University of California, San Francisco
Helen Diller Family Comprehensive Cancer Center
Policy and Procedure

PRMS Protocol Closure Policy

PRMS Procedure for Closing Studies for
Poor Accrual or Outdated Scientific Relevance

Purpose

Per Cancer Center Support Grant (CCSG) Guidelines, it is particularly important for Centers involved in clinical research to establish a mechanism for assuring adequate internal oversight of the scientific aspects of all the cancer clinical trials in the institution or institutions that formally comprise the Center. The focus of the Protocol Review and Monitoring System (PRMS) is on *scientific merit, priorities and progress* of the clinical protocol research in the Center. The PRMS should have the authority to open protocols that meet the scientific merit and scientific priorities of the center and to terminate protocols that do not demonstrate scientific progress. The NCI requires that CCSG Competitive Renewal applications provide an account of how many protocols are monitored for progress and performance within a 12-month period and how many are closed. At UCSF, the Site Committees are expected to review accrual and scientific merit regularly and to close trials that do not meet appropriate thresholds. In addition, the Protocol Review Committee (PRC) independently reviews accrual and scientific merit of all open trials at least annually.

The purpose of this policy is to document the process by which studies are reviewed and evaluated by both the Site Committees and the PRC for possible closure for poor accrual or outdated scientific relevance.

Procedures

Site Committee Initiated Review

As specified in the PRMS Site Committee Review Policy, Site Committees are expected to review accrual. Trials which the Site Committee decides to close are recorded in the electronic database but do not undergo review by the PRC full committee once they are closed.

Trials which the Site Committee wishes to keep open to accrual receive a corrective action plan formulated by the Site Committee to improve accrual. If after six months annual accrual does not meet the criteria in the table on page 3, the Site Committee is expected to close the trial to further accrual (and terminate the study, if possible). It is not required that these corrective action plans be reported to the PRC. However, should the PRC conduct independent review as described below in PRC Initiated Review and request a response to its concerns (including a corrective action plan), the Site

Committee can submit its existing corrective action plan (if still valid) in response to the PRC.

PRC Initiated Review

Studies are monitored for progress and performance via Continuation Reviews at least annually once they are approved by the institutional UCSF IRB and are open to enrollment. Studies with zero accruals and no waiver granted are first monitored at six months; all others are first monitored at one year. Therefore, once a trial is open to enrollment, it is assigned an Expiration Date of six months post Open to Enrollment date; this is the date that initially drives Continuation Reviews. Prior to each Protocol Review Committee (PRC) meeting the PRC Administrator identifies all trials with zero accruals and no waiver at six months, and all other trials that are open to enrollment for at least one year, are *not* PRC exempt, and are due for progress and performance monitoring (based on the expiration date). This can be an initial annual review occurring one year after opening to accrual, a six-month or annual re-review ordered by the Chair/Vice Chair or committee on a prior annual review, or an ad hoc review as described below; all are termed "Continuation Review" in the Cancer Center's electronic database (otherwise known as the Clinical Trials Management System, or CTMS).

In addition to the above identification of studies, the Deputy Director of the Helen Diller Family Comprehensive Cancer Center (HDFCCC) may also review the NCI's Data Table 4 periodically to identify trials warranting an ad hoc review; trials so identified by the Deputy Director of the HDFCCC are placed on the next available full committee agenda as above.

Once identified and placed on the agenda, the following data is collected from the Cancer Center's electronic database for each identified study:

- Study Number
- PI Name
- Study Title
- Primary Objective
- Study Phase
- Sponsor
- Date Opened to Accrual
- Any temporary closure and re-opened dates
- PRC Annual Review (Continuing Review) expiration date
- Review Type (Initial, Annual, 6-Month Follow-Up, Ad Hoc)
- Waiver Information
- Protocol (Total) Target Accrual Figure
- Center's Anticipated Annual Accrual Rate
- Center's Actual Accrual Rate for the Last Year
- Center's Total Target Accrual Figure
- Center's Total Accrual Figure to Date

Along with the above data, the minimum annual accrual requirements found in **Table 1** below are considered.

Table 1 – Required Minimum Annual Accrual

Type of Trial	Conventional Trial	Rare Cancer Status, Molecularly Defined Subsets, Unique Correlative Science
Institutional Single Center	5	3*
Institutional Multi- Center (includes multi-center consortia led by other centers)	5	1*
Cooperative Group/ National Group	3	1*
Industry	5	1*

* Waivers to this requirement can be granted by the PRC Chair at the time of PRC initial protocol review, or by the Chair, Vice Chair or full committee during the annual review process. Pediatric trial waivers are automatically granted by the PRC Administrator. The PRC Administrator ensures appropriate documentation of PRC approval of waivers granted at the time of annual review in the Cancer Center's electronic database. Waiver definitions can be found in the **PRMS Protocol Review Committee (PRC) Review Policy**.

Prior to the meeting the Chair or Vice Chair reviews accrual and scientific relevance for all trials placed on the agenda, and makes a determination to either approve, close to further accrual, request a PI response to unacceptable findings, or forward to full committee for discussion and determination. At the meeting, the full committee deliberates on accrual and scientific relevance for all trials forwarded by the Chair or Vice Chair, with the same possible outcomes: approve; close to further accrual; or request a PI response to unacceptable findings.

Approve: If the accrual and scientific relevance are found acceptable, the study is approved for six months or one year from the date of initial review of this continuation review cycle (i.e., the date of the meeting).

Closed by PRC: If the accrual and/or scientific relevance are found unacceptable, the first of two options is for the PRC to close the study to further accrual. Correspondence detailing the PRC's decision to close is sent to the program PI and the relevant Site Committee Chair and Co-Chair (and, in the case of national group trials, the institutional PI). Upon release of the correspondence to the PI and relevant Site Committee Chair and Co-Chair, the PRC changes the study status to Closed to Accrual. The PI has a 30-day window in which to submit an appeal – see **Appeals to PRC Closure** below. If no appeal is to be filed, the PI must notify the UCSF IRB of the study closure when filing the next continuing review.

Request a PI Response: If the accrual and/or scientific relevance are found unacceptable, the second of two options is for the PRC to request a response without closing to further accrual. The program PI and the relevant Site Committee Chair and Co-Chair (and, in the case of national group trials, the institutional PI) are notified about the issue(s) and requested to provide a response. Notification cites a 30-day deadline for response, and requires the following information as applicable (differs depending on whether the finding is low accrual or poor scientific relevance):

- Whether the annual target accrual goal was met
- Whether accrual figures in the Cancer Center's electronic database are accurate
- Whether there are patients on study treatment (and if yes, the plan for those patients)
- Whether the study is or will be closed to accrual
- Whether the study is or will be terminated (retired at the IRB)
- Whether there are extenuating circumstances that can be resolved with a revised recruitment action plan (which must be included with the response) and if relevant, whether the study still has scientific relevance

The Cancer Center's electronic database sends notifications every 7 days reminding the PI and the Protocol Project Manager that a response has not been received. If no response is received within 30 days of the initial correspondence, the PRC closes the study to further accrual.

All responses received are placed on the agenda of the next scheduled PRC meeting, and reviewed by the Chair or Vice Chair in advance of the meeting. The Chair or Vice Chair makes a determination to either approve or close to further accrual, or forward to full committee for discussion and determination. Site Committee Chair and Co-Chair responses can be accepted in place of a PI response. If the study will not be closed or retired by the study team, the response is assessed as follows:

- If the PRC agrees fully with the response, the study is approved for one year from the date of initial review of this continuation review cycle; if the PRC agrees with conditions, the study is approved for six months from the date of initial review of this continuation review cycle.
- If the PRC does not agree with the response, it closes the study to further accrual. Correspondence detailing the PRC's closure to further accrual is sent to the program PI and the relevant Site Committee Chair and Co-Chair (and, in the case of national group trials, the institutional PI). The PI has a 30-day window in which to submit an appeal – see **Appeals to PRC Closure** below.

Exceptions to the above process: all zero accrual trials identified by the PRC Administrator at six months with no waivers in place receive a Continuation Review with an outcome of Approved, and are sent a letter warning the PI that if there are still zero accruals at one year, the study *will* be closed. At one year, if there are still zero accruals, the study is closed.

Appeals to PRC Closure

If more than 30 days elapse from the time PRC issues its decision to close to further accrual with no appeal from the PI or Site Committee Chair or Co-Chair, then the PRC informs the Director of Human Research Protection Program (HRPP) or designee of the decision.

If, after receiving the PRC's decision to close to further accrual, the PI or Site Committee Chair or Co-Chair appeals to the PRC within 30 days, then the trial is referred to the PRC Chair for adjudication. The PRC Chair either approves the appeal, or keeps the study closed: if the appeal is approved, the PRC changes the study status to Open to Accrual; if closed, the Director of Human Research Protection Program (HRPP) or designee is informed of the decision. The PI must notify the IRB of all study closures; if the PRC's closure is not appealed or the appeal is denied, the PI should report the closure at the next continuing review.

Alternate Procedure

Alternate procedure may be used for all non-Exempt studies addressing rare malignancies such as pediatric malignancies. A Site Committee may submit their own annual assessment of accrual for all studies within their portfolio *provided that* this method is previously approved by PRC.

If an alternate procedure is approved by the PRC, Site Committee responsibilities are to:

- Perform the review in the same month every year, and at least annually
- Select all trials in its portfolio that are both Open to Accrual in OnCore since the date of the last review and are *not* PRC Exempt
- Either the Site Committee, or the Chair and at least one Co-Chair, must review scientific relevance and accrual goals versus the accrual to date, and determine whether the status of each trial needs to change
- Clearly record the recommended status for each trial
- Ensure that all appropriate source data systems, including OnCore, are updated in terms of both status and accrual data
- Provide the PRC with a copy of the full review, signed by the Chair and at least one Co-Chair.

While the PRC generally makes exceptions for Pediatric trials due to the general rarity of Pediatric diseases, the PRC reviews the Pediatric annual assessment for accrual and scientific relevance, and issues correspondence on those trials with longstanding concerns over scientific relevance or low or zero accrual; PRC retains the authority to close any Pediatric trial. PRC does *not* perform reviews on PRC Exempt trials.

Policy Approval

This policy document was approved by the following personnel on the following dates:

Eric Small, MD
Deputy Director,
Helen Diller Family Comprehensive Cancer Center

12.10.18
Date

Jennifer Clarke, MD
Chair, Protocol Review Committee

12/7/2018
Date

Laurie Herraiz, RD
Director, Human Research Protection Program

12-12-18
Date

University of California, San Francisco
Helen Diller Family Comprehensive Cancer Center

Policy Revision Summary of Changes

Policy Title: **PRMS Protocol Closure Policy**

Version Date: December 4, 2018

Version Number: Revision 7

Notes: Page number corresponds to page number in updated version (Revision 7). New text in modified paragraphs is shown as ***bold italics*** and deleted text is shown as ~~strikethrough~~.

Page No.: All pages	**Section**: Footer
Original Text	Revision 6 11/17/2015
New Text	Revision ~~6~~***7*** 1~~1~~***2***/~~17~~***04***/201~~5~~***8***
Reason for Change	Updated text to reflect revised version number and date.

Page No.: 1	**Section**: Purpose
Original Text	Per CCSG Guidelines, it is particularly important for Centers involved in clinical research to establish a mechanism for assuring adequate internal oversight of the scientific aspects of all the cancer clinical trials in the institution or institutions that formally comprise the Center. The focus of the Protocol Review and Monitoring System (PRMS) is on *scientific merit, priorities and progress* of the clinical protocol research in the Center. The PRMS should have the authority to open protocols that meet the scientific merit and scientific priorities of the center and to terminate protocols that do not demonstrate scientific progress. The NCI requires that CCSG Competitive Renewal applications provide an account of how many protocols are monitored for progress and performance within a 12-month period and how many are closed. At UCSF, the Disease Site Committees are expected to review accrual and scientific merit regularly and to close trials that do not meet appropriate thresholds. In addition, the Protocol Review Committee (PRC) independently reviews accrual and scientific merit of all open trials at least annually. The purpose of this policy is to document the process by which studies are reviewed and evaluated by both the Disease Site Committees and the PRC for possible closure for poor accrual or outdated scientific relevance.
New Text	Per ***Cancer Center Support Grant (***CCSG***)*** Guidelines, it is particularly important for Centers involved in clinical research to establish a mechanism for assuring adequate internal oversight of the scientific aspects of all the cancer clinical trials in the institution or institutions that formally comprise the Center. The focus of the Protocol Review and Monitoring System (PRMS) is on *scientific merit, priorities and progress* of the clinical protocol research in the Center. The PRMS should have the authority to open protocols that meet the scientific merit and scientific priorities of the center and to terminate protocols that do not demonstrate scientific progress. The NCI requires that CCSG Competitive Renewal applications provide an account of how many protocols are monitored for progress and performance within a 12-month period and how many are closed. At UCSF, the ~~Disease~~ Site Committees are expected to review accrual and scientific merit regularly and to close trials that do not meet appropriate thresholds. In addition, the Protocol Review Committee (PRC) independently reviews accrual and scientific merit of all open trials at least annually. The purpose of this policy is to document the process by which studies are reviewed and evaluated by both the ~~Disease~~ Site Committees and the PRC for possible closure for poor accrual or outdated scientific relevance.
Reason for Change	Added ‘Cancer Center Support Grant’ to define the first use of the acronym ‘CCSG’; updated the name of the Site Committees.

Page No.: 1-2	**Section**: Procedures Site Committee Initiated Review
Original Text	Disease Site Committee Initiated Review As specified in the PRMS Disease Site Committee Review Policy, Disease Site Committees are expected to review accrual. Trials which the Disease Site Committee decides to close are recorded in the electronic database but do not undergo review by the PRC full committee once they are closed. Trials which the Disease Site Committee wishes to keep open to accrual receive a corrective action plan formulated by the Disease Site Committee to improve accrual. If after six months annual accrual does not meet the criteria in the table on page 3, the Disease Site Committee is expected to close the trial to further accrual (and terminate the study, if possible). It is not required that these corrective action plans be reported to the PRC. However, should the PRC conduct independent review as described below in PRC Initiated Review and request a response to its concerns (including a corrective action plan), the Disease Site Committee can submit its existing corrective action plan (if still valid) in response to the PRC.
New Text	~~Disease~~ Site Committee Initiated Review As specified in the PRMS ~~Disease~~ Site Committee Review Policy, ~~Disease~~ Site Committees are expected to review accrual. Trials which the ~~Disease~~ Site Committee decides to close are recorded in the electronic database but do not undergo review by the PRC full committee once they are closed. Trials which the ~~Disease~~ Site Committee wishes to keep open to accrual receive a corrective action plan formulated by the ~~Disease~~ Site Committee to improve accrual. If after six months annual accrual does not meet the criteria in the table on page 3, the ~~Disease~~ Site Committee is expected to close the trial to further accrual (and terminate the study, if possible). It is not required that these corrective action plans be reported to the PRC. However, should the PRC conduct independent review as described below in PRC Initiated Review and request a response to its concerns (including a corrective action plan), the ~~Disease~~ Site Committee can submit its existing corrective action plan (if still valid) in response to the PRC.
Reason for Change	Updated the name of the Site Committees.

Page No.: 2	**Section**: Procedures PRC Initiated Review
Original Text	Studies are monitored for progress and performance via Continuation Reviews at least annually once they are approved by the institutional IRB (Committee on Human Research, CHR) and are open to enrollment. Studies with zero accruals and no waiver granted are first monitored at six months; all others are first monitored at one year. Therefore, once a trial is open to enrollment, it is assigned an Expiration Date of six months post Open to Enrollment date; this is the date that initially drives Continuation Reviews. Prior to each Protocol Review Committee (PRC) meeting the PRC Administrator identifies all trials with zero accruals and no waiver at six months, and all other trials that are open to enrollment for at least one year, are *not* PRC exempt, and are due for progress and performance monitoring (based on the expiration date). This can be an initial annual review occurring one year after opening to accrual, a six-month or annual re-review ordered by the Chair/Vice Chair or committee on a prior annual review, or an ad hoc review as described below; all are termed “Continuation Review” in the Cancer Center’s electronic database (otherwise known as the Clinical Trials Management System, or CTMS). In addition to the above identification of studies, the Director of Investigational Trials Resource may also identify trials warranting an ad hoc review. The NCI’s Data Table 4 may be reviewed by the Director of Investigational Trials Resource periodically; trials identified by the Director of Investigational Trials Resource are placed on the next available full committee agenda as above.

New Text	Studies are monitored for progress and performance via Continuation Reviews at least annually once they are approved by the institutional ***UCSF*** IRB ~~(Committee on Human Research, CHR)~~ and are open to enrollment. Studies with zero accruals and no waiver granted are first monitored at six months; all others are first monitored at one year. Therefore, once a trial is open to enrollment, it is assigned an Expiration Date of six months post Open to Enrollment date; this is the date that initially drives Continuation Reviews. Prior to each Protocol Review Committee (PRC) meeting the PRC Administrator identifies all trials with zero accruals and no waiver at six months, and all other trials that are open to enrollment for at least one year, are *not* PRC exempt, and are due for progress and performance monitoring (based on the expiration date). This can be an initial annual review occurring one year after opening to accrual, a six-month or annual re-review ordered by the Chair/Vice Chair or committee on a prior annual review, or an ad hoc review as described below; all are termed "Continuation Review" in the Cancer Center's electronic database (otherwise known as the Clinical Trials Management System, or CTMS). In addition to the above identification of studies, the ***Deputy*** Director of ***the Helen Diller Family Comprehensive Cancer Center (HDFCCC)***~~Investigational Trials Resource~~ may also ***review the NCI's Data Table 4 periodically to*** identify trials warranting an ad hoc review~~. The NCI's Data Table 4 may be reviewed by the Director of Investigational Trials Resource periodically~~; trials ***so*** identified by the ***Deputy*** Director of ***the HDFCCC***~~Investigational Trials Resource~~ are placed on the next available full committee agenda as above.
Reason for Change	Updated the name of the IRB, and the Deputy Director's title; clarified wording on ad hoc NCI DT4 review.

Page No.: 3	**Section**: Procedures PRC Initiated Review
Original Text	Prior to the meeting the Chair or Vice Chair reviews accrual and scientific relevance for all trials placed on the agenda, and makes a determination to either approve, recommend closure, request a PI response to unacceptable findings, or forward to full committee for discussion and determination. At the meeting, the full committee deliberates on accrual and scientific relevance for all trials forwarded by the Chair or Vice Chair, with the same possible outcomes: approve; recommend closure; or request a PI response to unacceptable findings.

New Text	Prior to the meeting the Chair or Vice Chair reviews accrual and scientific relevance for all trials placed on the agenda, and makes a determination to either approve, ***close to further accrual*** ~~recommend closure~~, request a PI response to unacceptable findings, or forward to full committee for discussion and determination. At the meeting, the full committee deliberates on accrual and scientific relevance for all trials forwarded by the Chair or Vice Chair, with the same possible outcomes: approve; ***close to further accrual*** ~~recommend closure~~; or request a PI response to unacceptable findings.
Reason for Change	Updated text to reflect current practice; PRC closes trials that do not meet its criteria.

Page No.: 3	**Section**: Procedures Recommend Closure
Original Text	Recommend Closure: If the accrual and/or scientific relevance are found unacceptable, the first of two options is for the PRC to recommend closure. Correspondence detailing the PRC's recommendation for closure is sent to the program PI and the relevant Disease Site Committee Chair (and, in the case of national group trials, the institutional PI). The PI has a 30-day window in which to submit an appeal – see **Appeals to PRC Recommendation for Closure** below.
New Text	***Closed by PRC*** ~~Recommend Closure~~: If the accrual and/or scientific relevance are found unacceptable, the first of two options is for the PRC to ***close the study to further accrual*** ~~recommend closure~~. Correspondence detailing the PRC's ***decision to*** ~~recommendation for~~ closure is sent to the program PI and the relevant ~~Disease~~ Site Committee Chair ***and Co-Chair*** (and, in the case of national group trials, the institutional PI). ***Upon release of the correspondence to the PI and relevant Site Committee Chair and Co-Chair, the PRC changes the study status to Closed to Accrual.*** The PI has a 30-day window in which to submit an appeal – see **Appeals to PRC** ~~**Recommendation for**~~ **Closure** below. ***If no appeal is to be filed, the PI must notify the UCSF IRB of the study closure when filing the next continuing review.***
Reason for Change	Updated text to reflect current practice; PRC closes trials that do not meet its criteria. Added study closure coinciding with the release of the review outcome, to match current practice, added Co-Chairs, and updated the name of the Site Committees. Per UCSF IRB, added language concerning the UCSF IRB requirement to update changes in study status at the time of the next continuing review.

Page No.: 4	**Section**: Procedures Request a PI Response
Original Text	Request a PI Response: If the accrual and/or scientific relevance are found unacceptable, the second of two options is for the PRC to request a response without recommendation for closure. The program PI and the relevant Disease Site Committee Chair (and, in the case of national group trials, the institutional PI) are notified about the issue(s) and requested to provide a response. Notification cites a 30-day deadline for response, and requires the following information as applicable (differs depending on whether the finding is low accrual or poor scientific relevance):
New Text	Request a PI Response: If the accrual and/or scientific relevance are found unacceptable, the second of two options is for the PRC to request a response without ~~recommendation for~~ ***closing***~~ure~~ ***to further accrual***. The program PI and the relevant ~~Disease~~ Site Committee Chair ***and Co-Chair*** (and, in the case of national group trials, the institutional PI) are notified about the issue(s) and requested to provide a response. Notification cites a 30-day deadline for response, and requires the following information as applicable (differs depending on whether the finding is low accrual or poor scientific relevance):
Reason for Change	Updated text to reflect current practice; PRC closes trials that do not meet its criteria. Updated the name of the Site Committees, and added Co-Chairs.

Page No.: 4	**Section**: Procedures Request a PI Response
Original Text	The Cancer Center's electronic database sends notifications every 7 days reminding the PI and the Protocol Project Manager that a response has not been received. If no response is received within 30 days of the initial correspondence, the PRC recommends closure. All responses received are placed on the agenda of the next scheduled PRC meeting, and reviewed by the Chair or Vice Chair in advance of the meeting. The Chair or Vice Chair makes a determination to either approve or recommend closure, or forward to full committee for discussion and determination. Disease Site Committee Chair responses can be accepted in place of a PI response. If the study will not be closed or retired by the study team, the response is assessed as follows: • If the PRC agrees fully with the response, the study is approved for one year from the date of initial review of this continuation review cycle; if the PRC agrees with conditions, the study is approved for six months from the date of initial review of this continuation review cycle. • If the PRC does not agree with the response, it recommends closure. Correspondence detailing the PRC's recommendation for closure is sent to the program PI and the relevant Disease Site Committee Chair (and, in the case of national group trials, the institutional PI). The PI has a 30-day window in which to submit an appeal – see **Appeals to PRC Recommendation for Closure** below.

New Text	The Cancer Center's electronic database sends notifications every 7 days reminding the PI and the Protocol Project Manager that a response has not been received. If no response is received within 30 days of the initial correspondence, the PRC ***closes the study to further accrual*** ~~recommend closure~~. All responses received are placed on the agenda of the next scheduled PRC meeting, and reviewed by the Chair or Vice Chair in advance of the meeting. The Chair or Vice Chair makes a determination to either approve or ***close to further accrual*** ~~recommend closure~~, or forward to full committee for discussion and determination. ~~Disease~~ Site Committee Chair ***and Co-Chair*** responses can be accepted in place of a PI response. If the study will not be closed or retired by the study team, the response is assessed as follows: • If the PRC agrees fully with the response, the study is approved for one year from the date of initial review of this continuation review cycle; if the PRC agrees with conditions, the study is approved for six months from the date of initial review of this continuation review cycle. • If the PRC does not agree with the response, it ***closes the study to further accrual*** ~~recommend closure~~. Correspondence detailing the PRC's ~~recommendation for~~ closure ***to further accrual*** is sent to the program PI and the relevant ~~Disease~~ Site Committee Chair ***and Co-Chair*** (and, in the case of national group trials, the institutional PI). The PI has a 30-day window in which to submit an appeal – see **Appeals to PRC ~~Recommendation for~~ Closure** below.
Reason for Change	Updated text to reflect current practice; PRC closes trials that do not meet its criteria. Updated the name of the Site Committees, and added Co-Chairs.

Page No.: 4	**Section**: Procedures Exceptions to the above process
Original Text	Exceptions to the above process: all zero accrual trials identified by the PRC Administrator at six months with no waivers in place receive a Continuation Review with an outcome of Approved, and are sent a letter warning the PI that if there are still zero accruals at one year, the study *will* be closed. At one year, if there are still zero accruals, the study is closed, with no option for appeal.
New Text	Exceptions to the above process: all zero accrual trials identified by the PRC Administrator at six months with no waivers in place receive a Continuation Review with an outcome of Approved, and are sent a letter warning the PI that if there are still zero accruals at one year, the study *will* be closed. At one year, if there are still zero accruals, the study is closed~~, with no option for appeal~~.
Reason for Change	Deleted reference to appeal.

Page No.: 5	**Section**: Appeals to PRC Recommendation for Closure
Original Text	**Appeals to PRC Recommendation for Closure** If 30 days elapse from the time PRC issues its recommendation for closure with no appeal from the PI or Disease Site Committee Chair, then the PRC closes the study and informs the Director of Human Research Protection Program (HRPP) of the decision. If, after receiving the PRC's recommendation for closure, the PI or Disease Site Committee Chair appeals to the PRC within 30 days, then the trial is referred to the PRC Chair for adjudication. The PRC Chair either approves or closes the study; if closed, the Director of Human Research Protection Program (HRPP) is informed of the decision.
New Text	**Appeals to PRC ~~Recommendation for~~ Closure** If ***more than*** 30 days elapse from the time PRC issues its ~~recommendation for closure~~***decision to close to further accrual*** with no appeal from the PI or ~~Disease~~ Site Committee Chair ***or Co-Chair***, then the PRC ~~closes the study and~~ informs the Director of Human Research Protection Program (HRPP) ***or designee*** of the decision. If, after receiving the PRC's ~~recommendation for closure~~***decision to close to further accrual***, the PI or ~~Disease~~ Site Committee Chair ***or Co-Chair*** appeals to the PRC within 30 days, then the trial is referred to the PRC Chair for adjudication. The PRC Chair either approves ***the appeal,*** or ***keeps***~~closes~~ the study ***closed:***~~;~~ ***if the appeal is approved, the PRC changes the study status to Open to Accrual;*** if closed, the Director of Human Research Protection Program (HRPP) ***or designee*** is informed of the decision. ***The PI must notify the IRB of all study closures; if the PRC's closure is not appealed or the appeal is denied, the PI should report the closure at the next continuing review.***
Reason for Change	Updated text to reflect current practice; PRC closes trials that do not meet its criteria. Updated the name of the Site Committees, and added Co-Chairs. Deleted reference to closing the study, since that has already occurred. Added flexibility in notifying HRPP of the decision by adding a designee. Per UCSF IRB, added language concerning the UCSF IRB requirement to update changes in study status at the next continuing review.

Page No.: 5	**Section**: Alternate Procedure
Original Text	Alternate procedure may be used for national group or consortium studies addressing rare malignancies such as pediatric malignancies. A program, PI or Disease Site Committee Chair may submit their own annual assessment of accrual for all studies *if* this method is previously approved by PRC; PRC reviews the annual assessment for accrual and scientific relevance, and issues correspondence if the PRC disagrees with the program or PI or Disease Site Committee Chair assessment.
New Text	Alternate procedure may be used for ***all non-Exempt*** ~~national group or consortium~~ studies addressing rare malignancies such as pediatric malignancies. A ~~program, PI or Disease~~ Site Committee ~~Chair~~ may submit their own annual assessment of accrual for all studies ***within their portfolio provided that*** ~~if~~ this method is previously approved by PRC~~; PRC reviews the annual assessment for accrual and scientific relevance, and issues correspondence if the PRC disagrees with the program or PI or Disease Site Committee Chair assessment~~. ***If an alternate procedure is approved by the PRC, Site Committee responsibilities are to:*** • ***Perform the review in the same month every year, and at least annually*** • ***Select all trials in its portfolio that are both Open to Accrual in OnCore since the date of the last review and are not PRC Exempt*** • ***Either the Site Committee, or the Chair and at least one Co-Chair, must review scientific relevance and accrual goals versus the accrual to date, and determine whether the status of each trial needs to change*** • ***Clearly record the recommended status for each trial*** • ***Ensure that all appropriate source data systems, including OnCore, are updated in terms of both status and accrual data*** • ***Provide the PRC with a copy of the full review, signed by the Chair and at least one Co-Chair.*** ***While the PRC generally makes exceptions for Pediatric trials due to the general rarity of Pediatric diseases, the PRC reviews the Pediatric annual assessment for accrual and scientific relevance, and issues correspondence on those trials with longstanding concerns over scientific relevance or low or zero accrual; PRC retains the authority to close any Pediatric trial. PRC does not perform reviews on PRC Exempt trials.***
Reason for Change	Broadened the scope of the Pediatric reviews to all non-Exempt trials, and clarified how the reviews should be conducted.

Page No.: 6	**Section**: Policy Approval
Original Text	_____ _____ Eric Small, MD Date Director of Investigational Trials Resource _____ _____ Andrew Ko, MD Date Chair, Protocol Review Committee _____ _____ Christopher Ryan, PhD Date Director, Human Research Protection Program
New Text	_____ _____ Eric Small, MD Date ***Deputy*** Director~~, of Investigational Trials Resource~~ ***Helen Diller Family Comprehensive Cancer Center*** _____ _____ ***Jennifer Clarke***~~Andrew Ko~~, MD Date Chair, Protocol Review Committee _____ _____ ***Laurie Herraiz, RD***~~Christopher Ryan, PhD~~ Date Director, Human Research Protection Program
Reason for Change	Signatory title changes.