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Audit Committee

POLICIES and PROCEDURES
FRED & PAMELA BUFFETT CANCER CENTER

Revised: Version 7.0, dated June 1, 2021

CONTACT INFORMATION

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PRMS/CPDMU OFFICE WEBSITE

http://www.unmc.edu/cancercenter/clinical/prms.html

SEARCHABLE WEBSITE OF ACTIVE CLINICAL TRIALS

http://net.unmc.edu/ctsearch/index_unmc.php

PRMS OFFICE EMAIL

prmsoffice@unmc.edu

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Changes from Version 6.0 dated December 20, 2018 to Version 6.2 dated September 2, 2019

1. Section II, Protocols Reviewed by the Audit Committee
2. Section III, Audit Review Process: New Clinical Research Study Submissions
3. Section III, B, Results of New Clinical Research Study Submissions
4. Section III, D, Audit Frequency
5. Section III, D, 1. For Cause Audit
6. Section IV, A Methods
7. Section IV, B Decline to Review

Changes from Version 6.2, dated September 2, 2019 to Version 7.0, dated June 1, 2021

1. Section I, D, Meeting Schedule
2. Section II, B, Protocols not Audited
3. Section III, B, Study Staff
4. Section III, C, New Clinical Study Submissions
5. Section III, F, Audit Timeline

Key

PRMS – Protocol Review and Monitoring System
AC – Audit Committee
DSMC – Data and Safety Monitoring Committee
FPBCC – Fred & Pamela Buffett Cancer Center
PI – Principal Investigator
IIT – Investigatory-Initiated Trial
IRB – Institutional Review Board
NCI – National Cancer Institute
CTRS – Clinical Trials Regulatory Specialist
SRC – Scientific Review Committee
CRFs – Case Report Forms
EDC – Electronic Data Capture
DSMP – Data and Safety Monitoring Plan
RFC – Request for Change
EDC – Electronic Data Capture
IA – Interim Analysis
IR – Interim Review
AE – Adverse Event
SAE – Serious Adverse Event

I. ADMINISTRATIVE POLICIES AND PROCEDURES

A. PURPOSE

The Fred & Pamela Buffett Cancer Center Audit Committee (AC) performs audits and provides oversight on all Fred & Pamela Buffett Cancer Center (Cancer Center) Investigator-Initiated Institutional (IIT) clinical trials with UNMC as the study source (i.e. Sponsor). The AC assures compliance with Institutional, National Cancer Institute (NCI) and Federal regulatory guidelines, as well as confirmation of subject eligibility, adherence to treatments, appropriateness of adverse event monitoring and reporting, and adequacy of subject follow-up as stipulated in the protocol.

B. MEMBERSHIP & LENGTH OF TERM

The Associate Director of Clinical Research appoints the Chair and members to the committee for a renewable three-year term. The AC consists of at least three UNMC Cancer Center members.

- Administrative Support: The AC is supported by the Cancer Center's Protocol Review and Monitoring System (PRMS) Office staff.

C. QUORUM

The number of AC members required to be present at any regularly scheduled Audit meeting in order to transact business shall be two (2) members. Those present must include at least: the Chair, or their designee; and one (1) M.D.

D. MEETING SCHEDULE

The AC meets monthly on the first Tuesday of the month to review new projects and audited studies. A list of scheduled meetings and audit submission deadlines are available on the PRMS website at http://www.unmc.edu/cancercenter/clinical/prms.html.

E. ROLES & RESPONSIBILITIES

Chair

- Chairs monthly AC meetings.
- Reviews Audit Reports
- Reports to the Associate Director for Clinical Research and to the Director of the Cancer Center.

PRMS Office Staff

- Develops the annual audit schedule.
- Sends notification of the upcoming audit to the PI and Study Coordinator.
- Selects at least ten (10) percent of the total eligible subjects audited during each scheduled audit.
- Makes necessary accrual updates and corrections in the PRMS database.
- Prepares AC meeting Agenda.
- Delivers AC packets via email or paper copy.
- Records meeting minutes.
- Generates correspondence for signature by the Chair or Acting Chair and distributes signed correspondence to investigators following the AC's review.
- Ensures adherence of AC formats in submissions and supporting documentation.
- Maintains data on clinical research study/ies reviewed by the AC in the PRMS database and in electronic and paper files.
- Orients new members to AC policies and procedures.
- Ensures a copy of the current AC Policies and Procedures is available at meetings.
- Reports to the Associate Director for Clinical Research and to the Director of the Cancer Center.

- Attends all Site Initiation Visits for UNMC IITs.
- Generates a study-specific audit report to use in performing the audit
- Reviews all study-specific source documentation including CRFs.
- Completes the audit report form.
- Notifies the Study Coordinator and/or Data Manger of any deficiencies found that may be addressed and/or corrected by study staff prior to the AC meeting.
- Discusses the audit findings and any deviations in protocol with the PRMS Administrator prior to the monthly meeting.
- Coordinates AC meetings.
- Answers any questions the committee may have regarding the audit report.

II. PROTOCOLS REVIEWED BY THE AC

A. PROTOCOLS AUDITED

All treatment intervention cancer studies *Sponsored by UNMC* (including Children's Hospital and Medical Center) classified by the SRC as Investigator-Initiated Institutional OR Multi-site Investigator-Initiated Institutional *and* are not monitored by an external review body are audited by the committee.

B. PROTOCOLS NOT AUDITED

All treatment-intervention cancer studies classified by the SRC as EPR-Non Institutional, National Cooperative Group (NCG), or Industrial and are monitored by an external review body, such as the Industrial study source (i.e. Sponsor) or its designee, or by an NCI-funded cooperative group are not audited by the committee.

Investigator-initiated observational or supportive care, are not audited by the committee. Any IIT submitted to the Audit Committee with these classifications will be administratively reviewed by the CTRS and the AC Chair. A formal letter will be sent to the PI as notification the trial will not be audit by the UNMC AC.

III. AUDIT REVIEW PROCESS

A. AUDIT DEFINITION

Auditing is a systematic and independent examination of trial related activities and documents. It determines whether the evaluated trial related activities were conducted, dates recorded, analyzed and accurately reported according to the protocol, sponsor's SOPs, GCP, and the applicable regulatory requirements. It is a snapshot in time, an on-site process, and consists of reviewing a subset of patients/study participants on a trial.

B. STUDY STAFF DEFINITION

Study Staff includes the Principal Investigator, Project Manager, Nurse Coordinator and Data Coordinator.

C. NEW CLINICAL RESEARCH STUDY SUBMISSIONS

New cancer related clinical research study/ies must be submitted for review to the SRC, as outlined in the SRC policies and procedures. Clinical research study/ies requiring audit by the AC will be forwarded to the AC for initial review by the PRMS Office.

The AC will review the study, with a specific focus on the paragraphs pertaining to the Auditing and/or Monitoring Section 9 in the Cancer Center SRC protocol format. The AC will communicate recommendations regarding changes to the Auditing section of the study, directly pertaining to audit, to the PI in writing. The AC will also report its recommendations to the SRC Chair, and the SRC will incorporate these recommendations into the SRC review process.

The PRMS Office offers a pre-review for New Investigator-Initiated Projects. The project manager may submit the new IIT within a minimum of 14 days prior to the regularly scheduled deadline. The PRMS Office will then review for the minimum requirement to be approved by the Audit Committee. Including a review of Section 7.0 Study Parameters.

Submissions to the AC and SRC should be made directly to the PRMS Office (prmsoffice@unmc.edu).

1. Results of New Clinical Research Study Submissions
    1. Full Approval – Audit language is accurate.
    2. Conditional Approval – Changes required to audit language section of the protocol
    3. Decline to Review – The PRMS Office maintains the right to decline to review a New Project if the minimum requirements are not met on the initial submission.
    4. Audit Not Required – The Committee has decided the study does not meet the requirements for semiannual audit.

New projects, submitted as Investigator-initiated observational or supportive care, will be reviewed by the Chair. The Chair will determine:

1. the study should be reviewed by the full-committee
2. the study does not meet the requirements for audit and is approved pending review by the full committee at the next scheduled meeting.

D. SUBJECTS AUDITED

All subjects consented at UNMC and/or its Associated Locations to a treatment intervention study sponsored by UNMC and approved for Audit by the Audit Committee are audited by the FPBCC AC.

E. AUDIT FREQUENCY

Investigator-Initiated, Multi-Center or Other Externally Peer Reviewed protocols are audited at least semiannually, with a minimum of 10% of eligible subjects being reviewed. Each Subject is audited only once, unless the AC votes to review all subjects enrolled to a study.

Any cancer related study with UNMC as the sponsor and involving human subjects may be audited at any time by the UNMC AC. This includes Multi-site studies with UNMC as the sponsor. The AC may request the UNMC Regulatory Specialist audit a randomly selected subject from any participating site.

If significant concerns are documented and are thought to compromise the safety or scientific integrity of the study (e.g. failure to comply with the approved protocol guidelines regarding adverse event reporting, eligibility criteria, stopping rules, quality of data collection, etc.) the Associate Director for Clinical Research or the AC may require a special audit (For Cause Audit) of any or all eligible subjects on the study. In such cases, the DSMC, SRC, and IRB are notified.

1. For Cause Audit

The PRMS Office may recommend to the AC a For Cause Audit be completed on any study in which multiple deviations, violations, missing/questionable data or safety issues have arisen while performing a routine audit.

A For Cause Audit involves the review of all subjects (or a specific number of Subjects determined by the AC) consented to the study. The For Cause Audit may be for the overall study including all sites or may be site specific.

For Cause Audit results are reported to the AC, DSMC, SRC and IRB.

F. AUDIT TIMELINE

The Clinical Trials Monitoring System (CTMS) randomly selects at least ten (10) percent of the eligible subjects accrued to be audited. The Regulatory Specialist will send the notification of the scheduled audit to the PI and the Study Coordinator identifying the specific subject(s) to be audited. A response deadline of five (5) business days from the date of notice is provided for any updates or corrections with the following information (if applicable):

- Off study dates
- Eligible/ineligible status
- Withdraw or drop out

Source documentation NOT available in the UNMC EMR must be submitted to the PRMS office by the deadline provided by the Regulatory Specialist. Including any deviations or non-compliance submissions to the IRB and any SAEs submitted to the DSMC.

Once an audit is complete, the study staff is notified of any Deficiencies discovered during the audit process. Although the deficiencies are listed on the Audit Report, study staff are permitted five (5) business days to correct any lesser deficiencies prior to the AC meeting.

The Audit report will be compiled from the audit and responses to audit findings received from study staff. Audit packets including the AC Agenda, Minutes from the previous month, Minutes from the SRC, discussion items and New Protocols are distributed to and reviewed by the AC Members prior to the scheduled monthly meetings. At the scheduled meetings, the AC will decide what action, if any, needs to be taken on the results of the audit. The Regulatory Specialist will draft the audit findings letter based on the AC's decision. If a response is required from the PI based on the AC's decision, a response must be received in the PRMS Office no later than 14 days from the date of the AC review.

IV. AUDIT PROCEDURES

A. METHODS

Subjects are selected at random from all eligible subjects enrolled and not previously audited on studies' scheduled for audit. Study related source documents containing subject identifiers and case report forms (CRFs) are reviewed and evaluated for the following criteria:

- Informed Consent
- Eligibility
- Correct treatment and treatment sequence
- Study procedures performed according to protocol
- Concomitant medications recorded per protocol
- Reporting of adverse events related to treatment/toxicity
- Data Quality

A subject-specific audit summary will be completed with each criteria listed above given a final grade and with any major deviations explained in detail.

Please note: *All CRFs reviewed for the audit must be labeled data entry complete by the submission deadline. Failure to mark the forms complete, will result in a decline to review by the PRMS Clinical Trials Regulatory Specialist.*

B. DECLINE TO REVIEW

The UNMC Regulatory Specialist and/or AC reserve the right to decline to review any submission that does not meet the minimum requirement for review. In the case that the UNMC Auditor and/or AC declines to review a submission, the PI and Study Coordinator is notified of this decision, along with a deadline for re-submission. If the re-submission of subject information still does not meet minimum requirements, the AC will refer to the SRC for recommendation of study closure or accrual hold until successful submission, completion and approval of the audit.

Please note: *The CTRS may stop an audit and decline to continue a review if ten or more queries are entered before the completion of the audit. The CTRS will notify the PI, Coordinator and Data Coordinator of the findings and allow seven business days for the data to be re-reviewed. The Study Staff will then notify the CTS via email that all data has been re-reviewed.*

C. SUBMISSION DEADLINES AND DELIVERY OF SOURCE DOCUMENTS

The Audit submission deadline is the first Monday of the month prior to the month the AC will review the Audit Report unless otherwise specified by the Regulatory Specialist. Ex: Audit Review Month December. Submission is due the first Monday in November. The Audit submission deadlines may be found on the PRMS Website.

Note: All *UNMC* accrued subjects are audited electronically. Any source documentation NOT found in the UNMC EMR (ex; shadow charts, IRB deviations and violations) must be submitted to the PRMS office by 1) email:

prmsoffice@unmc.edu or 2) PRMS Office ECI, Room 3009B by the deadline (see above).

D. DATE OF ENROLLMENT

For auditing purposes, the date of consent will be considered the date of enrollment. However, all eligibility criteria do not need to be met until the date of the first study-related treatment.

E. ACCEPTABLE SOURCE DOCUMENTATION

- UNMC EMR
- Case Report Forms (CRFs), including those generated by RAVE, EDC, or other data capturing programs.
- The MD prescription is needed as source documentation for oral drugs. When the MD prescription is not available, the reason should be documented within the source documents.
- All source documentation not found in the EMR, should be placed in the shadow chart or research file and must contain a subject identifier on every page.

Note: CRFs alone are not considered sufficient source documentation for the purpose of audit.

F. PROTOCOL STUDY-SPECIFIC AUDIT REPORT FORM

The study-specific audit report is derived from the following information contained in the protocol:

- Informed Consent
- Eligibility
- Correct treatment and treatment sequence
- Study procedures performed per protocol
- Concomitant medications recorded per protocol
- Reporting of adverse events related to treatment/toxicity
- Data Quality

G. STANDARDS APPLIED DURING AUDITS: A LIST OF MAJOR/LESSER DEFICIENCIES

1. Major Deficiencies

a) Informed Consent
- Failure to document properly obtained subject consent or IRB re-consent
- Consent dated after registration/treatment of subject.
- Consent not obtained in a language fully understood by the subject.
- Outdated consent used.

b) Eligibility
- Does not meet eligibility criteria.
- Multiple eligibility criteria not documented in the research file.

c) Pre-Therapy
- Pre-therapy tests of major importance were not done or not done prior to therapy.
- Unacceptable frequency of minor violations

d) Registration/Randomization/Stratification
- Information given at registration is inconsistent with actual data in medical records chart (wrong stage, diagnosis, cell type, etc.)

e) Case Report Forms/Data Submissions
- Incorrect data (substantial amounts of data are incomplete or inaccurate on forms.)

f) Treatment
- Inappropriate administration of non-protocol anticancer treatment (additional drugs, radiation, etc.)
- Failure to modify doses per protocol, especially where doses are expected to have a major impact on outcome.
- Failure to dose reduce in the face of severe toxicity.
- Failure to dose escalate on a dose-intensity study.
- Inappropriate dose reduction on a dose intensity study.
- Repetitive or systemic errors in dosing.
- Repetitive or serious errors in dosing, timing, or schedule.

- Incorrect route in administration
- Failure to document drug administration.
- Failure to administer an important medication or the administration of a prohibited medication or treatment.
- Failure to return unused investigational product to pharmacy.
- Failure to document oral study drug accountability and compliance

g) Toxicity
- Failure to obtain the required protocol baseline studies needed to effectively assess toxicity.
- Failure to obtain necessary follow-up studies to assess toxicity as required by protocol.
- SAEs or FAEs not fully reported to the DSMC.
- Unreported grade 4 and 5 toxicities to DSMC.
- Repetitive failure to report three unexpected toxicities to DSMC.
- Serious or repetitive failure to properly characterize toxicity or grade.
- Repetitive failure to report adverse events to FDA.

h) On-Study Procedures
- Unacceptable frequency of required evaluation violations.

i) Response/Follow-Up
- Failure to assess disease status according to the required protocol guidelines either pre-therapy or in response to treatment.
- Failure to obtain the required follow-up CT scans/biopsies/tumor markers to define a response as specified in the protocol.
- Inaccurate assessment of tumor response.
- Substantial inaccuracy in the detection of cancer (as in a prevention study) or determination of cancer progression.

j) Data Quality
- Unacceptable level of missing documentation
- Missing charts.
- Repetitive failure to obtain protocol-specified laboratory tests or diagnostic studies.
- Frequent inaccuracies or errors in submitted data.

2. Lesser Deficiencies

a) Informed Consent
- Consents do not contain date/appropriate signatures
- Consents do not contain unique subject identifiers on each page.

b) Eligibility
- Small variations of criteria with reasonable explanation/approval
- One or more criteria not documented in medical record.

c) Pre-therapy
- Missing few minor tests.

d) Registration/Randomization/Stratification
- Date of birth, date of diagnosis, lab values or dates inconsistent within source documents.

e) Case Report Forms/Data Submissions
- Incorrect data (sporadic pieces of data are incomplete or inaccurate)

f) Treatment
- Incorrect antiemetics/pre-meds given per protocol.
- Incorrect doses (<5% deviation without explanation for one dose; or 5% deviation from dose reduction indicated).
- Incorrect timing delay with acceptable explanation (i.e. holiday, bad weather, flu, etc).

g) Toxicity
- Not reporting one grade 3 unexpected toxicity to DSMC.
- Not reporting a few toxicities within required timeline.

h) On Study Procedures
- Missing a small number of required evaluations or tests.

i) Response/Follow-Up
- Missing minor measurements
- Missing one of several minor measurements used to assess response and scans.

j) Data Quality

- Acceptable level of missing documentation with explanation.
- Minor and sporadic missing tests.
- Limited errors in submitted data.

In addition to the policies described in previous sections of the Cancer Center's AC Policies and Procedures, the following policies apply to all cancer-related studies with UNMC as the study source (i.e. sponsor) and/or its Associated Locations and being conducted by at least one additional participating site.

V. AUDIT RESULTS

A. AUDIT RATINGS

Once an audit is complete, it will be given a rating of:

1. **Clarification Requested**
   - Additional source documentation required.
   - AC has additional questions.
2. **Acceptable (No PI Response Required):**
   - No violations or deficiencies identified.
   - Limited lesser deficiencies identified.[2]
   - Any lesser deficiencies identified during the audit that were addressed and/or corrected **prior to or during** the audit for which source documentation exists and no further action is required by the AC.
3. **Unacceptable (PI Response Required):**
   - Any major violations or deficiencies identified.
   - A single major flagrant deficiency identified.
   - Multiple lesser deficiencies of a recurring nature found in past three (3) subject cases reviewed.*
   - Failure to revise the protocol per Audit request.
4. **Further Clarification Requested**
   - Follow-up questions based on PI response
5. **Now Approved**
   - All follow-up questions are answered by the PI and study staff and approved by the AC.

B. NOTIFICATION OF AUDIT FINDINGS

1. **Audit Committee Members:** Audit results, using the study-specific audit report forms, are distributed to all members of the AC in advance of the scheduled meetings. The committee meets monthly to review the audit report(s) and to review the source documents and protocol, if needed.
2. **Principal Investigator (PI):** The AC notifies the PI in writing of the audit findings. The AC may request further information and/or follow-up from the PI. Typically a PIs written response to this request is expected within 14 days, although a more timely response may be required in some circumstances.
3. **Scientific Review Committee (SRC)**: Audit findings are reported to the SRC on a monthly basis. If significant concerns are documented that are thought to compromise the safety or scientific integrity of the study (i.e. failure to comply with the approved study guidelines regarding adverse event reporting, eligibility criteria, stopping rules, quality data collection, etc.) the Associate Director for Clinical Research or a member of the AC may request the SRC evaluate the audit and determine if 1) the study should be suspended until the issues are adequately addressed by the PI, 2) the study must be closed, or 3) if the study may continue.
4. **Other**: A copy of the letter notifying the PI of the audit findings is sent to the IRB. Audit findings are also reported to the Director of the Fred & Pamela Buffett Cancer Center and to the Associate Director for Clinical Research on a monthly basis.

VI. PI RESPONSE TO AC REVIEW & LETTER

A. RESPONSE DEADLINES:

A formal written response letter from the PI is expected no later than 14 days from the date of the AC review letter. If no response is received after 30 days, the PI and study staff (if applicable) is contacted by the PRMS Regulatory Specialist to determine the status of the response. If the AC Chair determines the reason for the delay to be adequate, an extension will be granted. If the response deadline is not met after an extension is granted, the AC will refer the

response to the SRC for recommendation of study closure or accrual hold until a response has been received *and* approved by the AC.

VII. OTHER

A. DURATION OF AUDITS:

All IIT studies continue to be audited while subjects are receiving study-specific treatment. Studies no longer need to be audited when subject accrual, treatment, and/or research-related tests are completed. However, the AC may require continued reviews based on safety, risk, and/or results of previous audits on the study.

B. AUDIT DOCUMENTATION

All audit documentation is secured by double locks and maintained in the Cancer Center Protocol Review & Monitoring System (PRMS) Office, Room 3009B of the Eppley Cancer Institute.

C. INTRANET AND OPEN FORUM COMMUNICATIONS

Current Policies and Procedures of the AC are available through the Cancer Center PRMS Office or on their web site at http://www.unmc.edu/cancercenter/clinical/prms.html.

Periodic open forums are scheduled with study staff and PIs for discussion to clarify audit procedures and obtain feedback to streamline and facilitate the audit process.

D. REVISION OF POLICIES AND PROCEDURES:

The Audit policies and procedures are reviewed every two (2) years by the AC, Regulatory Specialist and the PRMS Administrator. Minor changes or adjustments (e.g. typographical errors, change in membership) may be made by the PRMS Administrator without approval by the AC Chair or AC Members. Major changes need to be reviewed by the Associate Director for Clinical Research and the entire AC membership. Major changes must be approved by the AC by a simple majority vote of all AC members.

VII. AUDIT POLICIES AND PROCEDURES FOR STUDIES BEING CONDUCTED AT MORE THAN ONE SITE WITH UNMC AS THE STUDY SOURCE (i.e. Sponsor)

A. DEFINITIONS:

1. **UNMC Associated Locations**: UNMC/NMC Associated Locations, include but are not limited to, the Bellevue Medical Center, Village Pointe Medical Center, NE Orthopedic Hospital, and UNMC/NMC Clinics. This includes Children's Hospital and Medical Center.
2. **Participating Site/s:** The previous definitions of "Affiliate" and "Participating" sites are no longer valid. All sites other than UNMC/NMC and their Associated Locations are now considered "Participating" sites.

B. AUDITING OF STUDIES WITH UNMC AS THE STUDY SOURCE (i.e. SPONSOR) and WITH ONE OR MORE PARTICIPATING SITES – NCI DESIGNATED CANCER CENTERS

- Protocols with UNMC as the study source (i.e. Sponsor) and with one or more participating sites must clearly outline the auditing requirements and procedures for all participating site(s).
- Protocol sections pertaining to these auditing requirements and procedures must be approved by the UNMC AC prior to SRC review and approval.
- A copy of the participation site's Audit Policies and Procedures must be submitted to the UNMC PRMS Office prior to enrollment of the first subject at the participating site.
- If the participating site(s) have their own IRBs, a copy of the IRB definitions of deviations/violations must be supplied to the UNMC AC for their records.
- If the participating site(s) is an NCI Designated or Comprehensive Cancer Centers, the participating site's Auditor will be expected to conduct the audit.
- The audit report must be submitted to the UNMC AC on a schedule determined by the Regulatory Specialist and the participating site.
- It is the responsibility of the participating site to inform the PRMS office of the initiation and completion of each audit. Audit Reports must be submitted to the PRMS office within 10 days of completion.
- At the scheduled meetings, the AC will decide what action, if any, needs to be taken on the results of the audit. The UNMC PRMS office will then draft the audit findings letter based on the AC's decision. If a response is

required from the PI based on the AC's decision, a deadline of 30 days is typically given for responses to be received by the PRMS office.

C. AUDITING OF STUDIES WITH UNMC AS THE STUDY SOURCE (i.e. SPONSOR) and WITH ONE OR MORE PARTICIPATING SITES – NON-NCI DESIGNATED CANCER CENTERS

- Protocols with UNMC as the study source (i.e. sponsor) and with one or more participating sites must clearly outline the auditing requirements and procedures for all participating site(s).
- Protocol sections pertaining to these auditing requirements and procedures must be approved by the UNMC AC prior to SRC review and approval.
- If the participating site(s) is not an NCI Designated or Comprehensive Cancer Centers: The audit process will be determined on a study-by-study basis.
- If the participating site(s) is not an NCI Designated or Comprehensive Cancer Center, all de-identified source documentation will be submitted to the UNMC PRMS Office via email or other predetermined secure site.
- All audits, conducted by either the UNMC Auditor or the participating site, will adhere to the requirements outlined in section.
- A copy of the participating site's audit policies and procedures must be submitted to the UNMC AC if the participating site is conducting their own audit and submitting an audit report to the UNMC AC for review. The policies and procedures must be submitted to the UNMC AC prior to enrollment of the first subject at the participating site(s).
- If the participating site(s) have their own IRBs, a copy of the IRB definitions of deviations/violations must be supplied to the UNMC AC for their records.

D. AUDIT RESPONSIBILITIES

1. UNMC Principal Investigator (PI) and/or Their Designee:

- Conducts a Study Initiation Visit prior to opening a protocol to accrual at the participating site. This visit may be conducted on site or via teleconference and should involve all participating site Investigator(s) and study personnel. The purpose of the visit is to discuss in detail the implementation of the protocol, reporting requirements, and the responsibilities of participating site personnel. The date, content and attendance at the Study Initialization Visit should be documented and maintained in the study's records.
- Provides ongoing guidance and direction as needed to the participating site PI and Study Coordinator regarding protocol-specific subject accrual, treatment, and/or research related tests.
- Submits protocol, data collection and case report forms to the UNMC Scientific Review Committee (SRC), AC and Data and Safety Monitoring Committee (DSMC) for approval.
- Provides the approved protocol, data collection and case report forms to the Participating Site.
- Forwards the second notification identifying the specific subject(s) to be audited during the scheduled audit to the participating site PI and Study Coordinator and ensures that all source documentation described in Section VI.B.3 below is submitted for audit.
- Acts as liaison between the Auditor and the participating site's PI and study staff.
- Following the completion of the audit, ensures that appropriate follow-up and/or changes are completed as requested by the AC.

2. Participating Site Study Coordinator:

- Ensures data is collected per the standardized data collection form(s) approved by the Cancer Center's SRC.
- **If an on-site audit visit is required (ex: multiple violations, for cause audit)**
  a. Works with the Auditor to schedule a mutually acceptable date and time to conduct an on-site audit of subject medical records selected for audit when required.
  b. Ensures that hospital charts and any protocol-specific patient records, including a copy of the protocol that corresponds with the time the subject was entered on study is available at the on-site audit.

3. Fred & Pamela Buffett Cancer Center PRMS Office:

- Provides coordination/training, if needed, to the participating site study coordinator prior to opening a study to accrual at participating site.
- Provides ongoing guidance and direction to the associated location or participating site study coordinator.

- Ensures that a copy of the Participating Site's AC and DSMC Policies and Procedures are available at all AC meetings.

E. INSTITUTIONAL REVIEW BOARD

UNMC Institutional Review Board (IRB) will be the IRB of record for all cancer-related studies with UNMC as the study source (i.e. Sponsor). When the UNMC IRB is the IRB of record for a study being conducted at a participating site, the site must follow the UNMC IRB Human Research Protection Program (HRPP) policies and procedures manual. The HRPP policies and procedure may be found at https://www.unmc.edu/irb/_documents/HRPPPoliciesProcedures.pdf.

PI: ***XXXXX***
Title: ***XXXXX***
Study Opened: *XXXXX*
First Subject Enrolled: *XXXXX*
Anticipated Accrual: *XXX*

Accrual to Date: *XXXXX*
Subjects Audited to Date: *XXXX*

The audit of ONE subject (XXX) was completed on DATE, by Auditor Name and Credentials. Clinical Trials Regulatory Specialist, Protocol Review and Monitoring System Office

CATEGORY	***SUMMARY OF FINDINGS***
Informed Consent	*Enrollment date:* *Protocol Version:* *No deviations or deficiencies.*
Eligibility	*No deviations or deficiencies.*
Required Tests and Measurements	*No deviations or deficiencies.*
Treatment Plan	*No deviations or deficiencies.*
Toxicity/Adverse Events	

CATEGORY	*SUMMARY OF FINDINGS*

CATEGORY	FINDINGS
Data Quality	The following Case Report Forms were audited: (1) Enrollment (2) Baseline Visit (3) Adverse Events (4) Con Meds (5) Cycle 1 (example) (6) Cycle 2 (example) Off study XXXXX
Data and Safety Monitoring	

CASE REPORT FORM	REQUIREMENT	VALUE	AUDITOR COMMENTS	PI COMMENTS
Subject Enrollment (Enrollment)			No errors.	
Demographics (Enrollment)			No errors.	
Pathology (Enrollment)			No errors.	
Additional Baseline Labs			No errors.	
Cycle 1, Week 1 (example)				

CASE REPORT FORM	REQUIREMENT	VALUE	AUDITOR COMMENTS	PI COMMENTS

CASE REPORT FORM	REQUIREMENT	VALUE	AUDITOR COMMENTS	PI COMMENTS

Subject Study Status

Audit Rating: