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NRG NCORP R01

Deborah Bruner, RN, FAAN, NCORP Contact PI
Joan Walker, MD, NCORP PI
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Webinar date: April 11, 2024

NCI National Clinical Trials Network
a National Cancer Institute program

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

Webinar Goal

To prepare investigators to develop committee aim-aligned NCORP projects for R01 submission.

Agenda

1:00 – 1:05pm	Welcome ad goals for the webinar	Deborah Bruner, PhD, RN, NRG NCORP PI
1:05 – 1:10pm	Cancer Prevention and Control Aims/Priorities	Julie Bauman, MD, Cancer Prevention Committee Chair
1:10 – 1:15pm	Cancer Care Delivery Research Aims/Priorities	Mary Cooley, Cancer Care Delivery Research Committee Chair
1:15 – 1:30pm	NCORP concept review process for R01s	Tracy Crane, PhD, Cancer Control Committee Vice-Chair
1:30 – 1:45pm	NRG R01 Exemplar NRG-CC011: Cognitive training for cancer-related cognitive impairment in breast cancer survivors: A multi-center randomized double-blind controlled trial	Diane Von Ah, PhD
1:45 – 2:00pm	NRG R01 Exemplar NRG-CC012CD: Management symptoms and psychological distress during oral anti-cancer treatment	Alla Sikorski, PhD
2:00 – 2:25pm	Panel Discussion/Q&A	Patti Ganz, MD; Diane Von Ah, PhD; Alla Sikorski, PhD
2:25 – 2:30pm	Wrap up	

NRG Cancer Prevention and Control Committee

Julie Bauman, MD
Vice-Chair, Cancer Prevention

NRG NCORP Cancer Prevention and Control Priorities

- Concepts/protocols focused on:
  - Improvement or delay in decline of neurocognitive function;
  - Reducing gender-specific symptoms including lymphedema and sexual dysfunction;
  - Testing therapeutic delivery modifications to improve QoL and cost-effectiveness in localized cancers while maintaining efficacy;
  - Reducing cancer risk through optimal screening, biomarker evaluation and risk reduction strategies; and
  - Assessing behavioral interventions to decrease cancer risk and mitigate cancer treatment-related symptoms.

Feasibility Considerations for CPC Research

- ❑ Does the project describe a high-impact, evidence-based gap that the study would address?
- ❑ Is the proposed intervention, including who performs the intervention and the intervention itself, described with sufficient specificity to evaluate its feasibility in the NCORP setting?
- ❑ If the study is proposing a drug or a device, is there funding to support product distribution?
- ❑ Is preliminary data adequate to justify: 1) the proposed effect size(s) for the primary and secondary endpoints; 2) the hypothesized mechanism of surrogate/biomarker endpoints?
- ❑ What is the primary endpoint and how will it be measured? How established is the validity and reliability of this primary endpoint?
- ❑ What is the evidence that this study could be conducted in community cancer centers? Has a feasibility survey been conducted?

NRG Cancer Care Delivery Research Committee

Mary Cooley, PhD
Chair, Cancer Care Delivery Research

NRG NCORP Cancer Care Delivery Research Priorities

- Concepts/protocols focused on:
  - Integrating patient-reported outcomes into clinical practice (extends survival);
  - Enhance access to proven survivorship and palliative care strategies optimizing survivor and family quality of life;
  - Optimize screening strategies based on disease risk including patients in the post-treatment surveillance phase of care; and
  - Implement evidence-based symptom management strategies addressing patients' needs during both active adjuvant and palliative treatment.

Feasibility Considerations for CCDR

- Does the project describe a high-impact problem where there is substantial evidence and preliminary data to support broad scale practice change and implementation into clinical care settings?
- Does the project seek to improve clinical outcomes and patient well-being by intervening on patient, clinician and/or organizational factors to improve cancer care delivery?
- Is the proposed intervention, including who performs the intervention and the intervention itself, described with sufficient specificity to evaluate its feasibility in the NCORP setting?
- Is there support and interest in implementation of the intervention into the practice setting from community partners?
- What is the evidence that this study could be conducted in community cancer centers? Has a feasibility survey been conducted?
- Are there members on the team with expertise to carry out the study (i.e. implementation science, cost-effectiveness)

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Running an R01 via NRG NCORP

Tracy Crane, PhD, RN
Vice-Chair, Cancer Control

Benefits of Working with NRG NCORP

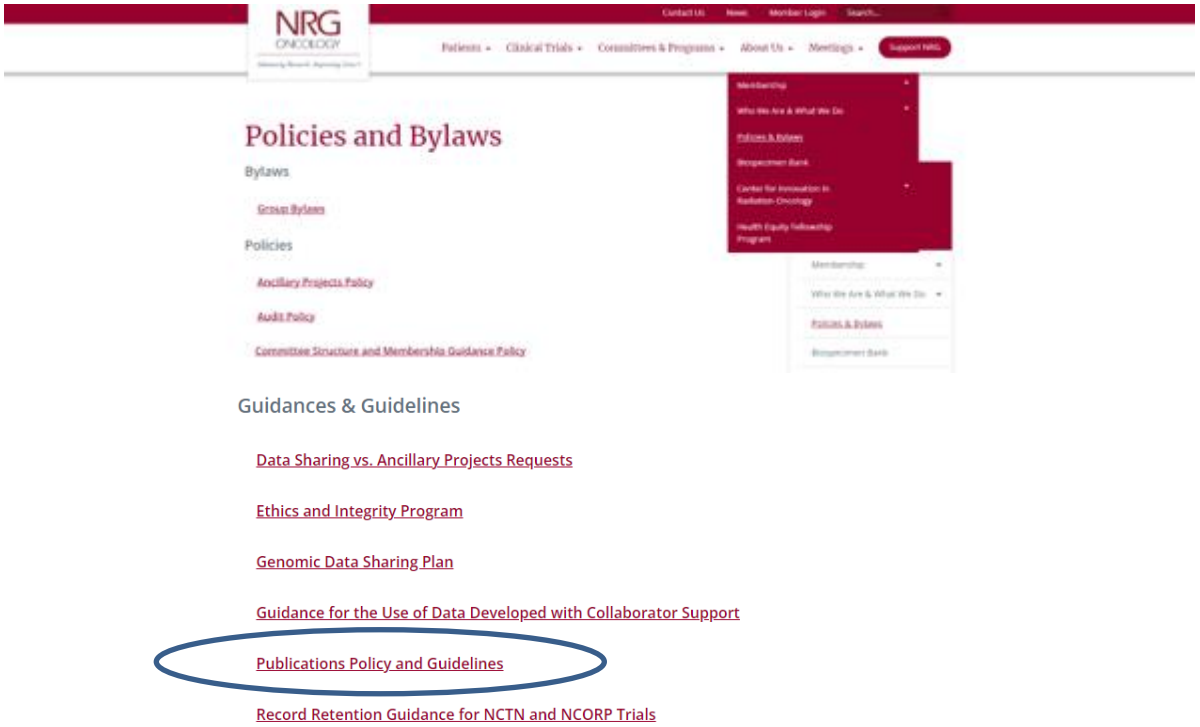
- Ability to run R01s through NRG and increase access to diverse populations
    - Access to over 1,800 NRG Oncology and NRG NCORP sites to conduct research
- Major Supplemental Funding
- Access to Big Data for Secondary Analyses
- Increased IMPACT of work

NRG NCORP Study Objectives Requiring Additional Funding

Additional funds are often needed to facilitate the study, including:

- secondary endpoint data collection and/or analysis
- specimen banking
- drug supply and drug distribution
- correlative science
- patient-reported outcomes
- patient counseling

Any NCORP Study/PI <u>MUST follow Publication Guidelines-</u> even if YOU are the PI and the study was submitted through your institution with a sub-award to NRG



Why would an R01 Investigator want to run a trial through NRG NCORP?

NRG NCORP would be **MAJOR** supplemental support to R01

- Access to over 1,800 NRG Oncology Sites with no separate agreements
  - CCDR projects access to NCORP sites only
- Ability to increase access to diverse populations
- Site Research Coordinators recruit and consent patients
- Biospecimen collection by NRG sites and storage by NRG biobank
- Data entry done by NCORP
- Statistical monitoring and analysis done by NCORP
- Peer review process prior to submission
- Increased probability of publication in high impact journals

What are challenges an R01 Investigator would need to understand to run a trial through NRG NCORP

- Must obtain NRG NCORP **APPROVAL PRIOR** to grant submission
  - Must undergo peer review process prior to submission
- Must work out **BUDGET IN ADVANCE** of what portion of R01 funding would be sub with NRG
- **LEAD TIME -** Takes *about* 6 months lead time to get through the NRG review and approval process
- NRG **JOINTLY OWNS** the science and data
- **ACCESS TO DATA** through NRG
- Must follow **NRG PUBLICATION GUIDELINES**
  - Cannot publish data until primary aim of study is complete
  - Access to data set may be negotiated after aims are published
- **STATISTICAL AND LAB ANALYSES** may be **NEGOTIATED** if special analysis required (e.g. genomic sequencing and statistical analysis)

Questions an R01 investigator new to NRG NCORP may ask…

- Q: As PI of an NRG NCORP R01 funded trial, do I get funding for me or my research staff from BOTH the R01 and NRG?
  - A: *NO, NRG Oncology does not pay study chairs or research staff, but your R01 may*
- Q: Can I name all of the study co-chairs or add co-chairs (co-investigators) as I see fit?
  - A: *NO, NRG would co-own the study and the study co-chairs would have to be a mix of collaborators needed to conduct the study and some who are members of specific disciplines or committees in NRG NCORP. It would be an a priori negotiation BEFORE the grant is submitted*
- Q: Once the R01 is funded can I open the study at my site before NRG opens it?
  - A: *NO, the grant will still need to go through the NCI for protocol development and approval and opened to all sites through NRG at the same time*

Bringing Grant Funded Opportunities to NRG NCORP

- Prior to seeking any type of funding, the concept chair must seek official approval for the concept by the following: CPC, CCDR or other NCORP committee, committee co-chairs and NCORP Review Committee
- Within the grant application budget, there must be an appropriate amount of funding for NRG personnel for any extra work required to meet the aims of the R01. To ascertain the amount needed for the budget, the concept chair should contact NRG Oncology HQ (Erica Field) who will work with the appropriate personnel to determine NRG needs.
  - ***Note: NRG holds the data for the trial and a contract can be established (re: data sharing) with the investigator to provide the dataset after publication***
- The complete application must be approved by the NRG NCORP chair leadership prior to grant submission and submitted to NCI 4 weeks prior to grant submission

Data Sharing of My R01 Data

- NRG JOINTLY OWNS the data
- ACCESS TO DATA is through NRG
- Must follow NRG PUBLICATION GUIDELINES
  - Cannot publish ANY data until primary aim of study is complete (full accrual and published)
  - Access to data set may be negotiated after all aims are published
- Can I add my postdoc or students or other mentees to NRG publications?
  - Not without NRG approval and STRONG rationale of unique contribution!

REMEMBER TO READ THE NRG PUBLICATION GUIDELINES IN ADVANCE

Examples of R01s Conducted Through the National Clinical Trials Networks

Activated February 2, 2024

- **NRG-CC011:** ***Cognitive Training For Cancer Related Cognitive Impairment In Breast Cancer Survivors: A Multi-Center Randomized Double-Blinded Controlled Trial.*** (*NIH R01 #1R01CA276222-01, MPIs D. Von Ah, P. Ganz, B. McDonald*)

Activating April 2024

- **NRG-CC012CD:** ***Managing Symptoms and Psychological Distress During Oral Anti-Cancer Treatment.*** (*NIH R01 #1R01CA279472-01, MPIs A. Sikorskii, T. Badger, T. Crane*)

Completed

NRG/GOG 0259: ***Effects of the WRITE Symptoms Interventions on Symptoms and Quality of Life Among Patients With Recurrent Ovarian Cancers: An NRG Oncology/GOG Study*** (*NIH R01 #R01NR010735, MPI H. Donovan*)

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NRG-CC011 Cognitive Training for Cancer Related Cognitive Impairment: A Multi-Center Randomized Controlled Trial

Diane Von Ah, PhD, RN, Patricia Ganz, MD, & Brenna McDonald, PsyD, ABPP-CN, MBA

Winter Conference
2/15/2024

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NCI Community Oncology Research Program — A program of the National Cancer Institute of the National Institutes of Health

Disclosures

This research is being conducting in partnership with The Ohio State University (OSU), College of Nursing & OSU Comprehensive Cancer Center with funding support from NIH/NCI R01CA276222, MPIs: Diane Von Ah, (contact), Patricia Ganz, & Brenna McDonald

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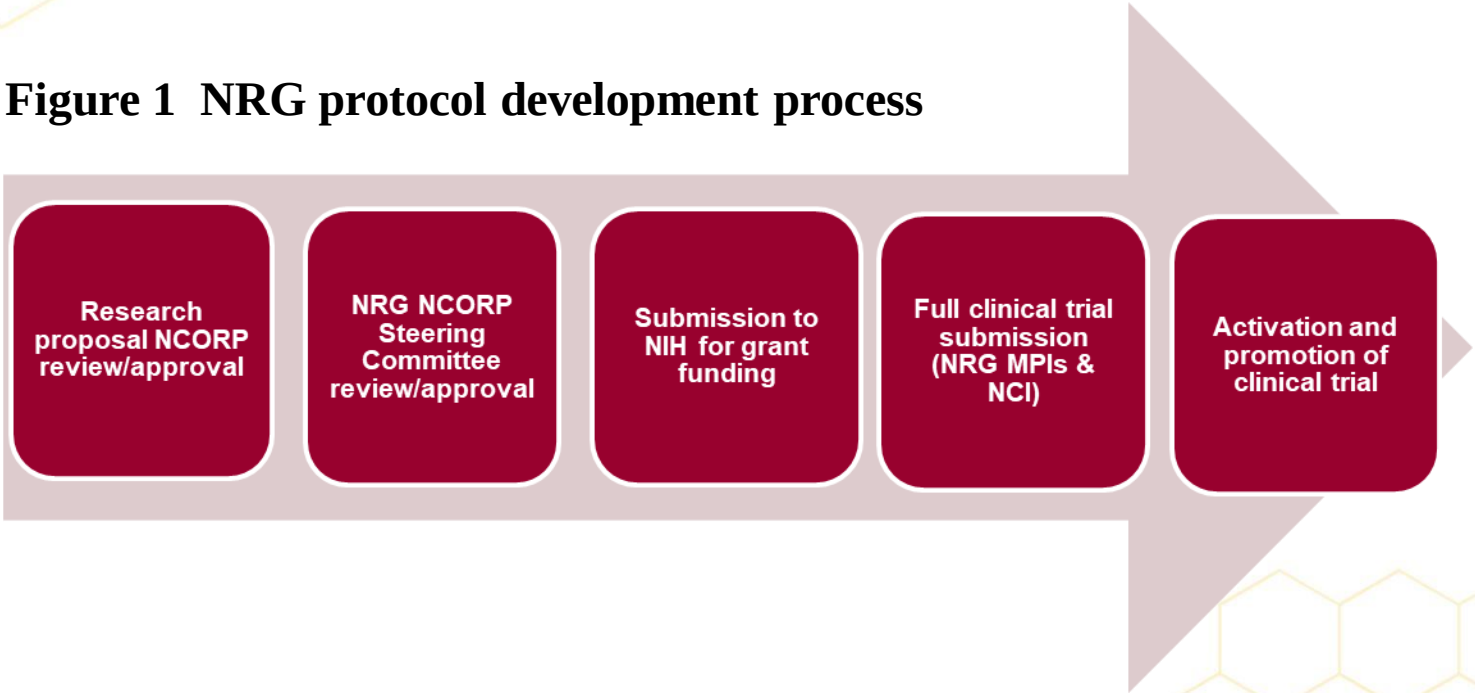
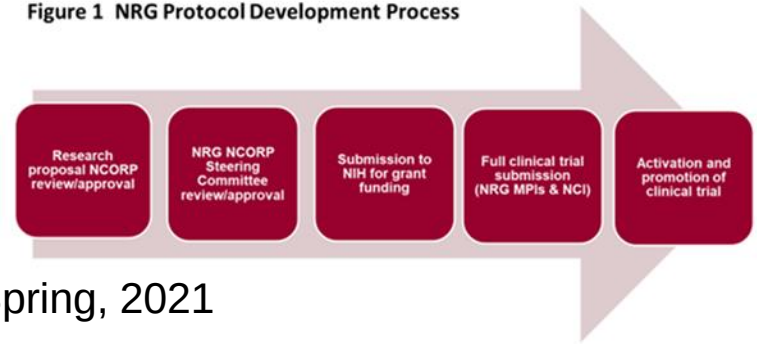
COLLEGE OF NURSING

Figure 1 NRG protocol development process



NRG-CC011 & R01



Process Overview: Our Story

- Clinical Trial Planning Group on CRCI: Invited Spring, 2021
- Submitted Concept Award to NRG Oncology: Fall, 2021
- NRG Oncology Approval Process: 2 Levels – scientists, clinicians, and advocates & NRG Steering Committee –peer reviewed & endorsed
- NCI Division of Cancer Prevention has approved NRG Oncology to conduct this trial nationally at their affiliated sites: December, 2021
- NIH-NCI R01: Submitted 2/5/2022
- NIH-NCI R01: Notice of Award - Funded 2/15/2023
- NCI Central IRB: Approval 12/20/23
- Activated 2/2/2024

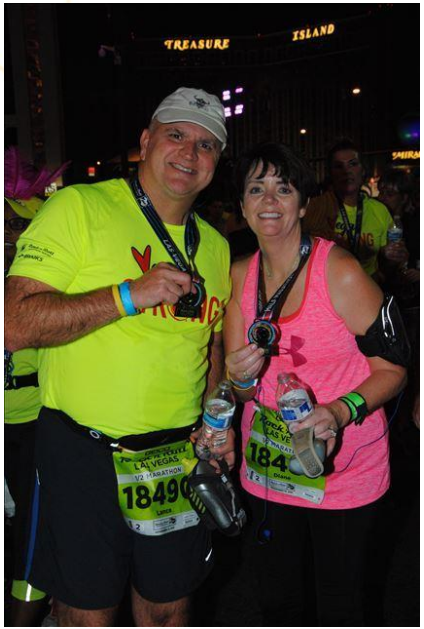
Benefits/Advantages

- Concept Peer Review
  - Advocate Recommendation – e.g., Add Spanish Speaking
  - Revise/Clarify Inclusion Criteria – e.g., Improved stratification parameters (e.g., treatment)
- R01 submission Support
  - Letters of Support
  - Able to state “endorsed by scientists, clinicians, and advocates”
  - Budget – recruitment covered; able to focus on intervention & other costs
- Recruitment Opportunities
  - Needed large sample to test efficacy - multi-site was needed
  - Diversity – rural/urban, race/ethnicity, etc.
- Data Sharing Plan/Repository Available

Considerations

- Intervention
  - Requires Standardization (e.g., computerized training)
  - Work to Minimize Burden for clinics (administered from OSU)
- Data Management Systems
  - Vision Tree/Medidata Rave – no library/time consuming set-up
  - No PHI in Medidata Rave – had to create REDCap to send contact information to OSU
- Patient Reported Outcomes
  - R01 – large number of variables; just can't add an instrument need reliable/valid & clinically meaningful; approval process
- DCP forms/NCI Informed Consent – designed for therapeutic trials
- Supporting Junior Colleagues
  - Data owned by NRG-Oncology; Follow publishing policy & requirements of no publications until primary aims published, order of authorship is predetermined.

Marathon not a Sprint



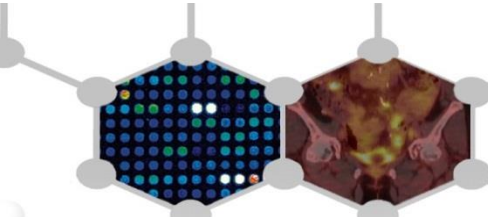
Half- Marathon, Vegas 2017

- Collaboration
  - All processes are accomplished cooperatively; less control than single site investigator-initiated trial
- Planning
  - "By failing to plan you are preparing to fail." – Benjamin Franklin
- Open communication is critical (e.g. weekly meetings, prior to activation)
- Focus on a positive outcome win/win for our participants.

Acknowledgements

- Collaborators – Drs. Patricia Ganz & Brenna McDonald
- Funding: NIH/NCI R01CA276222
- To all the Breast Cancer Survivors who have participated in the pilot studies to make this work possible

Questions



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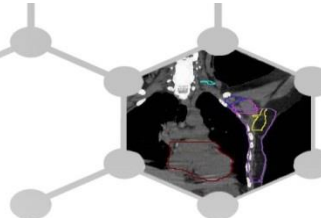

Developing and running an R01 through NRG Oncology NCORP: NRG-CC012CD: Managing symptoms and psychological distress during oral anti-cancer treatment (SYMON)

Alla Sikorskii, PhD, FAPOS
Terry Badger, PhD, RN, PMHCNS-BC, FAPOS, FAAN
Tracy E. Crane, PhD, RDN

Background

- Survivors on cytotoxic and targeted oral agents take them at home with **less contact with health care providers** compared to infusion treatments
- **Tele-monitoring** is significant and has been shown to be superior to usual care
- Key issues addressed in this study are **monitoring and management of symptoms** in the community oncology settings where many people with cancer get their care
- **Hybrid type I effectiveness implementation trial**: primary outcome is survivor's symptom severity; implementation outcomes are assessed for practice personnel

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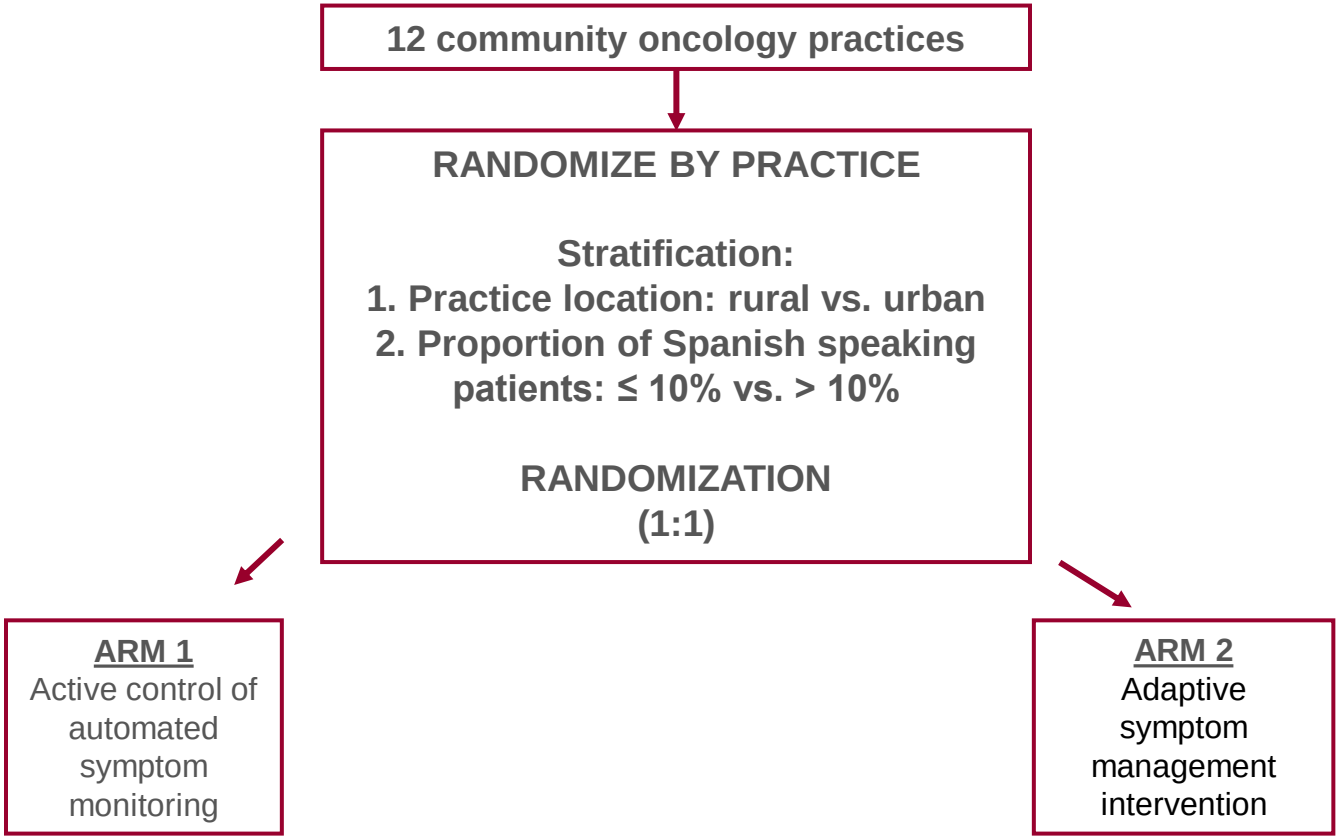
Study Design



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Cancer Care Delivery Research (CCDR) concept

- Submitted prior to the R01 grant application
- Reviews from many perspectives: researchers including statisticians, clinicians, patient advocates
- Excellent in-depth reviews prior to NIH grant review
- Many different perspectives to incorporate, but absolutely necessary
- Opportunity to survey and present concept to potential sites and make important changes based on their feedback for feasibility of the project within community-based settings

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R01 application

- Some grant reviewers may not be familiar sufficiently with NRG NCORP, include explanations and details in the grant application
- Sections of the grant application (human subjects, data sharing) have to reflect the NRG NCORP procedures
- Has to be reviewed by NCI prior to submission to make sure there are no similar/overlapping projects in the NCORP at the time of the grant application submission

NIH funding

- Obtained with a restriction of “no human subjects” because all NIH-funded NCORP studies are conducted under the purview of the NCI Central Institutional Review Board (CIRB).
- CIRB approval takes time and cannot be secured at the time of the notice of award
- Work with institutional IRB to defer institutional IRB arrival until after the CIRB approval

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Protocol development

- Formal protocol has to be prepared and submitted to and approved by NCI prior to the CIRB submission
- CCDR concept and R01 are the foundation for the protocol
- Changes and additions are needed to operationalize everything and put into the protocol template
- Identify and work with protocol co-chairs and study champions within other cooperative groups (e.g., Alliance, SWOG)
- NCI comments for each protocol submission, revisions, resubmissions

Protocol input

- Many different perspectives but help formulate much needed details initially and in response to NCI comments
- Examples:
  - Is co-enrollment into other trials allowed?
  - What happens if recruitment goals are not met by sites?
  - How do data flow?
  - Where and how are data stored in accordance with the NRG requirements?

CIRB

- Use of NCI-required language in the consent forms
- Following the initial CIRB approval, changes may be required in the protocol that require additional protocol amendments (submission of the revised protocol to NCI)
- Following the CIRB approval, institutional IRB submissions for reliance on the CIRB
- Institutional IRB may not agree with the CIRB-approved language in consent forms, work is needed

Working with NRG NCORP

- Continuous support and feedback from program officer, CCDR committee co-chairs
- Opportunity to present study updates at the NRG semi-annual meeting to gauge interest and make adjustments:
  - Example: engaging social workers at the sites versus study-provided contracted interventionists
- Outstanding regulatory, data management, and statistical support and guidance in all steps of the project

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Progress & Timeline

- August 2021 - Initial submission of concept to NRG Oncology
- February 2022 – NCORP concept approval
- April 2022 – NCI DCP review prior to R01 submission
- June 2022 – Submitted R01 to NCI
- October 2022 – R01 reviewed by a study section
- January 2023 - NCI Council
- May 4, 2023 – NoA from NCI
- July 2023 – 1st draft of protocol/consent submitted to NCI DCP
- December 2023 - NCI DCP approval
- February 2024 - CIRB approval; protocol training at semi-annual meeting
- April 2024 – amendment and full protocol approval by NCI
- Summer 2024 - Tentative time for study enrolling first patient

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Study Team

Grant/Sponsor Acknowledgements:
R01 CA279472 (Sikorskii/Crane/Badger)

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Study Coordinator
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A program of the National Cancer Institute of the National Institutes of Health

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