Population Science Initial Application Overview

*For scientific review of cancer-related population science or tobacco research protocols.*

Overview

1. **The CPRC conducts scientific review of all cancer-related protocols at the University of Minnesota prior to IRB review.**
	* Protocols may not receive IRB review until they are granted approval or approval with minor stipulations from the CPRC.
2. **OnCore access is required to submit to the CPRC**:
	* Applications must be submitted via ePRMS in OnCore.
		+ Instructions for ePRMS submission and PI Signoff are available on the [CPRC website](https://www.cancer.umn.edu/for-researchers/investigator-resources/cancer-protocol-review-committee).
	* **PIs are responsible** **for completing PI Signoff in the ePRMS console by logging into OnCore**. This cannot be done by study staff on their behalf.
	* Please contact oncore@umn.edu or 612-626-3080 if your OnCore password has expired or you require OnCore training. The CPRC does not provide OnCore technical support or training. The OnCore new user request form is at <https://oncoreuser.ahc.umn.edu/secure/>.
3. **Required Documentation**:
	* Protocol
	* Investigators Brochure *(if applicable)*
	* Data and Safety Monitoring Plan *(if applicable)*
		+ If the protocol has a Data and Safety Monitoring Board (DSMB), submitting the DSMB Charter and membership list (or providing a statement confirming that these will be submitted to the CPRC when available) will prevent a stipulation from the CPRC.
4. **Submission deadlines** are posted on the [CPRC website](https://www.cancer.umn.edu/for-researchers/investigator-resources/cancer-protocol-review-committee).
5. **Incomplete submissions will be returned** for completion prior to review and may not be processed until after the next CPRC deadline.
6. **Send any CPRC-related questions** to ccprc@umn.edu. *(Note the extra “c.”)*

Application

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| 1. Protocol Title:
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| 1. UMN Principal Investigator**:**
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| 1. UMN Co-Investigators (investigator initiated) or Sub-Investigators (sponsored study):

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| 1. Trial Type^

[ ]  **Prevention**: One or more interventions\* are being assessed for preventing the development of a specific disease or health condition.[ ]  **Diagnostic**: One or more interventions\* are being evaluated for identifying a disease or health condition.[ ]  **Supportive Care**: One or more interventions\* are evaluated for maximizing comfort, minimizing side effects, or mitigating against a decline in the participant's health or function.[ ]  **Screening**: One or more interventions\* are assessed or examined for identifying a condition, or risk factors for a condition, in people who are not yet known to have the condition or risk factor.[ ]  **Health Services Research**: One or more interventions\* for evaluating the delivery, processes, management, organization, or financing of healthcare.[ ]  **Basic Science**: One or more interventions\* for examining the basic mechanism of action (for example, physiology or biomechanics of an intervention).[ ]  **Device Feasibility**: An intervention\* of a device product is being evaluated in a small clinical trial (generally fewer than 10 participants) to determine the feasibility of the product; or a clinical trial to test a prototype device for feasibility and not health outcomes. Such studies are conducted to confirm the design and operating specifications of a device before beginning a full clinical trial.[ ]  **Observational**: Studies in which biomedical and/or health outcomes are assessed in pre-defined groups of individuals. Participants in the study may receive diagnostic, therapeutic, or other interventions, but the investigator does not assign specific interventions to the study participants. This includes when participants receive interventions as part of routine medical care, and a researcher studies the effect of the intervention. Includes data registry, blood draw study, survey, and focus group studies.\*NCI Definition of Interventional: Individuals are assigned prospectively by an investigator based on a protocol to receive specific interventions. The participants may receive diagnostic, treatment, behavioral, or other types of interventions. The assignment of the intervention may or may not be random. The participants are followed and biomedical and/or health outcomes are assessed.^If the study is:* A Retrospective Chart Review, Retrospective Sample Review, Prospective Specimen Repository, CPRC review is no longer required. When submitting for IRB review, *CPRC ancillary review* in ETHOS may be used to communicate to the IRB that CPRC approval is not applicable.
* Treatment Interventional, please fill out the [CPRC Initial Standard Application](https://cancer.umn.edu/researchers/cancer-protocol-review-committee-cprc) instead. Definition: One or more interventions\* are being evaluated for treating a disease, syndrome, or condition.
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| 1. IND/IDE/ITP

Does this study involve one of the following?:[ ]  [IND](https://www.fda.gov/drugs/types-applications/investigational-new-drug-ind-application) [ ]  [IDE](https://www.fda.gov/medical-devices/how-study-and-market-your-device/investigational-device-exemption-ide) [ ]  [ITP](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/use-investigational-tobacco-products)*If yes and UMN held***,** name of IND, IDE, or ITP holder:       |
| 1. MCC Resourcing

[ ]  *Not Applicable*[ ]  CTO Project Manager [ ]  Biostatistician [ ]  Clinical Informatics Shared Services [ ]  CTO Regulatory Specialist [ ]  Finance (Budget/Contract) [ ]  Translational Therapy Lab[ ]  CTO Study Coordinator(s) [ ]  IND/IDE Management [ ]  Molecular and Cellular Therapeutics[ ]  CTO Affiliate Management [ ]  Data Management: REDCap, OnCore Case Report Forms, etc.[ ]  Minnesota Cancer Clinical Trials Network (MNCCTN)[ ]  Other:       |
| 1. [MCC Shared Resources](https://www.cancer.umn.edu/for-researchers/shared-resources) [ ]  *Not Applicable*

[ ]  Analytical Biochemistry [ ]  Clinical Pharmacology [ ]  Glasswashing [ ]  Biostatistics [ ]  Comparative Pathology [ ]  Mouse Genetics Laboratory[ ]  Cancer Genomics [ ]  Flow Cytometry [ ]  Translational Therapy Lab (TTL)/Immune Monitoring[ ]  Cancer Informatics [ ]  Genome Engineering [ ]  X-RAD 320 Biological Irradiator |
| 1. Fairview Resourcing

[ ]  *Not Applicable*[ ]  Clinic Services [ ]  Pathology/Immunohistochemistry [ ]  Radiology [ ]  Laboratory [ ]  Radiation [ ]  Interventional Radiology[ ]  IDS [ ]  Treatment Room Services [ ]  Nuclear Medicine [ ]  BMT Database [ ]  Other:       |
| 1. Patient Population and Accrual Goals

Yearly accrual goal: Yearly accrual goal at affiliate sites, *if applicable*: Number of subjects potentially eligible for this study seen at UMN in the last year, *if applicable*: Number of subjects potentially eligible for this study seen at Community Sites in the last year, *if applicable*: How was this number of potential subjects determined?: Multicenter Trials:* 1. What is the national total accrual goal?:
	2. How many sites (including UMN) will be open?:
	3. How many enrollment slots are still available?:

Is this study targeted to study minority or under represented populations? [ ]  Yes [ ]  NoIf yes, please explain:  |
| 1. Prioritization Plan for Competing Studies

[ ]  No competing trials are open or in startup/pipeline to open at UMN for this study.[ ]  There are competing trials open or in startup/pipeline at UMN for this study:* Prioritization plan for competing studies:
* List mechanism by which or colleagues with whom this prioritization plan was developed:
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| 1. Funding Support *(complete a and b):*
2. At this time funding is anticipated to be: [ ]  Complete [ ]  Partial [ ]  Unfunded
* *If partial or unfunded*, please list plans to obtain support:
1. **Authorship and Funding source(s)** - check all that apply:
2. UMN Investigator-Initiated Trial (IIT) - study idea conceived by UMN Investigator:

[ ]  IIT NIH or grant - grant name: [ ]  IIT Non-NIH grant - grant name:[ ]  IIT/industry - sponsor name: [ ]  IIT other funding - name: 1. [ ]  Industry - sponsor name:
2. [ ]  Cooperative Group or Consortium - name:

- Is the PI a steering committee leader? [ ]  Yes [ ]  No1. [ ]  Other:
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| 1. Strategic Goals*The choices below represent current strategic goals for the MCC.*

**Check all boxes that apply to this protocol and explain below:**[ ]  Based on MCC Translational Work (our bench created it).[ ]  Trial targets unmet clinical need (i.e. rare tumors with no established SOC).[ ]  PI is junior faculty (assistant professor).[ ]  Trial participation is a pre-requisite for academic partnership w/ B&I. Explain partnership:      [ ]  Immunotherapy/cellular therapy for solid tumor trial[ ]  Functional genomics/precision medicine trial[ ]  Evidence-based cancer prevention strategy trial[ ]  Chemoprevention agent trial[ ]  Trial uses biomarkers to individualize cancer prevention and personalize treatment[ ]  Biospecimen cohort trial that includes the collection of biospecimens for investigation of genetics, epigenetics, microbiome, and immunity associated with cancer.[ ]  Survivorship, quality of life, or palliative care trial without administering agent.[ ]  Trial targets disease burden specific to the state of Minnesota:* Targets one of the top five highest cancer incidences in Minnesota: Breast, Colorectal, Corpus/Uterus NOS, Prostate, Lung
* Targets on of the top five cancers with higher than US average incidence in Minnesota: Leukemia, Melanoma, Mesothelioma, Non-Hodgkin Lymphoma, Testis

**Additional information or comments to support the scientific recognition or importance of this protocol** (not covered above)**:**       |
| 1. OnCore Study Registration

**All studies must be entered into OnCore prior to CPRC review** to submit your application in our electronic committee management system: ePRMS**.** Please contact oncore@umn.edu if you need access to &/or training in OnCore, this will not be provided by the CPRC. Instructions for ePRMS submission and PI Signoff are available on the [CPRC website](https://www.cancer.umn.edu/for-researchers/investigator-resources/cancer-protocol-review-committee).Before submitting this application, please ensure that:1. [ ]  The study entry reflects a CPRC or CTSI number in the “Protocol No.” field (please fill in): - and -
2. [ ]  The “Management Group” field reflects a CPRC group to ensure that CPRC has access to your entry - choose from the list below based on your Organizational Unit:
	* + Cardiovascular: CV-CPRC
		+ M Health Community: MHC-CPRC
		+ Masonic Cancer Center: ONC-CPRC
		+ MNCCTN: MNCCTN-CPRC
		+ UMN TC General: UMN-CPRC
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| 1. Required Participant Data Collection:

All cancer related studies approved by CPRC are required to have **individual subject accrual data including race, ethnicity, and gender** entered into one of two supported databases: OnCore or REDCap. Even if you have registered your study in OnCore (as requested above) you need to confirm where you will be recording your accrual data.Accrual database choice:[ ]  OnCore1 [ ]  REDCap21. **OnCore is the preferred choice** to easily satisfy both CPRC and CTSI accrual reporting requirements.
	1. For CTSI accrual requirements, refer to the "Is my study required to be entered in OnCore?" quiz or decision tree on the [OnCore website](https://sites.google.com/umn.edu/oncoredecisiontree/home) for further information.
	2. If you do not already use OnCore, investigators and research team members must request access and training from: oncore@umn.edu. This will not be provided by the CPRC.
2. If using REDCap:
	1. You are required to **add Vidhya Ramesh** (rames007@umn.edu) from MCC OMIS to the project within REDCap in order to generate accurate data for NIH reporting requirements.
	2. You are required to use the **UMN MCC Subject Registration Template** within REDCap. Instructions on how to import the template in REDCap and an accompanying Code Book can be found on [our website](https://www.cancer.umn.edu/for-researchers/investigator-resources/cancer-protocol-review-committee).
	3. You will still be required to enter accrual in OnCore if the study meets [CTSI accrual entry requirements](https://sites.google.com/umn.edu/oncoredecisiontree/home).
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