NRG ONCOLOGY

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Data Monitoring Committee Charter for NCI-Sponsored Trials

Version 3: 14Feb2025

I. Purpose

To describe the procedures to be used by NRG Oncology (NRG) Data Monitoring Committee (DMC) Panels A and B that oversee select NRG trials that are funded by the National Cancer Institute (NCI).

II. Scope

This Charter applies to NRG Oncology DMC Panels A and B.

III. Procedures

As there are a large number of trials active NRG Oncology encompassing cancers of several disease sites, two DMCs have been established. Per the NCI National Clinical Trial Network (NCTN) program guidelines, these DMC panels oversee NRG Oncology randomized Phase II and Phase III clinical trials.

A. Responsibilities

1. The primary responsibilities of a DMC are to monitor the safety and welfare of trial participants, review safety analyses, review interim analyses of outcome data, and to recommend whether the study needs to be changed or terminated based on findings of safety, interim analyses or other pertinent observations. Committee members should familiarize themselves with the NRG Oncology research protocols under their purview and proposed plans for monitoring contained therein. The committee also determines whether and to whom safety or outcome results can be released prior to the protocol-specified time for reporting trial findings.

2. The DMC reviews trial status reports, reports of related studies and considers other information and recommendations supplied by members of the protocol team (Protocol Statistician, Protocol Chair, and an NRG Oncology Group Chair) to determine whether any of the trials being monitored may require some modification.

3. 3 The DMC is informed of major modifications (e.g., discontinuation of trial accrual, addition or discontinuation of a treatment arm, increase in sample size, etc.) to trial protocols proposed by the protocol team. Note that these modifications are initiated by the study team in collaboration with CTEP prior to DMC review. The DMC does not typically originate and propose trial protocol amendments.

B. Membership

1. DMC members are nominated and appointed by majority vote of the NRG Oncology Group Chairs or their designees. Prior to their appointment, all nominees are reviewed and approved by the NCI Cancer Therapy Evaluation Program (CTEP) or Division of Cancer Prevention (DCP) Associate Director, as appropriate. Each member is appointed for a fixed term of up to 4 years. The term lengths of individual DMC members should be established so the terms of no more than two voting members expire within any given year. Members with expiring terms can be reappointed.

2. The committee may include physicians, statisticians, consumer representatives and other professionals from within and outside the NRG Oncology. Members are selected based on their experience, reputation for objectivity and knowledge of good clinical trial methodology.

3. The number of DMC members can vary depending on the type and disease focus of the trials being monitored and potential safety issues that may be involved. However, the total membership of the DMC should not exceed ten individuals.

4. The committee will include one NCI physician from CTEP, one NCI Physician from DCP (if desired by DCP), one NCI statistician and the NRG Oncology Group Statistician who will all serve as non-voting members. One or two additional individuals from within the NRG Oncology membership, who will have voting rights, can be appointed by agreement of the Group Chairs. This individual should not be a member of any of the study teams being monitored or from the leadership of the disease committee for the studies being monitored. The committee should also include at least four other individuals as voting members who are external to the NCI and NRG Oncology. At least one of these external individuals must be a statistician and one must be a consumer representative.

5. The DMC Chair is appointed by majority vote of the NRG Oncology Group Chairs from among the members of the DMC who have been appointed to the committee and who are external to the NCI and NRG Oncology.

C. Meetings

1. Regular DMC meetings are held at least twice a year on an approximate six-month cycle. If the need arises, additional special meetings can be held at the discretion of the DMC Chair, and may be recommended by one of the NRG Oncology members. All trials being monitored by the DMC are reviewed at each regular meeting. Meetings may be held by conference call or a face-to-face meeting.

2. The meeting will consist of three parts:

    a. *Open Session* - The first part is an open session at which, in addition to the voting and non-voting DMC members, the Protocol Statisticians and others involved in the implementation of the trials being monitored may be in attendance. NRG leadership and selected trial PIs (by invitation) may also attend. In this session, the focus is on review and discussion of accrual, toxicity data, and data reporting completeness. Discussion is also held on any issues that may be raised by the committee members, the Protocol Statisticians or others involved in the implementation of the trials being monitored. No outcome results (tumor response, recurrence or second primary cancer, survival, or quality of life endpoint information) or, if the trial involves blinded treatments study, no treatment arm-specific toxicity data may be presented in the open session (Note: For blinded studies, the only toxicity data shown in the open session is that which has been pooled across all treatment groups).

    b. *Closed Session* - Following the open session, there will be a closed session. Attendance at the closed session is restricted by NCI guidelines to the Protocol Statisticians for the trials being monitored and all voting and non-voting members of the DMC. An NRG Oncology administrative staff person may be present to facilitate the meeting operation. Information reviewed in the closed session includes: treatment arm-specific data from trials which involve blinded treatment assignment including toxicity and compliance; in addition, if the protocol-specified time for such analyses has been reached, the results of trial-specific interim analyses of safety or efficacy outcomes are presented.

    c. *Executive Session* - Following the open and closed sessions, an executive session is held. Attendance at the executive session is restricted by NCI guidelines to only the voting and non-voting members of the DMC (including the Group Statistician, a non-voting member). An NRG Oncology administrative staff person may be present to facilitate the meeting

operation. During this session, the attending members of the DMC discuss the information they have reviewed and make a final decision regarding their recommendation for each trial being monitored. A quorum of the DMC is considered met at 50% of the voting members being present to vote and render the decision.

3. At least two weeks before each scheduled DMC meeting, all DMC members will be provided with open- and closed-session reports for each trial being monitored describing the current status of information for each trial. The open session reports will be prepared by the Protocol Statisticians in collaboration with the Protocol Chairs. Closed session reports are prepared by the Protocol Statisticians. The specific contents of these reports are defined in NRG Oncology SOP: STAT-02.

D. Recommendations

1. DMC recommendations should be based upon results for the protocols being monitored as well as upon data available from other relevant studies and other external relevant information that has become available. The DMC provides the recommendations discussed and arrived at during the DMC meeting to the NRG Oncology Group Chairs. The committee's recommendations are documented in minutes of the meeting that include a brief summary of the general activities that occurred in the open and closed sessions, as well as, the specific recommendation that the DMC has for each protocol being monitored. At a minimum, the DMC will make a recommendation of one of three possible determinations for each protocol: 1) to continue a trial as planned (i.e., per the protocol); 2) to modify the implementation of the study; or 3) to stop the trial earlier than planned. If a DMC recommendation includes modifying a trial due to safety concerns, the DMC Chair should contact the NRG Oncology Group Chair member of the committee immediately following the conclusion of the executive session of the DMC meeting and inform him/her of such recommendations in person.

2. In the event that a recommendation made by the DMC is one other than to continue the study as planned, the NRG Oncology Group Chairs will act on the recommendation as expeditiously as possible. In the process of doing so, the NRG Oncology Group Chairs may seek the advice, in a confidential manner, of the Protocol Chair, NRG Oncology Disease Committee Chair, and/or the NRG Oncology Group Statisticians.

3. Upon the concurrence of the DMC and the Group Chair with the DMC recommendation, the NCI CTEP or DCP Associate Director is informed of the recommendation. Upon the concurrence of the CTEP or DCP Associate Director, the recommendation will be executed. This may involve a sequence of confidential meetings of relevant partner parties to communicate information as needed.

4. In the unlikely situation that the NRG Oncology Group Chairs do not concur with the DMC recommendation, the NCI Associate Director for CTEP or DCP, as appropriate, must be informed of the recommendation of the DMC and of the NRG Oncology Group Chairs' reason(s) for disagreeing with the recommendation. The NCI Associate Director and the NRG Oncology Group Chairs, in consultation with the DMC Chair, will be responsible for reaching a mutually acceptable decision about the study. Confidentiality will be maintained during these discussions, but relevant confidential trial data may be shared by the DMC Chair with the NRG Oncology Group Chair and NCI Associate Director to the extent needed to convey justification for the DMC's recommendation.

E. Confidentiality

1. A statement of confidentiality, as provided in Appendix A, must be signed by all DMC members.

2. No communication of the deliberations or recommendations of the DMC, either written or oral, are to be made outside of the committee except as specified in this document. Outcome (efficacy) results and toxicity data from masked trials are confidential and must not be divulged to any non-member of the DMC (except to the NRG Oncology and NCI officials as described in Section D.3) until such time when the trial has been concluded and the trial results are made public.

3. There may be circumstances where it may be appropriate to release some aspect of confidential information from a trial before the time when a trial is concluded. The conditions for such release are described in Section F of this document.

F. Early Release of Trial Findings

Any planned release of outcome data external to the DMC [to NRG Oncology or NCI personnel not members of the committee, DMCs of other organizations or to the public (e.g., presentation at meetings, journal publication, media interview, etc.)] prior to the completion of a trial must be approved by the DMC. In general, outcome data would not be routinely made available to individuals outside of the DMC until accrual has ceased and all patients have concluded their randomized treatment. After this point, the DMC may approve the release of outcome data on a confidential basis to the study chairs for planning the preparation of manuscripts, and/or to a small group of individuals for purposes of planning future trials. The DMC will also consider, on a case-by-case basis, special requests for release of information prior to the time point when accrual and treatment of all patients has been completed. Examples of such circumstances would be requests for toxicity findings from the Chair of a DMC of another trial external to the NRG, or situations where it is important for the health community to be informed of the possible presence or non-presence of a possible toxicity.

G. Conflict of Interest

All individuals invited to serve on the DMC (voting and non-voting) will abide by the NRG Oncology Financial Conflict of Interest (FCOI) Policy and will complete the yearly FCOI disclosure form reporting any potential, real, or perceived conflicts of interest. DMC members are required to update their FCOI filing if any potential FCOIs develop since their submission of the disclosure form. Additionally, at the start of each DMC meeting, members will be required to state if there has been any change in their FCOI status since they last completed the disclosure form. Potential FCOIs will be reviewed and adjudicated according to the NRG Oncology FCOI Policy. If it is determined that a member has an FCOI that cannot be appropriately managed the member will be required to resign from the DMC.

H. Intergroup Trials

These guidelines apply also to intergroup trials for which NRG is the coordinating group.

I. NCI Oversight

In order to satisfy its objectives of protecting patients, ensuring study integrity, and assuring public confidence in the conduct of clinical trials, it is essential that a DMC function in a manner that demonstrates competence, experience, and independence of NRG, career or financial interests. If the NCI determines that a DMC is not functioning in this manner, it will discuss with the NRG Oncology Group Chairs what changes are needed to the composition or structure of the DMC.

IV. Reference

Policy of the National Cancer Institute for Data and Safety Monitoring of Clinical Trials
NRG Oncology Financial Conflict of Interest Policy

V. Appendices

Appendix A: NRG Oncology Data Monitoring Committee Statement on Confidentiality

VI. Regulations and Guidelines

NIH Policy for Data and Safety Monitoring
Further NIH Guidance on Data Safety Monitoring for Phase I and Phase II Trials

Certification of approval by NCI program director and NRG Oncology Group Chairs

Signed by:
Sharon Hartson Stine
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2/16/2025

Sharon Hartson Stine
NRG Oncology Executive Director

Date

Signed by:
James Dignam
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2/17/2025

James Dignam, PhD
NRG Oncology Group Statistician &
NRG Oncology SDMC Executive Director

Date

Version	Revision Description	Author	Version Date
1	New charter	Joseph Constantino	01Jan2013
2	Editorial changes, converted from an SOP to stand-alone charter	Joseph Constantino	28Apr2014
3	Editorial changes, updating of COI reporting procedure.	James Dignam	14Feb2025

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Appendix A

NRG ONOCOLOGY DATA MONITORING COMMITTEE STATEMENT ON CONFIDENTIALITY

NRG Oncology conducts clinical studies that are carefully designed and managed to eliminate any biases that might jeopardize the objective comparison of treatments. The purpose of this document is to ensure that Data Monitoring Committee (DMC) members understand and accept their obligation to maintain complete confidentiality with respect to all information provided to members and the deliberations of the committee. DMC members are not to discuss with or provide this information to individuals who are not members of the DMC. Such confidentiality is essential to protect NRG Oncology clinical studies from the introduction of biases that could threaten their scientific integrity and compromise the ability of the medical community to unambiguously interpret the results of these studies.

Statement of the **DMC MEMBER:** I, the undersigned member of the NRG Oncology Data Monitoring Committee, have reviewed the above statement. I understand and accept my responsibility to refrain from discussing or divulging the deliberations of the Committee, or any information provided to the Committee, to any individuals who are not members of the DMC.

_____ _____

Please Print Name Please Sign Name

_____

Date