QOL/PRO Study Evaluation Guidelines

Purpose and Background

As part of its Prioritization and Scientific Quality Initiatives, the Clinical Trials Working Group (CTWG) of NCI recommended establishing a funding mechanism and prioritization process for essential correlative Quality of Life (QOL) studies that are incorporated into the fundamental design of a clinical trial. The objective of this initiative is to ensure that the most important quality of life studies can be initiated in a timely manner in association with clinical trials.

Quality of Life/Patient Reported Outcome (QOL/PRO) studies embedded in clinical trials often lead to scientific observations that validate targets, reduce morbidity, predict treatment effectiveness, facilitate better drug design, identify populations that may better benefit from treatment, improve accrual and retention, and ultimately lead to change in the standard of practice. Support for timely and important studies during the clinical trial concept development phase will ensure timely development of effective, informative and high impact clinical trials.

The primary purpose of this funding mechanism is to support QOL/PRO studies that are INTEGRAL to and/or INTEGRATED with clinical treatment trials conducted by NCI National Clinical Trials Network (NCTN) groups or NCI Community Oncology Research Program (NCORP).

QOL/PRO Studies

QOL/PRO studies must be part of the clinical trial design from the beginning (assessments conducted while the trial is open). They are intended to inform on treatment options and side effects by validating biological and functional clinical correlates.

Currently, DCP funds QOL/PRO components in disease treatment trials that obtain information for use in patient-physician decision making that help the patient prepare for and interpret the treatment experience, via DCP Cancer Control credits. Examples of this DCP support may include studies where differences between treatments in survival or other disease-related endpoints are expected to be minimal or when treatment arms represent very different treatment scenarios. Most QOL/PRO studies (which use previously validated instruments) should be submitted for Division of Cancer Prevention (DCP) Cancer Control credits. However, scientifically meritorious QOL/PRO studies may be considered for BIQSFP funding when the collection of data requires funding beyond the usual DCP Cancer Control credits. Both integral and integrated QOL/PRO studies are eligible for BIQSFP funding.

QOL/PRO assessments may include, but are not limited to qualitative data, toxicity impact, convenience, psychosocial outcomes, or function.

A. **Integral Studies** - Defined as QOL/PRO studies that must be performed for the trial to proceed. Integral studies are inherent to the design of the trial from the onset and must be performed in real time for the conduct of the trial**.** Integral biomarkers associated with QOL/PRO studies require a CLIA-certified lab. Studies that will be conducted in the future on stored data are **not** eligible for BIQSFP funding, except if the results are critical to the stated primary or secondary objectives of the trial. Integral studies have the highest funding priority.

   BIQSFP proposals for funding of **INTEGRAL** QOL/PRO studies must be submitted concurrently with the parent concept.

B. **Integrated Studies** – Defined as assessments/tests that are clearly identified as part of the clinical trial from the beginning and are intended to identify or validate assessments/tests that are planned

for use in future trials. Integrated studies in general should be designed to test a hypothesis, not simply to generate a hypothesis. The number of integrated tests/assessments performed should be sufficient to obtain scientifically valid outcomes during the trial and include complete plans for data collection, measurements, proposed cutpoints, and statistical analysis.

Real Time (RT) Integrated Studies -- Some integrated studies may require that tests/assessments be performed during the trial. This may include QOL/PRO assessments that require real-time PROs from the patient to measure treatment effectiveness, toxicity, family impact, or psychological outcomes. An example would be QOL/PRO studies to validate instruments in understudied populations, such as pediatrics and adolescent/young adults, experiencing disease or treatment related symptoms, such as chemotherapy induced peripheral neuropathy, fatigue, and pain.

Integrated RT studies should be submitted after the principal investigator (PI) receives notification by the CTEP or DCP PIO that the concept was approved, preferably within 3 months.

Non-Real Time (NRT) Integrated Studies -- Other integrated studies do not require real time PRO data collection or processing. Examples of a NRT integrated QOL/PRO assessment would be where the PROs are captured at the end of the trial, are batched for analysis, and are not used for eligibility, treatment assignment, or treatment management.

Integrated NRT studies will be accepted only after the trial has reached at least 75-percent of the protocol-specified accrual goal and no later than six months following the date of publication of an abstract or manuscript on the primary outcome results of the trial (whichever occurs first).

Criteria for Review of QOL/PRO Studies

Prioritization and evaluation criteria include:

- The proposal includes a letter from DCP indicating that the proposed costs exceed allowable DCP credits/resources and that DCP has agreed that the study should be considered for BIQSFP funding. DCP will provide this letter to the NCORP Research Base for the application.
- The potential to impact patient morbidity and quality of life with clinically meaningful benefit
- The potential to move science forward by adding critical knowledge
- The strength of the preliminary data supporting the hypothesis(es) to be tested and methods proposed
- A clearly defined process for data collection
- A statistical plan with adequate power for testing the QOL/PRO study hypothesis(es)
- Instruments are reliable, valid, and appropriate to the population of interest or are in the process of validation

It is not intended that any priority or particular level of merit is assigned to one criterion over another but rather the proposals are evaluated based on the totality of the information and strength of the data. Based on the strength of the information presented and your scientific judgment, you will be asked to rate your level of enthusiasm for the study on a five-point scale from High to Mild.

BIQSFP submissions should include a completed Study Checklist for each study. The completed Checklist should include a response to each element.

Please refer to the 2018 BIQSFP Guidelines *(https://www.cancer.gov/about-nci/organization/ccct/funding/biqsfp)* for additional program information.

Please complete and return the attached QOL/PRO EVALUATION TEMPLATE. Thank you.