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|  | **PHASE I, II, or I/II**  **LETTER OF INTENT**  **Submission Form v3.0** |  |
| **National Cancer Institute**  **Division of Cancer Treatment and Diagnosis**  **Cancer Therapy Evaluation Program** | |

*To complete the form electronically, use the mouse pointer or the Tab key to navigate. Select and enter text for each text field.*

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| Lead Group/Institution: | [Click and enter Lead Group/Institution] | | | |
| Lead Group/Institution Code1: | [Click and enter Lead Group/Institution Code] | | | |
| Other Trial Team Sites1: | [Click and enter Other Clinical Sites/Institution Codes; list sites outside USA separately by country]  [Click and enter Translational Sites] | | | |
| Title of LOII: | [Click here to enter Title] | | | |
| CTEP IND Agent(s)/(supplied by NCI)1: | [Click and enter CTEP IND Agent] | | | |
| CIP IND Imaging Agent(s)/Supplier: | [Click and enter CIP IND Imaging Agent(s)] [Click here to enter Supplier] | | | |
| Non-NCI IND Agent(s)/Supplier: | [Click and enter Non-NCI IND Agent(s)] [Click and enter Supplier] | | | |
| Commercial Agent(s)/Source: | [Click here to enter Commercial Agents] [Click and enter Source] | | | |
| Tumor Type:  *(Click within the [[ ]] and type ‘x’ to indicate the tumor type)* | [[ ]] Solid Tumor  [[ ]] Hematologic Malignancy (NOS)  [[ ]] Disease-Specific | | | |
| Disease-Specific1:  *(Specify the Name and Code of the Study Disease)* | 1. [Click and enter Disease Name] [Click and enter Disease Code]  2. [Click and enter Disease Name] [Click and enter Disease Code]  3. [Click and enter Disease Name] [Click and enter Disease Code] | | | |
| Phase of Study: | [Click and enter Study Phase] | | | |
| Estimated Monthly Accrual: | [Click and enter Accrual] | | | |
| Proposed Sample Size: | Minimum: [Click and enter Size] Maximum: [Click and enter Size] | | | |
| Earliest date the study can begin: | [Click and enter Date] | | | |
| Projected Accrual Dates:  *(Month/Year format)*  *(Document projected accrual in Appendix A)* | Start: | [Enter Month] / [Enter Year] | End: | [Enter Month] / [Enter Year] |
| Is this study as a whole part of an NIH Grant, Cooperative Agreement or Contract? | [Click and enter Y or N] | | | |
| If yes, provide the Award Number: | [Click and enter Award Number] | | | |

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| Will this study as a whole receive support from non-NCI sources (i.e., industry, foundations)? | [Click and enter Y or N] |
| If yes, indicate the source of the funding: | [Click and enter source of non-NCI funding] |
| If no, will non-NCI funding be sought? | [Click and enter Y or N] |
| Will an investigational laboratory assay be used as an integral biomarker in the trial?2 | [Click and enter Y or N] |
| If yes, indicate all integral investigational laboratory assay(s) and the purpose(s) for each one: e.g., eligibility criterion, assignment to treatment, stratification variable, risk classifier or score, other (describe in detail).2  (If the investigational assay is used for medical decision-making [or treatment-directing], then this LOI and supporting documentation will be forwarded to the Office of In Vitro Diagnostic Device (OIVD) Evaluation and Safety/FDA for review. If the assay has already been presented to OIVD/FDA, then please denote.) | [Click and enter name of biomarker and describe purpose] |
| If the proposed trial includes correlative studies, indicate whether there is currently funding for them. | [Click and enter Y or N] |
| If yes, provide funding source for each correlative study. If funding is available for some, but not all, correlatives, please indicate. | [List correlatives and provide funding source (e.g., grant number if applicable) for each] |
| If no, will funding for correlative studies be sought? | [Click and enter Y or N] |
| Is this a Career Development LOI? | [Click and enter Y or N]  Further information and instructions regarding the submission of a Career Development LOI may be found at <http://ctep.cancer.gov/protocolDevelopment/letter_of_intent.htm#instructions> |

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| If yes, please attach and check off the following: | PI curriculum vitae [[ ]]  Institutional letter of commitment [[ ]]  Mentor letter of commitment [[ ]] | | |
| The **Investigational Drug Steering Committee** (IDSC) is designed to provide NCI with broad external scientific and clinical input for the design and prioritization of phase I and phase II trials with agents for which CTEP holds an IND.  Membership of the IDSC includes the Principal Investigators of phase I U01 grants and phase II N01 contracts, representatives from the NCI Cooperative Groups, NCI staff members, and additional representatives with expertise in biostatistics, correlative science technologies, radiation oncology, etc., as well as patient advocates and community oncologists, as needed. Individuals with special expertise will be included as *ad hoc* members for consideration of specific agents. The current membership list may be found at <http://ccct.nci.nih.gov/steering-committees/idsc>    Periodically the IDSC will assess LOIs from a strategic perspective to determine whether the Clinical Development Plan for an agent should be modified. When requested by CTEP, the IDSC will provide input on LOIs to assist in CTEP decision-making. Information in a LOI assessed by IDSC is kept confidential and members with potential conflict of interest are recused from participating in the LOI assessment. **The IDSC strategic assessment is not part of the CTEP LOI review process and will not affect LOI review timelines. All LOIs in response to a Mass Solicitation receive IDSC review.**  For unsolicited LOIs only: Please check one of the following options *(Note: While selecting an option is required, neither choice will affect the outcome of the CTEP review of this LOI)*:  This LOI may [[ ]] /may not [[ ]] be looked at by the IDSC.  Note: If the LOI is disapproved by CTEP, the Principal Investigator may appeal the decision by requesting a review by the IDSC. | | | |
| Principal Investigator (PI) Name: | [Click and enter Name] | | |
| PI Signature: |  | Date: |  |
| PI Street Address: | [Click and enter Room/Suite/Dept.] | | |
| [Click and enter Street Address] | | |
| [Click and enter City, State, Postal Code] | | |
| PI Phone: | [Click and enter Phone No.] | | |
| PI Fax: | [Click and enter Fax No.] | | |
| PI E-mail: | [Click and enter E-mail Address] | | |
| Group Chair/Cooperative Agreement-PI (GCCA-PI) Name: | [Click and enter Name] | | |
| GCCA-PI Signature: |  | Date: |  |
| GCCA-PI Address: | [Click and enter Room/Suite/Dept.] | | |
| [Click and enter Street Address] | | |
| [Click and enter City, State, Postal Code] | | |
| GCCA-PI Phone: | [Click and enter Phone No.] | | |
| GCCA-PI Fax: | [Click and enter Fax No.] | | |
| GCCA-PI E-mail: | [Click and enter E-mail Address] | | |
| Non Group Grant-PI Name: | [Click and enter Name] | | |
| Non Group Grant-PI Signature: |  | Date: |  |
| Non Group Grant-PI Address: | [Click and enter Room/Suite/Dept.] | | |
|  | [Click and enter Street Address] | | |
|  | [Click and enter City, State, Postal Code] | | |
| Non Group Grant-PI Phone: | [Click and enter Phone No.] | | |
| Non Group Grant-PI Fax: | [Click and enter Fax No.] | | |
| Non Group Grant-PI E-mail: | [Click and enter E-mail Address] | | |
| Please submit LOIs to the Protocol and Information Office (PIO) via e-mail at:  [**pio@ctep.nci.nih.gov**](mailto:loi@tech-res.com)**, Attention: LOI Coordinator**  **Notes**: LOIs from a Cooperative Group must be submitted through the Group Operations.  Proposals for trials to be conducted under a Cooperative Agreement must include complete contact information for the Principal Investigator and Protocol Chair.  Questions? Please call LOI Coordinator at (301) 496-1367. | | | |

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| **Rationale and Background:** *(This section should provide the study rationale and supporting preclinical and/or clinical data and address the following: what is the unmet need, why the patient population was chosen, why the drug or drug combination was chosen and any potential safety concerns with the drugs or drug combination, and how the study results might impact future trials/practice. The background information should be limited to what is relevant to the proposed study and should be presented succinctly but with sufficient detail to enable evaluation by the reviewers. Avoid indiscriminate cutting-and-pasting from investigator brochures, trial solicitations, or other CTEP communications.)*  [Click and enter Background] |
| **Hypotheses:** *(Succinctly state the hypothesis for each primary and secondary objective.)*  [Click and enter Rationale/Hypotheses] |
| **Objectives:** *(List primary and secondary objectives. Ensure that the study design allows for these objectives to be met and that the statistical plan provides an adequate plan to analyze or describe the data for each objective.)*  [Click and enter Objectives] |
| **Abbreviated Eligibility Criteria:** *(Provide key inclusion criteria. These should include patient age, performance status, whether abnormal organ function is permitted (if Yes, list only abnormal organ function parameters), permissible and required prior therapy, tumor type, and integral markers, if applicable.)*  [Click and enter Eligibility Criteria] |
| **Study Design:** *(Succinctly describe the general study design. If applicable, describe randomization and/or stratification. A schema or flow diagram may be used, if appropriate.)*  [Click and enter Study Design] |
| **Treatment Plan:** *(State the dose, method of administration, and schedule of each drug, and, if Phase 1, provide the dose escalation scheme, and definitions of DLTs. State the duration of treatment, the duration of the study, and the duration of follow-up.)*  [Click and enter Plan] |

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| **Integral biomarkers:** (*For integral biomarker tests, i.e., tests which must be performed for the trial to proceed, please use the appropriate NCI biomarker template* (<http://ctep.cancer.gov/protocolDevelopment/default.htm#ancillary_correlatives>)*. If a template is not available for the proposed assay, refer to the checklist at* <http://biqsfp.cancer.gov/objects/pdfs/BIQSFP-12-Biomarker-Imaging-Study-Checklist.pdf> *and provide responses to* *items 1-6. (For the purpose of the LOI, ignore the request for a BIQSFP Cost Estimate Worksheet.) Note: if the assay result will be reported to the patient or the patient’s physician at anytime, on or off study, the assay must be performed at a CLIA-approved laboratory.)*  **Integral Biomarkers Table\***   |  |  |  | | --- | --- | --- | | **Integral Biomarker** | **Assay** | **Tissue/Body Fluid Tested**  **and Timing of Assay** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   *\* Insert additional rows as needed.* |
| **Correlates:** *(For all correlates, provide text in an appendix describing them and complete the tables below. In the table, provide the name of the lead PI for the correlates and his/her site. Also, in the text, state experience with the assay and assay methods, performance, operating characteristics, and whether the assays will be performed in a CLIA-approved laboratory. If funding is requested for sample collection and/or the assay, provide the same information that is required for integral markers. In the tables, indicate with a “M’ or “O” if specimen collection or imaging test is either mandatory or optional.)*  **Laboratory Correlates Table\***   |  |  |  | | --- | --- | --- | | **Correlative Objective**  **(Name of Correlate & Lead PI and Site)** | **Assay** | **Tissue/Body Fluid Tested**  **and Timing of Collection** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   *\* Insert additional rows as needed.*  **Imaging Correlates Table\***   |  |  |  | | --- | --- | --- | | **Correlative Objective**  **(Name of Correlate & Lead PI and Site)** | **Imaging Technique** | **Organ(s) Scanned and Timing of Scans** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   *\* Insert additional rows as needed* |
| **Endpoints/Statistical Considerations:** *(State explicitly the null and alternative hypothesis(es) for the primary objective(s). Also state the sample size and associated type I and type II errors. Provide an analysis plan for both primary and secondary objectives, including correlatives. Include information about which statistical tests will be applied. State the projected accrual rate and ensure that the accrual goals are realistic and achievable with current resources.)*  [Click and enter Endpoints] |
| **References:** *(Provide references for cited data and key background/concepts. Verify all references.)*  [Click and enter References] |

**Appendix A – Documentation for Projected Accrual**

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| Projected Accrual Dates:  *(Month/Year format)* | Start: | [Enter Month] / [Enter Year] | End: | [Enter Month] / [Enter Year] |
| To document accrual rate, list trials with similar patient populations, Phase (include all relevant trials with a status of Active to Completed), and Prior Therapy: | *To provide data on additional trials, duplicate the row below as needed.* | | | |
| Protocol Number / Title / Sponsor: | [Click and enter Number] */* [Click and enter Title]/ [Click and enter Sponsor] | | | |
| Trial Activation Date / Closed to Accrual Date / Accrual/Month:  *(Include NCI Number if NCI-sponsored)* | [Click and enter Activation Date] / [Click and enter Closed to Accrual Date or current date if still accruing patients] / [Provide Accrual/Month for each trial] | | | |
| Temporarily Closed to Accrual / Duration of Patient Enrollment in Months: | [Click and enter any Temporarily Closed to Accrual Dates and corresponding Reactivation Dates, if any] / [Click and enter total months trial was or has been open to patient enrollment] | | | |
| No. of Patients Enrolled:  *(Only include patients enrolled at site(s) relevant to LOI proposal)* | [Click and enter Number] | | | |
| List all Active, Approved, or In Review studies at your institution for which this patient population will be eligible (Active trials should also be listed under documented accrual): | *To provide data on additional trials, duplicate the row below.* | | | |
| Protocol Number / Title / Sponsor: | [Click and enter Number]*/* [Click and enter Title]/ [Click and enter Sponsor] | | | |
| Trial Activation Date / Anticipated Completion Date:  *(Include NCI Number if NCI-sponsored)* | [Click and enter Activation Date] / [Click and enter Anticipated Completion Date] | | | |
| No. of Patients Enrolled to Date / Patient Enrollment Period /  Duration of Patient Enrollment /  Total planned Patient Enrollment:  *(Only include patients enrolled at site(s) relevant to LOI proposal.)* | [Click and enter Patients Enrolled] /  [Click and enter Enrollment Start Date] to [Click and enter Enrollment End Date] /  [Click and enter the Number of Months of Enrollment] /  [Click and enter Planned Enrollment] | | | |