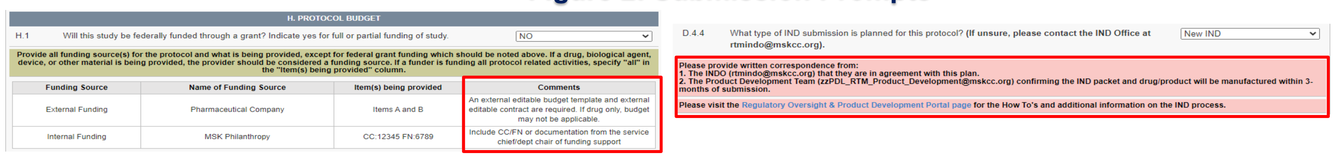
Launched bi-monthly MSR trainings for study teams (January 2022)

- Collaborated with study team leadership to identify staff for trainings
- Highlighted common submission roadblocks and communication best practices
- Created Tableau Dashboard to assess frequency of returned submissions **(Figure 4)**

Expanded centralized team who review MSR from 3 to 6 and standardized processes (April 2022)

- Redesigned internal checklist
- Ensured MSR turn-around within 2 days
- Weekly MSR check-in team meetings

Figure 2: Submission Prompts



H. PROTOCOL BUDGET

H.1 Will this study be federally funded through a grant? Indicate yes for full or partial funding of study. NO

Provide all funding source(s) for the protocol and what is being provided, except for federal grant funding which should be noted above. If a drug, biological agent, device, or other material is being provided, the provider should be considered a funding source. If a funder is funding all protocol related activities, specify "all" in the "Item(s) being provided" column.

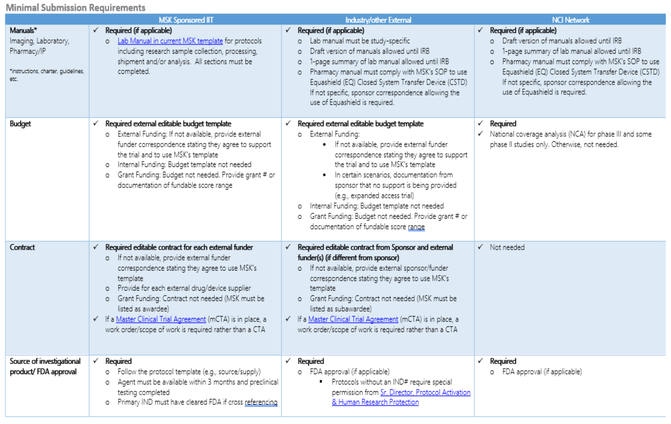
Funding Source	Name of Funding Source	Item(s) being provided	Comments
External Funding	Pharmaceutical Company	Items A and B	An external editable budget template and external editable contract are required. If drug only, budget may not be applicable.
Internal Funding	MSK Philanthropy	CC:12345 FN:6789	Include CC/FN or documentation from the service chief/dept chair of funding support

D.4.4 What type of IND submission is planned for this protocol? **(If unsure, please contact the IND Office at rtmindo@mskcc.org).** New IND

Please provide written correspondence from:
1. The INDO (rtmindo@mskcc.org) that they are in agreement with this plan.
2. The Product Development Team (zzFDL_RTM_Product_Development@mskcc.org) confirming the IND packet and drug/product will be manufactured within 3-months of submission.

Please visit the Regulatory Oversight & Product Development Portal page for the How To's and additional information on the IND process.

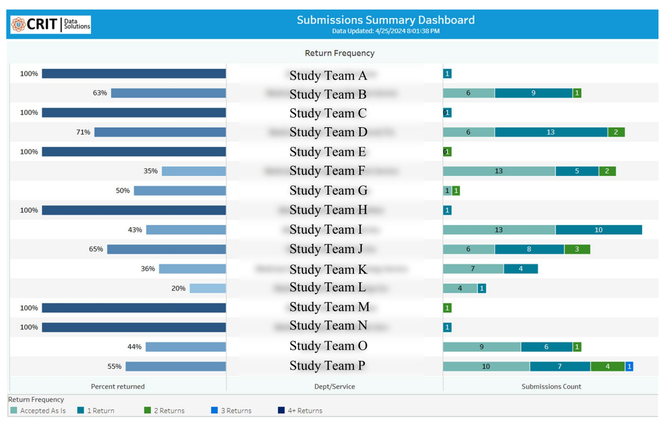
Figure 3: MSK MSR Document Excerpt



Minimal Submission Requirements

	MSK Sponsored IIT	Industry/other External	NCI Network
Manuals* Imaging, Laboratory, Pharmacy/IP *Instructions, charter, guidelines, etc.	✓ **Required (if applicable)** o Lab Manual in current MSK template for protocols including research sample collection, processing, shipment and/or analysis. All sections must be completed.	✓ **Required (if applicable)** o Lab manual must be study-specific o Draft version of manuals allowed until IRB o 1-page summary of lab manual allowed until IRB o Pharmacy manual must comply with MSK's SOP to use Equashield (EQ) Closed System Transfer Device (CSTD) If not specific, sponsor correspondence allowing the use of Equashield is required.	✓ **Required (if applicable)** o Draft version of manuals allowed until IRB o 1-page summary of lab manual allowed until IRB o Pharmacy manual must comply with MSK's SOP to use Equashield (EQ) Closed System Transfer Device (CSTD) If not specific, sponsor correspondence allowing the use of Equashield is required.
Budget	✓ **Required external editable budget template** o External Funding: If not available, provide external funder correspondence stating they agree to support the trial and to use MSK's template o Internal Funding: Budget template not needed o Grant Funding: Budget not needed. Provide grant # or documentation of fundable score range	✓ **Required external editable budget template** o External Funding: • If not available, provide external funder correspondence stating they agree to support the trial and to use MSK's template • In certain scenarios, documentation from sponsor that no support is being provided (e.g., expanded access trial) o Internal Funding: Budget template not needed o Grant Funding: Budget not needed. Provide grant # or documentation of fundable score range	✓ **Required** ✓ National coverage analysis (NCA) for phase III and some phase II studies only. Otherwise, not needed.
Contract	✓ **Required editable contract for each external funder** o If not available, provide external funder correspondence stating they agree to use MSK's template o Provide for each external drug/device supplier o Grant Funding: Contract not needed (MSK must be listed as awardee) ✓ If a Master Clinical Trial Agreement (mCTA) is in place, a work order/scope of work is required rather than a CTA	✓ **Required editable contract from Sponsor and external funder(s) (if different from sponsor)** o If not available, provide external sponsor/funder correspondence stating they agree to use MSK's template o Grant Funding: Contract not needed (MSK must be listed as subawardee) ✓ If a Master Clinical Trial Agreement (mCTA) is in place, a work order/scope of work is required rather than a CTA	✓ Not needed
Source of investigational product/ FDA approval	✓ **Required** o Follow the protocol template (e.g., source/supply) o Agent must be available within 3 months and preclinical testing completed o Primary IND must have cleared FDA if cross referencing	✓ **Required** o FDA approval (if applicable) • Protocols without an IND# require special permission from Sr. Director, Protocol Activation & Human Research Protection	✓ **Required** o FDA approval (if applicable)

Figure 4: Tableau Dashboard



Outcomes

140 Research staff trained from 44 study teams and 14 departments over 18 training sessions

16 Updates made to the MSR guidelines since November 2020

1 Median days from last submission to acceptance (2021-2023) across 1,417 total submissions

47% Prospective studies accepted as is in 2023 (17% increase from 2021); 43% returned once and 10% returned more than once

38% MSK-sponsored studies accepted as is in 2023, compared to 21% in 2021

Lessons Learned

- A centralized team who specializes in the review of new protocol submissions is critical in managing ambiguous and complex submissions across numerous departments (**Figure 1**).
- Collaboration with stakeholders was key in refining the requirements.
- Goal of improving submission completeness is ongoing. Magnitude of varying study teams presents a training challenge.

Future Directions

- Utilize Tableau dashboard to conduct targeted trainings.
- Enhance staff education:
  - Obtain feedback from staff
  - Consider MSR office hours
  - Develop additional resources
- Continue collaboration with stakeholders and regularly assess requirements.
- Expand ability to leverage technology to ensure complete submissions.