I. INTRODUCTION. NRG Oncology is organized into Scientific Committees (disease – specific and disease agnostic), Scientific Core Committees, Administrative Committees, and Executive/Oversight Committees. Having a homogeneous committee structure and standards for rotating members across the committees assists in the overall efficient functioning of NRG Oncology and ensures opportunities are regularly made available for interested investigators to get involved, infusing different ideas and ensuring diversity across our organization.

II. SCOPE. This guidance applies to NRG Oncology Scientific Committees and Scientific Core Committees. Administrative Committees may have a different structure defined by Bylaws as appropriate to the function of the committee, but generally should comply with the intent herein where feasible.

III. NRG ONCOLOGY GUIDANCE. Each committee is expected to have a governance structure and defined processes which allow for the transparent and open management of committee business and supports opportunities for rotating new members in on a routine basis.

- **Core and General Committees.** For committees that are particularly large, such as the scientific committees, it may be appropriate to establish a Core Committee, generally of 30-40 individuals including committee liaisons and chairs, as the voting membership. Where a core committee structure is utilized, a non-voting general membership committee would be constituted to support broader communication and engagement with interested stakeholders. If a core committee is not necessary, then the committee membership is managed in the same manner as the core committee.

- **Subcommittees and Working Groups.** Committees and subcommittees within those committees are established by the NRG Oncology Board of Directors. Committees and subcommittees are resourced and supported by the NRG Oncology grants. Working groups may be established by the committee leaders. Working groups are generally shorter term or highly specific work groups which make recommendations to the larger committee for action. Working groups are not provided operational resources or direct financial support, and are advisory in nature. It is incumbent upon the committee to track working group activities and members.

- **Terms.** Per our bylaws, committee chairs may serve up to two terms of six years each and are appointed by the Group Chairs according to the Committee Chair Appointment Guidance Policy. Committee members are appointed by the committee chairs, with the voting members being appointed for renewable six year terms, subject to annual evaluation of engagement within the committee. Committees are expected to rotate ~15% of their voting membership each year through the annual call for new members, which for a committee of 30-40 suggests 4-6 new members annually.

- **Membership Standards.** Committee leaders are encouraged to establish standards for members, such as attendance and where appropriate reporting, and to work closely to provide feedback to collaborating committee chairs in regard to the contributions from appointed liaisons.

- **Liaisons**. The high-quality results produced through NRG Oncology are a direct outcome of the collaboration between many modalities and subject matter experts. As such, each protocol-generating committee has a number of modality liaisons whose responsibility it is to represent their area of expertise, sharing their knowledge and providing feedback into developing concepts/protocols and monitoring ongoing research to ensure the outcomes of our research is highly relevant, feasible, and impactful.
    - *Appointing Liaisons.* Liaisons should be selected and jointly appointed by the committee chair of the scientific committee and scientific core committee, and evaluated by both as well. A committee may require both a primary liaison and secondary liaison to handle workload.
    - *Responsibilities.* Liaisons are appointed to the core committee and provided access to meetings and related materials. The primary liaison is a voting member of the committee, with the secondary liaison voting only when the primary is absent or recused. The liaison is expected to provide input to the scientific committee, and also to report on activities within their scientific core committee. Identifying cross-committee opportunities and serving as a fulcrum of communication between committees is a key responsibility. Committee leaders are expected to ensure liaisons are appointed and meetings are structured to support engagement from all liaisons.
    - *Representation.* Every protocol generating committee must have as a voting member a statistician from NRG Oncology's Statistics and Data Management Center (SDMC), a Patient Advocate, a New Investigator, and a representative from the Protocol Support Committee. NCORP committees also require an identified community representative. Most committees also require as a voting member liaison from the following committees, programs, and/or departments: Medical Oncology, Medical Physics, NRG NCORP, Health Disparities, Pharmacy, Radiation Oncology, Surgical Oncology, and Translational Science, as appropriate to the types of protocols developed.
    - *Subcommittees.* Committee leaders should ensure subcommittees engaged in the development of concepts and protocols have membership which includes the diversity of representation outlined herein. Each committee may meet this requirement differently, depending on the structure and composition of the subcommittee and parent committee, but the intent is to ensure broad input into developing protocols early in the process.

IV. PROCEDURES

Regarding committee structure and managing committee membership, the following responsibilities and associated procedures are assigned as follows:

1. **NRG Oncology Member Services Team** will be responsible for maintaining a master list of committee membership and facilitating the annual call for new member applicants.
    a. The call for new members will occur each fall.
    b. An Operations Center staff member will provide support for each committee and will assist the Member Services Team and the committee in processing applications and related communications.

2. **Committee leaders** are responsible for:
    a. Appointing new members to their committee through the annual call for committee membership process, evaluating existing committee members and maintaining a regular rotation of members;
    b. Evaluating applications for new members and making selections which allow for inclusiveness and diversity in the types of member sites, levels and types of relevant experience, etc.;
    c. Applying to the NRG Oncology Board of Directors to establish or recommend termination of a committee or subcommittee; and
    d. Establishing working groups and ensuring working groups report out to the voting membership related to any proposed recommendations.

Approved; October 27, 2020

NRG Oncology Committee's and Subcommittee's

Oversight Committees

NRG Oncology Executive Committee

NRG NCORP Research Base Executive Committee

Data Monitoring Committee
- Panel A
- Panel B

Early Phase Trial Oversight Committee

Research Strategy Committee

Research Strategy Executive Committee

Protocol Operations Monitoring Committee

Administrative Committees

Ancillary Projects Committee

Communications Committee

Membership Committee
- International Members Subcommittee
- Canadian Members Subcommittee
- VA Members Subcommittee
- QA/Audit Subcommittee

Investigator Training Committee

Patient Advocates Committee

Publications Committee

Cancer Disease Site Committees

Brain Tumor Committee
(Neuro-surgical Working Group)

Breast Cancer Committee
(Local-Regional Breast Cancer Working Group, Rare and Genetically Linked Breast Cancer Working Group)

Gastrointestinal Cancer Committee
- Colorectal Cancer Subcommittee
- Non-colorectal Cancer Subcommittee

Genitourinary Cancer Committee
Gynecologic Cancer Committee
- Cervical Cancer Subcommittee
- Ovarian Cancer Subcommittee
- Rare Tumor Subcommittee

- Uterine Corpus Subcommittee

(Radiation Oncology Gyn Working Group)

Head and Neck Cancer Committee

(Surgical Working Group)

Lung Cancer Committee

Non-Disease Site Specific Committee

Cancer Care Delivery Committee

(Digital Health Working Group)

Cancer Control and Prevention Committee

Developmental Therapeutics Committee

Health Disparities Committee

Patient Centered Outcomes Committee

Translational Science Committee

Scientific Core Committees

Medical Oncology

- Pharmacy Subcommittee
- Immunotherapy Subcommittee

Pathology Committee

Protocol Support Committee

- CTN Subcommittee
- CRA Subcommittee

(*Mentorship Working Group, Protocol Review Working Group, Quality Control and Communication Working Group, Education and Training Working Group)*

Radiation Oncology Committee

- Medical Physics Subcommittee

(*Proton Working Group)*

Surgical Oncology Committee

Imaging Committee