

**UVM Cancer Center Protocol Submission Form**

**Section 1**

<b>Trial Sponsor:</b>		<b>Sponsor's Protocol #:</b>	
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<b>Full Trial Title:</b>	
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<b>Principal Investigator:</b>	
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<b>Sub-Investigator(s):</b>	
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<b>Affiliate Site Principal Investigator:</b>	
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<b>Will Use CTO Resources:</b>	<input type="radio"/> Yes <input type="radio"/> No
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<b>Primary TDT:</b>	<input type="radio"/> Breast <input type="radio"/> Cutaneous <input type="radio"/> Upper GI/HB <input type="radio"/> Lower GI <input type="radio"/> Gyn <input type="radio"/> Heme <input type="radio"/> Head & Neck <input type="radio"/> GU <input type="radio"/> Lung <input type="radio"/> Neuro <input type="radio"/> Sarcoma <input type="radio"/> Pediatric <input type="radio"/> Supportive Care/Survivorship <input type="radio"/> Endocrine
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<b>Associated TDTs Involved:</b>	<input type="radio"/> Breast <input type="radio"/> Cutaneous <input type="radio"/> Upper GI/HB <input type="radio"/> Lower GI <input type="radio"/> Gyn <input type="radio"/> Heme <input type="radio"/> Head & Neck <input type="radio"/> GU <input type="radio"/> Lung <input type="radio"/> Neuro <input type="radio"/> Sarcoma <input type="radio"/> Pediatric <input type="radio"/> Supportive Care/Survivorship <input type="radio"/> Endocrine
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<b>Clinical Research Category:</b>	<input type="radio"/> Interventional <input type="radio"/> Observational <input type="radio"/> Ancillary <input type="radio"/> Correlative
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<b>Primary Study Purpose Category:</b>	<input type="radio"/> Treatment <input type="radio"/> Diagnostic <input type="radio"/> Prevention <input type="radio"/> Screening <input type="radio"/> Supportive Care <input type="radio"/> Basic Science <input type="radio"/> Health Services <input type="radio"/> Device Feasibility <input type="radio"/> Other
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<b>Study Specific Category: To Guide Protocol Review</b>	<input type="radio"/> Investigator-Initiated Observational Study <input type="radio"/> Investigator-Initiated Ancillary or Correlative Study <input type="radio"/> Investigator Initiated Interventional Trial <input type="radio"/> NCTN Trial <input type="radio"/> Industry Sponsored Trial
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## Section 2 - Science, Recognition, and Alignment with UVM Cancer Center Goals

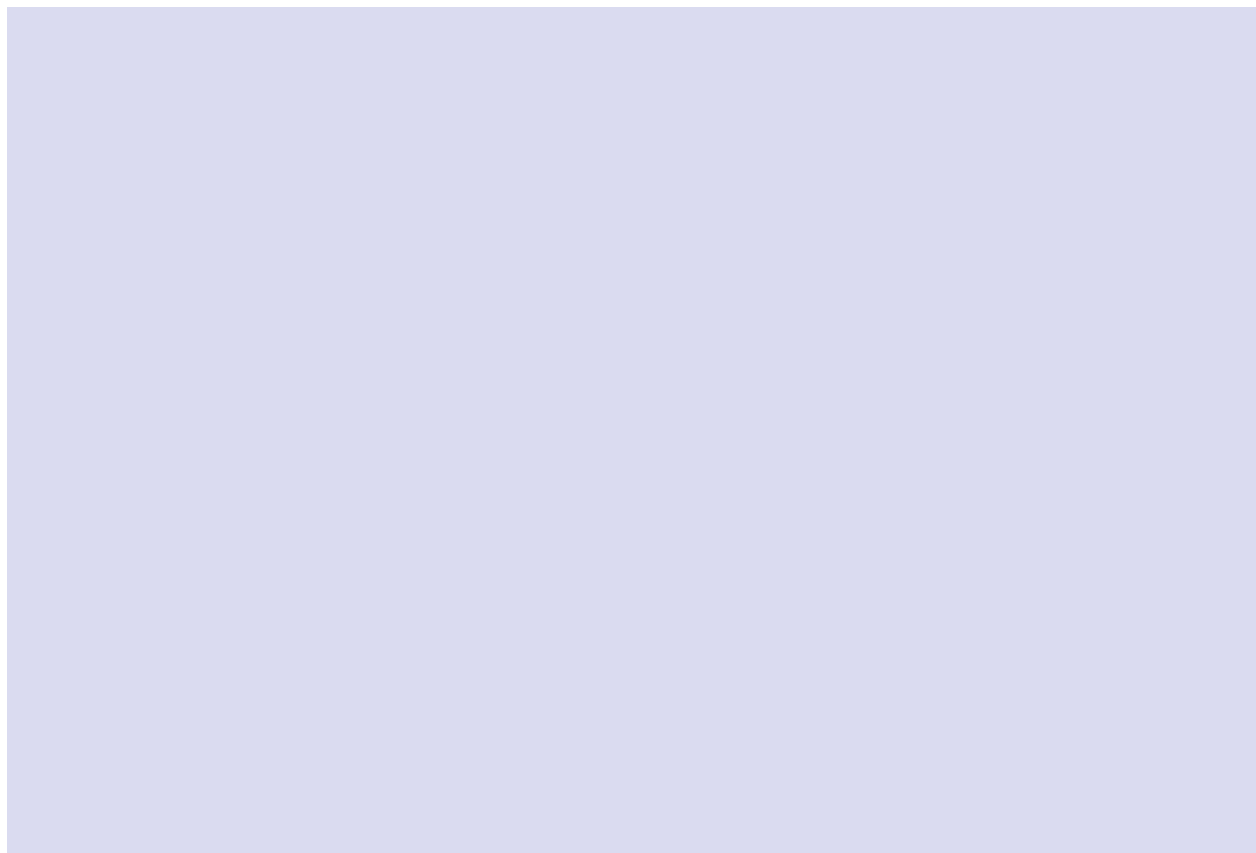
1. What preliminary data exists to support this study's aims and hypothesis/hypotheses?



2. Describe the patient population defined by the inclusion/exclusion criteria and describe any potential biases (e.g., age, sex, demographic data, disease state, etc.).



3. What is the predicted outcome (e.g., expected change in primary endpoint measure) and how might it impact future patient care?



4. Please document how your involvement as PI for this trial will provide scientific recognition/credit for you and/or the UVM Cancer Center and/or support UVM strategic goals. **Please check all boxes below that apply to this protocol:**

- Targets disease with no good standard of care options.
- Targets rare tumor/disease with unmet need (A **rare disease** is generally considered to be a **disease** that affects fewer than 6 per 100,000 people in the United States at any given time).
- Patient population for whom there is an unmet need.
- NCTN/Cooperative group trial.
- Based on UVM translational work.
- Authorship expected through involvement in the trial.
- Will provide pilot data for future grants.

Grant description, if known:

- Requested by Affiliate Site to meet credit requirements for NCTN participation.
- Other, and/or comments

## Section 3 - Trial Categories

**Investigator-Initiated Trial (IIT):**  Yes  No (If yes, answer questions # 1-7)

1.  Single site (UVMMC only)  Planned Multi-site

If Multi-site, please identify Potential Participating Sites:

2. Name of biostatistician providing consultation:

3. Investigator-Initiated at *another* Institution:

Yes, and the sponsor is:

No

4. Study-wide Planned Accrual at UVMMC:

5. Does this protocol involve the use of an investigational drug(s), device, or biologic(s)?  Yes  No

If yes: Drug name, biologic name, or device name:

IND/IDE #:

Please provide copy of the IND or IDE letter if you are the IND/IDE holder.

6. Specific Funding Source:

**NCTN Cooperative Group Trial:**  Yes  No (If yes, answer questions # 1-3)

1. # of patients enrolled nationally/study-wide to date:

2. Study-wide Accrual Goal:

3. Projected date of study closure based on accrual rate:

**Industry Sponsored Trial:**  Yes  No (If yes, answer questions # 1-4)

1. Has a Pre-study Site Selection Visit (PSSV) occurred with confirmation of site-selection?

Yes  No

2. Has a CTO Resource Allocation and Evaluation (RAE) review occurred with confirmation of approval? Yes No

3. # of patients enrolled to date study-wide:

4. Study-wide Accrual Goal:

5. Projected Date of Study Closure: