1. Purpose

To establish and describe the Office of Sponsor and Regulatory Oversight's (OSRO) Center for Cancer Research (CCR) Investigators' Requirements policy.

2. Scope

2.1. OSRO in the Center for Cancer Research, National Cancer Institute (NCI) shall establish and control the policy.

2.2. Investigators, research team members and other departmental personnel when they are working on studies conducted under a CCR-held Investigational New Drug application (IND), Investigational Device Exemption (IDE), or Non-Significant Risk Device (NSR) or supported by a CCR-held Master File under OSRO oversight shall comply with the policy.

2.3. Limitations

2.3.1. This policy does not apply to personnel working on studies that are not under a CCR-held IND, IDE, or is an NSR device study and/or when no OSRO oversight or interdepartmental collaboration is required.

2.3.2. Nothing in this policy will supersede NCI, National Institutes of Health (NIH) or Health and Human Services (HHS) requirements.

3. Responsibilities

3.1. CCR Management is committed to providing resources for implementing the Investigators' Requirements policy and supporting its continual improvement.

3.2. OSRO personnel are responsible for understanding the Investigators' Requirements policy.

3.3. OSRO Sponsor and Regulatory Oversight Support (SROS) Contractor staff assisting OSRO are responsible for understanding the Investigators' Requirements policy.

3.4. The OSRO Director is responsible for establishing and maintaining the Investigators' Requirements policy.

3.5. OSRO is responsible for fulfilling all clinical trial sponsor obligations.

3.5.1. The OSRO Sponsor and Regulatory Oversight Support (SROS) Contractor assists OSRO as needed.

3.6. Investigators are responsible for complying with this policy.

4. References

4.1. ICH E6(R2) Good Clinical Practice: Integrated Addendum to ICH E6(R1) Guidance for Industry (FDA), March 2018

4.2. Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research, Report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, April 1979

5. Definitions

Refer to the OSRO Lexicon.

6. Policy

6.1. Investigator Responsibilities

6.1.1. Investigators will be qualified by education, training, and experience to assume responsibility for the proper conduct of the trial and will meet all the qualifications specified by applicable regulatory requirement(s).

6.1.2. The investigator will be aware of, and will comply with, Good Clinical Practice (GCP) and applicable regulatory requirements.

6.1.3. The investigator will comply with the signed and dated Statement of Investigator (Form FDA 1572) for IND trials or the Investigator Agreement for IDE or NSR trials.

6.1.4. The investigator will permit monitoring and auditing by OSRO or its designee, and inspection by appropriate regulatory authority(ies).

6.1.5. The investigator will not enroll any trial participants(s) into the trial before issuance of a Site Activation Notice by OSRO or its designee.

6.1.6. The investigator will not deviate from or make changes to the IRB-approved protocol without prior written IRB approval/favorable opinion of an appropriate amendment.

6.1.7. The investigator should ensure that all appropriate research staff members are listed of the Delegation of Authority log with delegated duties and are appropriately trained to assist in conduct of the study.

6.2. Medical Care of Trial Participants

6.2.1. The investigator will ensure that adequate medical care is provided to study participants for adverse events related to the trial.

6.2.2. The investigator will inform study participants when medical care is needed for an intercurrent illness of which the investigator becomes aware.

6.3. Communication with the Institutional Review Board (IRB)

6.3.1. Before initiating a trial, the investigator will have written and dated approval/favorable opinion from the IRB.

6.3.2. During the trial, the investigator will provide the IRB all documents subject to review.

6.3.3. At the completion of the trial, the investigator will provide the IRB with a copy of the OSRO protocol closure notification per applicable institutional requirements.

6.4. Communication with OSRO

6.4.1. Before enrolling trial participants, the investigator will have written and dated approval from OSRO or its desginee.

6.4.2. Before, during and at close-out of the trial, the investigator or other designated research site personel will provide all documents for review.

6.4.3. The investigator will communicate key/significant milestones, deviations, decisions (e.g. dose changes) or audit notices from non-NCI entities.

6.5. Compliance with Protocol

6.5.1. The investigator will conduct the trial in compliance with the IRB-approved protocol.

6.5.2. The investigator will not deviate from the protocol without approval by OSRO and prior review and documented approval/favorable opinion from the IRB of an amendment except where necessary to eliminate an immediate hazard(s) to trial subjects, or when the change(s) involves only logistical or administrative aspects of the trial.

6.5.3. The investigator, or person designated by the investigator, will document and explain any deviation from the approved protocol.

6.5.4. The investigator may implement a deviation from, or a change in, the protocol to eliminate an immediate hazard(s) to trial subjects without prior IRB approval/favorable opinion. Soon after and before continued enrollment, the protocol must be amended to include new safety information/risks corresponding to reported adverse event(s).

6.6. Investigational Product(s)

6.6.1. The investigator will be accountable for investigational product(s) at the trial site(s).

6.7. Informed Consent of Trial Participants

6.7.1. In obtaining and documenting informed consent, the investigator will comply with the applicable regulatory requirement(s) and will adhere to GCP and to the ethical principles that have their origin in the Belmont Report (Reference 4.2).

6.7.2. The investigator, or a person designated by the investigator, will fully inform the participant or, if the participant is unable to provide informed consent, the participant's legally acceptable representative, of all pertinent aspects of the trial including the written information and the approval/ favorable opinion by the IRB.

6.8. Records and Reports

6.8.1. The investigator will maintain adequate and accurate source documents and trial records that include all pertinent observations on each trial subject.

6.8.1.1. Source data should be attributable, legible, contemporaneous, original, accurate, and complete.

6.8.1.2. Source Location Record (SLR) must be completed and returned to OSRO or its designee.

6.8.2. The investigator should ensure the accuracy, completeness, legibility, and timeliness of data reported to OSRO.

6.8.3. The investigator will submit written summaries of the trial's status to the IRB.

6.8.4. The investigator will promptly provide written reports to OSRO, the IRB and, where applicable, the institution, on any changes significantly affecting the conduct of the trial, and/or increasing the risk to subjects.

6.9. Safety

6.9.1. All serious adverse events (SAEs) will be reported to OSRO within 24 hours of awareness except for those SAEs that the protocol identifies as not needing immediate reporting.

6.9.2. If a trial design includes a dose escalation, the dose escalation determination must be documented and provided to the sponsor prior to administrating the new dose.

7. Change Summary

Revision Number	Effective Date	Description of Change
1	26Aug2019	New Document
2	10JAN2022	Biennial review Step 2.2 – added Non-Significant Risk Device study Section 3 – updated responsibilities Step 3.4 – added Section 4 – added hyperlinks to references Step 6.1.3 – added Step 6.1.7 – added Section 6.4 – added Step 6.8.1.2 – added Step 6.9.2 – added Updated document language as required
3	19MAR2024	Biennial review Step 2.3.1 – clarified language Step 6.3.3 – added Step 6.9.1 – revised "immediately" to "within 24 hours of awareness"