National Cancer Advisory Board (NCAB)
Subcommittee on Clinical Investigations

5 December 2022
3:25–4:25 p.m. EST

Virtual Meeting

SUMMARY

Subcommittee Members
Dr. Nilofer S. Azad, Chair
Dr. Francis Ali-Osman
Dr. Howard J. Fingert
Dr. Margaret Mooney, Executive Secretary
Other Participants
Dr. Chandrakanth Are, Board of Scientific Advisors (BSA)
Dr. Anna D. Barker, NCAB
Dr. Karen M. Basen-Engquist, BSA
Dr. Monica Bertagnolli, Director, National Cancer Institute (NCI)
Dr. John D. Carpten, Chair, NCAB
Ms. Andrea M. Denicoff, NCI
Dr. Luis Alberto Diaz, Jr., NCAB
Dr. Mark P. Doescher, BSA*
Dr. James H. Doroshow, NCI
Dr. Shelton Earp, BSA
Dr. Christopher R. Friese, NCAB
Dr. Paulette S. Gray, NCI
Dr. Dorothy K. Hatsukami, BSA
Dr. Amy B. Heimberger, NCAB
Dr. Electra D. Paskett
Dr. Nancy J. Raab-Traub (absent)
Dr. Susan Thomas Vadaparampil (absent)
Dr. Karen M. Winkfield
Dr. Scott W. Hiebert, NCAB
Dr. Michelle M. Le Beau, BSA
Dr. Ana Maria Lopez, BSA*
Ms. Anne Lubenow, NCI
Dr. Grace Mishkin, NCI
Dr. Karen M. Mustian, BSA
Dr. Lisa A. Newman, BSA*
Ms. Thu Nguyen, NCI
Dr. Raymond U. Osarogiagbon, BSA*
Mr. Ricardo W. Rawle, NCI
Dr. Leslie L. Robison, BSA
Dr. Cornelia M. Ulrich, BSA*
Ms. Joy Wiszneauckas, NCI
Dr. Amanda Cenname, The Scientific Consulting Group, Inc., Rapporteur

***pending appointment**

Welcome and Opening Remarks
Dr. Nilofer S. Azad, Professor of Oncology, Co-Director, Developmental Therapeutics Program, Co-Leader, Cancer Genetics and Epigenetics, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University

Dr. Nilofer S. Azad, Subcommittee Chair, welcomed the participants to the NCAB Subcommittee on Clinical Investigations (Subcommittee) meeting. She explained that the Subcommittee advises the NCAB on various clinical investigations, including trials focused on detection, prevention, diagnostics, management, and treatment. The Subcommittee is responsible for a broad range of concerns aimed at improving the investigation of cancer in humans. The Subcommittee advises the NCAB and the NCI on the NCI National Clinical Trials Network (NCTN) program. This year, a new request for applications (RFA) will be released for recompetition of the NCTN program. The NCI and NCTN leadership developed a detailed performance survey to assess the health and conduct of the NCTN program over the past several years to inform plans for the future.

Presentation on NCTN Performance Survey (March 2019 to July 2022)
Dr. Margaret Mooney, Associate Director, Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, NCI

Dr. Margaret Mooney, Subcommittee Executive Secretary, discussed the results of the NCTN performance survey. She noted that the NCTN was founded in 2014 to establish and support an infrastructure to harmonize processes and promote collaborations to reinvigorate NCI's clinical trials portfolio. The program objectives were to continue focusing on questions that are not well supported in a commercial environment, prioritize trials and incorporate innovative science and design into clinical trials, provide a functional platform to perform large-scale testing of small subsets of molecularly defined cancers and incorporate precision medicine trials into the portfolio along with trials in rare tumors, maintain a commitment to the conduct of trials in special populations, and emphasize late-phase clinical trials.

The NCTN is composed of several centralized functions, including an NCI Central Institutional Review Board, Cancer Trials Support Unit, Radiation Therapy and Imaging Core Center, NCI Disease Steering Review Committees, and Common Data Management system. Each NCTN Group has its own Lead Academic Participating Site (LAPS), Operations Center, Statistics and Data Management Center, and Tumor Bank.

In preparation for assessing the NCTN program for recompetition, a survey of key leaders in the NCTN and NCI Community Oncology Research Program (NCORP) was conducted. The survey provided input on current network performance. Participants included NCTN Group participants, LAPS principal investigators, NCORP principal investigators, and key administrators. The survey was open from July 25 to August 26, 2022. A total of 335 individuals responded to the survey, 254 of whom completed the survey in its entirety. Group affiliation, role, primary area of expertise, and primary area of disease were recorded among the respondents.

The survey results indicated that overall program satisfaction improved between December 2016 and August 2022. Respondents noted a need for improvement in several areas, including enrollment and retention of diverse patient populations, efficient completion of trials, and efficient activation of trials. Suggestions for increasing enrollment of diverse populations included supporting program development at sites where the most vulnerable patients are receiving care, helping sites that do not already have a robust research program by reducing the workload and amount of expertise required to conduct studies, standardizing processes and centralizing trials, reducing the amount of data required for collection, allowing wider parameter windows for followup, allowing more remote collection of data, and allowing standard-of-care aspects of a trial to be delivered within the community.

Suggestions for improving enrolling site experiences included reducing the strain imposed by complex systems and regulatory requirements and promoting greater consistency and a larger number of centralized resources. Studies increasingly are requiring more data, specimens, and reporting; assistance is needed to streamline these requests to make them more manageable for site research staff. Respondents noted the need for document aids (e.g., visit checklists or calendars, answers to frequently asked protocol-related questions, greater staff compensation, common guidelines).

Suggestions for streamlining and increasing collaboration for trial development included formalizing intergroup disease-based working committees, developing a system to recognize members of multiple NCTN Groups, holding regular intergroup meetings, continuing cultural changes to enhance collaborative interactions among Groups, and streamlining evaluation processes to encourage innovation and reduce risk. To increase communication and sharing of best practices, respondents suggested annual all-Group meetings to review current and upcoming trial portfolios and processes, provide mutual feedback, allow

Groups to showcase their work, and foster understanding among Groups. Respondents also provided feedback on how to improve opportunities for junior investigators. Their suggestions included limiting individuals to chairing only one study at a time, considering term limits for committee chair roles, and providing further guidance and mentorship.

Overall, respondents commented most frequently on funding. When asked about centralized services and administrative aspects of the NCTN, respondents expressed dissatisfaction with the proportion of funding for accrual, proportion of funding for collection of biospecimens, and proportion of funding for correlative science studies. Dr. Mooney explained that sites increasingly have needed to emphasize industry-sponsored studies over NCTN studies. Increasingly complex or nuanced studies in infrequently seen patient populations often are rejected by sites with limited resources because patient reimbursement rates are low. Even with centralized support, sites are less willing to participate in NCTN studies because they are required to cover the financial deficit incurred for screening, enrollment, management, and followup.

Some respondents expressed interest in more trials for common and early-stage disease areas. Respondents expressed differing opinions regarding the need for additional early-phase or late-phase trials. Dr. Mooney noted that needs differ based on the size and program needs of each site. A respondent commented that the NCTN portfolio should be managed to ensure a balance is established between large, straightforward trials and more complex trials.

New processes implemented during the COVID-19 pandemic include working with local health care providers to perform certain study activities, applying telehealth for study visits, shipping oral agents from sites to patients, obtaining consent remotely, conducting audits remotely, and allowing advanced practice providers to authorize study agent orders. Most respondents stated that they intend to continue these practices moving forward. They also suggested maintaining and expanding broadened eligibility, particularly in the areas of prior and concurrent malignancies, prior therapies, and laboratory reference ranges and test intervals.

Overall, respondents' feedback on the NCTN was positive. Major areas for consideration included funding for all elements of studies, addressing standardization and consistency, fostering collaboration, enhancing recognition, improving timely and efficient activation of trials, and continuing changes that were implemented during the pandemic. NCI's strategic vision for clinical trials in 2030 and beyond includes developing faster, simpler, and less expensive high-impact clinical trials that integrate seamlessly with clinical practice. Key areas include streamlining processes for trial design and execution, focusing on essential endpoints, decreasing regulatory burdens and broadening trial access, and increasing efficiency of data collection.

Dr. Mooney encouraged the Subcommittee to consider strategies to continue to improve satisfaction and manage critical funding concerns. She remarked that the qualitative feedback received through the survey is reflective of NCTN's progress. Sites are enrolling from multiple groups, and these sites now are providing suggestions on how to improve their experience. Instead of seeking significant changes to the overarching NCTN program, respondents requested more information, guidance, and opportunities to succeed within the program. Many respondents noted the need for greater communication and opportunities for meetings across Groups.

Discussion

Dr. Electra D. Paskett emphasized the importance of continuing to collect various parameters in research data (e.g., race, ethnicity, language spoken, immigration status, location, social determinants of health) because those parameters are vital to research outcomes. She noted that this point must be made clear in

discussions on data streamlining. In response to a question from Dr. Azad, Dr. Mooney explained that location and age both are collected in research but currently are not reported to the NIH. She noted that some of this information is sensitive but agreed on the importance of collecting relevant information on patient populations.

Dr. Ana Maria Lopez remarked that costs of trials often are underestimated. She suggested conducting research on this topic. She also noted that opportunities for partnership with primary care providers could be pursued. Dr. Anna D. Barker agreed on the importance of considering costs. She proposed performing a greater number of complex trials, which would reduce the number of overall trials and enable reimbursement at a greater rate. Dr. Mooney agreed on the value of prioritization and briefly outlined current efforts in this area.

Dr. Howard J. Fingert commented that private industry groups often are hesitant to collaborate or share resources with the NCI. He noted the need to better understand patient retention and adherence, particularly among diverse populations. He added that the burden of turnaround time in precision medicine must be considered; private corporations have made progress in this area.

Dr. Lisa A. Newman spoke on the importance of considering ongoing problems related to outreach to patients from diverse populations at the provider level.

Dr. Azad asked which of the comments potentially can be addressed in the new RFA. Dr. Mooney responded that the NCI currently is working to prioritize and streamline the requirements for data collection. Practices implemented during the pandemic can be continued and expanded to decrease costs. She also noted the need to increase data sharing and collaboration across the program.

Dr. Barker wondered about the development of budgets for increased reimbursement. Dr. Mooney responded that this topic has been considered in the past. Dr. Barker noted that an alternative funding model might be beneficial.

Adjournment

Dr. Azad thanked the participants and adjourned the meeting at 4:24 p.m. EST.

Dr. Nilofer S. Azad Chair	Date	Dr. Margaret Mooney Executive Secretary	Date