Ontario Cancer Research Ethics Board

OCREB Team

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Objectives

- Overview of OCREB as an REB and how we work
- Definitions of Lead Applicant vs Participating Site Applicant
- OCREB Review types and Review of some of the CTO application forms
- Q & A



What is OCREB?

- Centralized oncology-specific REB for Ontario; started in 2003
- Board Members are from across Ontario
- OCREB provides a single review of a study that can be conducted at multiples sites
- Studies are submitted to OCREB through an online system - CTO Streamline



Lead Applicant

Who can be Lead Applicant?

- A site is identified as a lead applicant after an agreement between PI & Sponsor
- First Ontario site ready to activate the study



Lead Applicant Responsibilities

- Lead Applicant will submit:
 - The initial study
 - Any changes to the study and study documents (i.e., study protocol, IB, consents, etc)
 - Study reportable events
 - Study ethics approval renewal



Study Wide Applications

- Clinical Trial Initial Application (CTIA)
 - Application with study specific information/questions (e.g. objectives, eligibility criteria, statistical analysis details, study procedures, etc.)
 - all study documents (protocol, provincial consent form, participant materials, IBs, Questionnaires, etc.)
 - CTIA <u>must</u> be signed by the PI at the initial submission; Delegated study staff can sign resubmissions



Study Wide Applications

- Study Wide Amendment (SWAM)
 - Updates to questions that are study-specific (e.g. objectives; eligibility criteria; statistical analysis details; study procedures; etc.)
 - Changes to study documents (consents; participant materials; IBs; Questionnaires; etc.)



Study Wide Applications

- Study Wide Reportable Events (SWRE)
 - Reportable events such as DSMB/C and IA results
 - Any new information that would impacting the overall conduct of the study or cause the sponsor to modify study documents Safety Notice/Report)
- Study Wide Continuing Review (SWCR)
 - SWCR must be submitted once per year to ensure continuous ethics approval of the study



Participating Site Applicants

- Any Centre or site in Ontario that would like to conduct the study (including the Provincial applicant site)
- 1st step > Centres must submit a Participating Site Initial Application (PSIA) any time <u>after</u> CTIA is approved
- Once the PSIA is approved, an approval letter will list all provincially-approved documents (consents, protocol, IBs, participant materials, etc.)
- Same version dates for all study documents (including consents) are used at all sites



- To submit Site-specific information:
 - Confirm standard of care at the centre
 - Describes conduct of the study at the site: consenting process; recruitment processes, etc.
 - Privacy policies/identifiers
 - Conflict of interest declarations
 - Reimbursements
 - Plan to disseminate of study results



Participating Site responsibilities

- Submission of <u>participating site-specific</u> <u>applications</u>:
 - Participating Site Initial Application (PSIA): Initial application to join a provincially approved study
 - Reportable Events (PSRE): Local SAEs, privacy breaches, protocol deviations
 - Participating Site-Specific Amendments (PSAM):
 Change in centre PI; centre-specific recruitment materials;
 - Participating Site Continuing Review (PSCR):
 Annual centre renewals



Study Wide vs Participating Site

Activities/Responsibilities	Study Wide	Participating Site
Approval	Study is ethically sound; study is REB-approved in Ontario	Study can now be conducted at the site
Initial application	YES	YES
Amendment application:		
Protocol changes	YES	-
Consent changes	YES	-
Translated materials	YES	-
Updated IB	YES	-
Change in PI	YES	YES
Change in reimbursement		YES
Change in consenting process		YES



OCREB study reviews

- Full Board vs Delegated review
- Examples of applications reviewed by OCREB



Full Board Review

- Clinical Trial Initial Applications (CTIAs) OR;
- Any changes to a study that increases the risk for participants
- OCREB FB meetings > held on the 2nd Friday of each month
- Board members are from across Ontario
 - Scientific members including oncologists and statisticians
 - Clinical trial staff
 - Bioethicists and lawyers
 - Community



Full Board Review - CTIA

Submission Deadline (12pm on the following days)	Meeting Date	Meeting Capacity for Initial Applications (CTIAs)	Continuing Reviews for Studies Expiring
Tuesday, February 25, 2025	Friday, March 14, 2025		March 14 to April 10
Tuesday, March 25, 2025	Friday, April 11, 2025	0	April 11 to May 8
Tuesday, April 22, 2025	Friday, May 9, 2025		May 9 to June 12
Tuesday, May 27, 2025	Friday, June 13, 2025		June 13 to July 10
Tuesday, June 24, 2025	Friday, July 11, 2025		July 11 to August 7
Tuesday, July 22, 2025	Friday, August 8, 2025		August 8 to September 11
Tuesday, August 26, 2025	Friday, September 12, 2025		September 12 to October 9
Tuesday, September 23, 2025	Friday, October 10, 2025		October 10 to November 13
Tuesday, October 28, 2025	Friday, November 14, 2025		November 14 to December 11
Tuesday, November 25, 2025	Friday, December 12, 2025		December 12 to January 8
Tuesday, December 9, 2025*	Friday, January 9, 2026		January 9 to February 12
Accepting applications 🚺 Nearing	capacity 🕐 At full capacity, no longer	accepting applications * Modified to accom	nmodate the holiday schedule



Full Board Review - CTIA

- Goes to a Full Board Meeting
- Review letter and consent revisions sent back to the lead applicant
- OCREB review letter notification from system access under 'History' tab
- Response re-submitted by lead applicant
- OCREB final review and APPROVAL



Full Board Review – Pl Response to OCREB

- To create PI response, copy and paste the questions and provide a response to <u>each</u> question
- For application questions, letter should confirm changes were made & application form should be revised as requested



Example of PI Response Letter

This letter serves as a response to the OCREB review letter sent on XXXXX, for the CTO Project ID:XXX sponsor study ID XXXX

Required Modifications:

1) Section 2.12 - Please confirm if GMALL is offered in Ontario as standard of care for this participant population. If GMALL is not considered SOC in Ontario, please remove all reference to this regimen from the ICF, and revise response in this Section accordingly.

Response: I confirm that both HyperCVAD and GMALL regimens are offered in Ontario as standard of care for this patient population. As discussed during the call with Sponsor and OCREB, several participating sites located in Ontario have chosen to offer GMALL as their SOC for this study.

2) Section 2.18 - As tumor imaging may be done as per Schedule of Activities, please also select "Radiation"

Response: Provincial initial application has been revised. The imaging performed in this study is as follows: 1) ECHO or MUGA; 2) Ultrasound, CT scan, or MRI of liver (to identify hepatic stenosis); 3) Imaging assessments to be conducted per SOC (i.e.: PET, CT) in case of suspicion for extramedullary disease. Therefor, while the imaging being performed is not necessarily of the tumor itself, radiation may be applicable given the imaging assessments described (ECHO. MUGA. Ultrasound. CT. MRI. PET).

8) Section 7.9 - Please select NO, this is referring to secondary database aside from those that have been listed in Section 7.9.1

Response: Provincial initial application has been revised



CTIA Re-Submission and PI Response Letter

■ SECTION 1.0 – GENERAL INFORMATION

1.0 *Is this a resubmission in response to a request from the Research Ethics Board to make changes to your application?



HELP TEXT: If this is the FIRST TIME this application is being submitted please select "No". If this is a re-submission for modifications requested by the REB please select "Yes".



CTIA Re-Submission and PI Response Letter

SECTION 10.0 - RE-SUBMISSION INFORMATION

- 10.1 Upload Provincial Applicant Response to REB request for modification letter (if applicable): Upload Document - Document Type: Response to REB letter
- 10.2 If changes have been made to a previously submitted consent/assent form at the request of the REB, please upload <u>track-changes</u> versions of all proposed consent and/or assent <u>form(e.g.</u> screening, main, optional), if applicable:

Upload Document - Document Type: Track Changes Version Document

- 10.3 Upload any additional materials requested by the REB (if applicable): Upload Document - Document Type: Other materials
- 10.4 Please provide any additional comments for the REB to consider (if applicable): Click here to enter text.



CTIA - Approval

- Study is ethically sound and approval criteria have been met (i.e. risks to participants are minimized; risk-benefit ratio is acceptable; participant selection is equitable; free and informed consent is sought; research plan is adequate as far as data monitoring, data protection and confidentiality, etc.)
- Study <u>CANNOT</u> be conducted at any site yet
- A site or Centre in Ontario who would like to conduct the study needs to submit a Participating Site initial application (PSIA) and obtain PSIA approval



Full Board Review – Study Wide Amendment

- SWAMs receive either Full Board or Delegated Review
- <u>FB SWAMs:</u> Amendments that increase the risk to study participants (i.e., addition of a new cohort, new significant tissue samples are being collected, IB has significant change in risks, or moving from dose escalation to dose expansion for Phase 1 trials)



SWAMs - When a study has <u>active participants and</u> consent changes are made:

- Consent Update Form is required if amendments include changes to the ICF and there are currently enrolled participants
 - A Consent Update Form outlines any relevant changes made to the Main ICF that would affect currently enrolled participants
- Should follow OCREB template
- Should only include relevant new information



Consent Update Form

- How to communicate this new information in the consent update is Sponsor/PI driven
- OCREB may ask for changes/clarification
- Several options:
 - Q# 5.11: Describe how this information will be communicated to participants who are currently enrolled in the study and receiving study treatment or intervention: choose one of the following options:
 - •Contact participant (via phone) to provide new information orally (using the approved consent update form). Document in health record. At next visit, provide consent update form and obtain signature
 - At next visit, provide consent update form and obtain signature
 - •At next visit, provide consent update form. Document in health record.

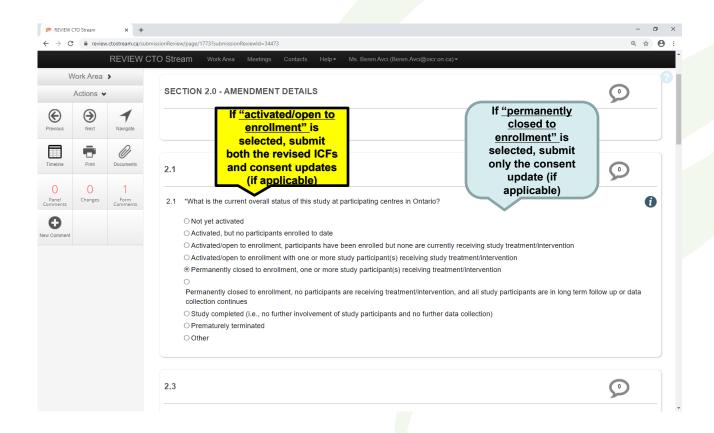


Consent Update Form

- Q# 5.12: Describe how this information will be communicated to participants who are currently being followed for the purposes of the study but are no longer receiving study treatment or intervention: choose one of the following options:
 - •Contact participant (via phone) to provide new information orally (using the approved consent update form). Provide consent update form at next visit.
 - •Contact participant (via phone) to provide new information orally (using the approved consent update form). Document in health record. Mail the consent update form (if no further visits are scheduled) and confirm receipt.
 - •At the next visit, provide consent update form. Document in health record.
 - •Mail consent update form. Document in health record. Confirm receipt at next visit.



Study Wide Amendment Form: Study Status





Study Wide Amendment Approval

- Applies to all participating sites
- Participating site amendments are NOT required
- For consents: same process as with initial approval sites 'adopt' the Study wide approved template



Delegated Reviews

- Delegated review:
 - Research projects that involve no more than minimal risk
 - Minor or minimal risk changes to approved research
 - Continuing review of approved minimal risk research
 - Changes to consent documents that do not affect the rights and welfare of research participants or involve increased risk, or affect data integrity, or require significant changes in research procedures
 - Reportable events, including adverse events and safety updates such as reports from Data and Safety Monitoring Boards



Delegated Reviews

- Application types
 - Participating site initial application
 - Study wide and Participating site Amendments
 - Study wide and Participating site Reportable Events
 - Participating site Continuing Reviews



Investigators & Research Teams



List of Studies and Participating Study-Centres

· For a list of active studies, please contact one of the OCREB office personnel.

Annotated Versions of the CTO Stream Application Forms

To assist Applicants with the interpretation of the questions in the CTO Stream Application Forms, OCREB has prepared application forms with notes or comments added to explain many of the questions:

- CTO Provincial Initial Application (PIA) Annotated Application 20-Apr-2021
- CTO Centre Initial Application (CIA) Annotated Application Form 14-Dec-2023 **REVISED**
- CTO Provincial Amendment (PAM) Annotated Application Form 22-Apr-2021
- CTO Centre Amendment (CAM) Annotated Application Form 10-Mar-2021
- CTO Provincial Reportable Event (PRE) Annotated Application 20-Apr-2021
- CTO Centre Reportable Event (CRE) Annotated Application Form 10-Mar-2021
- CTO Provincial Continuing Review (PCR) Annotated Application 20-Apr-2021
- CTO Centre Continuing Review (CCR) Annotated Application Form 10-Mar-2021
- CTO Provincial Study Closure (PSC) Annotated Form 20-Apr-2021
- CTO Centre Study Closure (CSC) Annotated Application Form 10-Mar-2021

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Participating Site Initial Applications Remote Consent

SECTION 4.0 - INFORMED CONSENT INFORMATION

Provincial/CHEER (study-wide) information: Questions 4.1.1 - 4.1.2 below reflect information that has previously been provided to the REB and is here for reference purposes only.

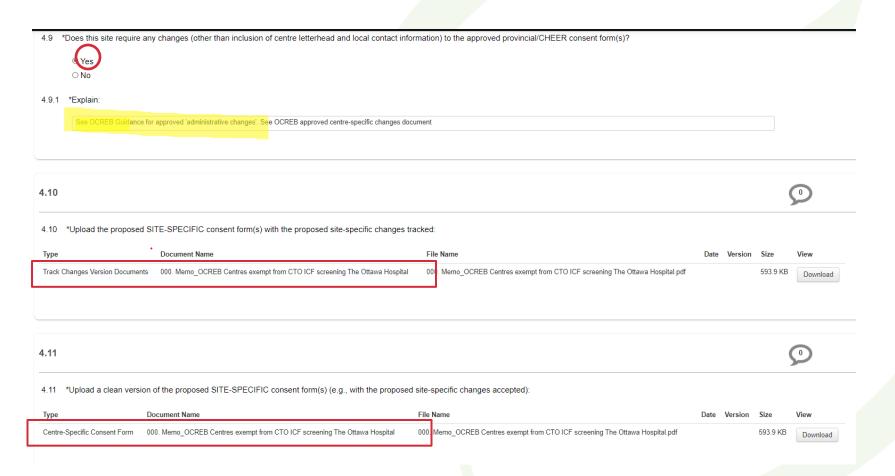
- 4.1.1 *Is a waiver of the requirement to obtain informed consent being requested for this study?

 ☐ Yes ☐ No
- **4.1.2** *A waiver of the requirement to obtain informed consent is being requested for:
 - □ All participants
 - ☐Some participants
 - If 'Some participants':
 - **4.1.2.1** *Describe the participant population for whom you are seeking a waiver and justify why the REB should consider a waiver of consent: Click here to enter text.

If 'No' to question 4.1.1, questions 4.2-4.4 appear:

- *Describe the initial consent process, including how much time potential participants and/or substitute decision makers (SDMs) will be given to review the information before being asked to give consent: Click here to enter text.
- **4.2.1** *Who will be explaining the study and/or treatments to the potential participants? Click here to enter text.
- **4.2.2** *Will there be opportunity for participants and/or substitute decision makers (SDMs) to discuss the study with family members or others before signing the consent form? Describe the environment and location where consent will be obtained? Click here to enter text.







Study Information and Informed Consent Form Αı Study Title for Participants: (Insert Lay Title here) Official Study Title for Internet Search on http://www.ClinicalTrials.gov: (Insert Study Number, "Insert Official Study Number,") þ¢ Title") tion Trial Code/study #: (insert here) Study Doctor: Dr. ator Sponsor: (Sponsor name) ice to If an REB approved French consent is not used at your institution remove this statement. Le formulaire de consentement est disponible en français sur demande. ne A 24-7 phone number is required for studies that include greater than minimal risk research procedures or interventions. EMERGENCY contact number (24 hours/day 7 days/week):

Non-Emergency contact numbers are at the end of this document in the "Where can I get more information?" section.



	conal Health Information will be SENT TO or COLLECTED BY or the purposes of this study (select all that apply)?	
None, study participant ID only	it the purposes of this study (select all that apply):	
□Full name		
☐ Full initials	<- responses pre-populate from the P	PIA.
☐ Partial initials	a cop care part propriate as a case as a	
N ull date of birth		
☐ Partial date of birth	6.2 *As per institutional privacy policie	s, which of the identifiers that were approved provincially/CHEER
☐ Full date of death		tion 6.0) are you authorized to disclose on the study data collection
Partial date of death	tools leaving the institution?	tion of of the you dutionized to disclose on the study duta concention
□Age	_	
□Sex and/or gender	□None, study participant ID only	
☐ Full postal code ☐ First 3 digits of postal code	□Full name	
Pathology specimen number	☐ Full initials	
☐ Medical device identifier	☐ Partial initials	OC 2. (NEW)
☐Admission date	☐ Full date of birth	Q6.2: (NEW)
☐ Discharge date	artial date of birth	Please select what identifiers your site will be collecting and disclosing outside the institution for study purposes, and as per
☐ Medical record number	□ Full date of death	your institutional policies. If the response or the identifiers chosen
☐ Health card number		here DO NOT match the identifiers approved at the Provincial level (
☐ Driver's license number	☐ Partial date of death	as noted in Q#6.0), then please also select: OTHER, and specify in
□Address	□Age	Q#6.2.1 what identifier/s is/are collected and provide an
☐Telephone number	☐Sex and/or gender	explanation for the discrepancy
Fax number	☐ Full postal code	
	☐ First 3 digits of postal code	
	☐ Pathology specimen number	
	☐ Medical device identifier	
	☐ Admission date	
	☐ Discharge date	
	☐ Medical record number	
	☐ Health card number	



does not permit full PHI leaving
Ontario Cancer Research Ethics Board

Ontario Cancer Research Ethics Board...
safeguarding the rights and well-being of cancer research participants

*Will study participants and/or substitute decision makers (SDMs) be provided with compensation or reimbursement in a different amount or method than that described in the Provincial Initial

Application/CHEER Initial Application?

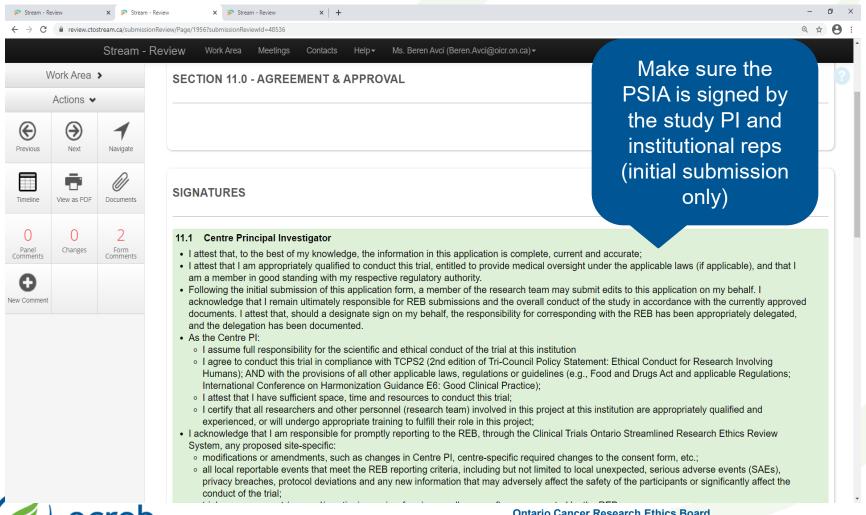
Yes No (NEW) 8.1 Please always respond YES here

If 'Yes':

8.1.1 *Please Describe: Click here to enter text.

(NEW) 8.1.1: Provide details on how your participants will be reimbursed, including what they will be reimbursed for; approximate \$\\$ amount that may be provided and any other information that will be added to the Compensation/reimbursement section of your Centre consent form. If no reimbursement is provided, then please indicate that the template statement ('You will be reimbursed for...) will be removed from the Centre consent.



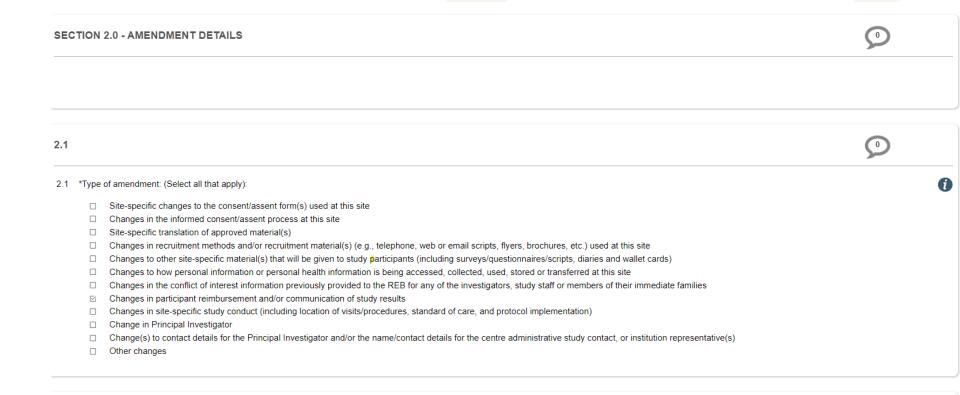


Delegated Study Wide Amendment

2.3	*Which of the following changes are included in the Amendment(s) (select all that apply):
	☐ Changes to the protocol
	☐ Changes to biological specimen collection/use
	\square Changes to the consent form(s), assent form(s), debriefing material(s)
	☐ Changes to participant materials (such as study instruments/questionnaires, recruitment
	materials, participant diaries, wallet cards, etc.)
	□Updated/new Investigator Brochure (IB) or Product Monograph (PM)
	☐Translation of approved materials
	\square Change to the data collected and/or how data is accessed, collected, used or stored
	\square Changes in study funding, participant compensation/reimbursement, provision or access to
	product(s)/device(s), and/or financial pressure(s)/incentive(s)
	☐ Change/updates relating to the communication of results
	☐ Change in clinical trial registry information
	☐ Change in US regulatory information
	☐ Change(s) to Provincial Applicant or Provincial Co-Applicant; and/or change in study information
	(i.e., study title, study acronym/nickname/short name, sponsor's study ID)
	New information about a refusal to approve the study by another REB



Delegated Participating Site Amendment





Study Wide Reportable Events

- The Researcher is also responsible for submitting to OCREB other types of reportable events
 - DSMB/C Reports
 - Safety notice or action letter that would cause the sponsor to modify the research and/or study documents
 - A change to the research that was initiated without prior REB review to eliminate an apparent immediate hazard to a research participant



Participating Site Reportable Events

Reportable Event Information:

☐ Audit/inspection report

1.4	*Type of Event
	☐Local (Internal) serious adverse event (SAE)
	☐ Protocol deviation/violation
	☐Privacy breach

A <u>local SAE</u> is considered reportable by a centre, when the SAE meets <u>ALL</u> the following criteria:

- 1) Event is serious
- 2) Event is unexpected
- 3) Event is related to participation in research
- 4) Event suggests that research puts participants at higher risk

A <u>protocol deviation</u> is considered reportable by a centre, when <u>ANY</u> of the following criteria are met:

- 1) Eligibility Waiver
- 2) Increased risk or possibility of risk for the research participant(s)
- 3) Compromises the scientific integrity (e.g., study validity or data)
- 4) OTHER, Specifically, a deviation in the consenting process (i.e., incorrect version date of the ICF used)



Other Resources

https://ocreb.ca/

https://ocreb.ca/about-ocreb/investigators-research-teams/



Q&A

