

Scientific Steering Committees Strategic Priorities

Overview

The NCI National Clinical Trials Network (NCTN) Working Group recommended in their final report to the Clinical Trials and Translational Research Advisory Committee (CTAC), [NCTN Working Group Final Report July 2014](#), that the Scientific Steering Committees (SSCs) increase their involvement in strategic planning and guidance for future trials in collaboration with the NCTN Groups, the NCI Community Oncology Research Program (NCORP) Research Bases and the NCI. To that end strategic priorities were formulated by the SSCs over the last year in conjunction with the NCTN disease committee leadership, NCORP representatives and NCI leadership overseeing the NCTN and NCORP programs. The objective was to set strategic priorities for NCTN therapeutic trials and NCORP symptom management and health related quality of life trials with the goal that, in the future, the majority of submitted concepts would align with the established priorities.

The SSCs were asked to develop strategic clinical trial priorities for each disease area covered by the steering committee. The definition of a strategic priority for this activity included:

- Area of unmet clinical need specific to the disease
- Important unanswered clinical question with regard to improving disease treatment
- Potential new approach to disease treatment
- Encompasses a wide range of potential trial concepts

Specific trial ideas, broad goals, trial design priorities, and translational research priorities were not part of the definition of strategic priorities.

The SSCs assessed the clinical trials within their portfolio to identify gaps and provide context for the identification of strategic priorities. The NCTN Groups/NCORP Research Bases presented their priorities to the SSCs emphasizing clinical importance, suitability for a federal clinical trials system, and feasibility. These priorities were discussed within the SSC to look for common themes across priorities, to determine if there were issues with any specific priority, and address any other relevant topics in response to the presented priorities. After the discussion the SSCs selected their top priorities in each disease area. For some SSCs, this was a single organ site (e.g, breast) whereas for others (e.g. GI) there were separate priorities for different organ sites. As a result, some SSCs have more priorities than others.

As we move forward, the NCTN Groups and NCORP Research Bases will be responsible for concept development within the priority areas. The SSCs will continue to evaluate all submitted concepts for scientific and clinical merit. Trial concepts outside the strategic priority areas will still be considered by the SSCs but may require additional justification. The priorities will be reviewed annually and are expected to change and adapt over time as needed in response to scientific advances and new knowledge. Additionally, the strategic priorities listed in this document have not been ranked; the numerical listing is solely for point of reference.