

# INTERVENTIONAL CLINICAL TRIAL ENDORSEMENT FORM

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OVERVIEW			
<b>Disease Team:</b> Disease Team.	<b>Version Date:</b> Version Date		
<b>Principal Investigator:</b> PI Name	<b>DT Approval Date:</b> Approval Date		
<b>Protocol Title:</b> Full Protocol Title	<b>Accrual Goals</b>	<b>Main Site (IL036)</b>	<b>Network Sites</b>
	<b>Goal (overall)</b>		
	<b>Goal (annual)</b>		
<b>Sponsor:</b> Sponsor Name	<b>Secondary Disease Team (if applicable):</b> Disease Team. Approval Date		
LOGISTICS			
<b>NM Network Sites (check all that apply)</b>			
<input type="checkbox"/> Main IL036 <input type="checkbox"/> Network Sites			
<b>Are the study design and safety parameters appropriate?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Does the PI have a conflict of interest greater than \$25k with the drug/device manufacturer, if applicable?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Was the concept/protocol previously reviewed by the disease team greater than 6 months ago?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
NCI RARE DISEASE DESIGNATION			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIORITIZATION			
<b>Keywords:</b>			
<b>Historical accrual:</b>			
<b>Competing trials:</b>			
<b>1. XXX</b> <input type="checkbox"/> pending <input type="checkbox"/> open <input type="checkbox"/> suspended	<b>Open date:</b>  <b>Annual accrual goal:</b>  <b>Patients screened/Patients registered:</b>  <b>Rationale for competing:</b> Choose an item.  <input type="checkbox"/> Direct <input type="checkbox"/> Overlap, please specify:		

<p><b>2. XXX</b>  <input type="checkbox"/> pending    <input type="checkbox"/> open    <input type="checkbox"/> suspended</p>	<p><b>Open date:</b></p> <p><b>Annual accrual goal:</b></p> <p><b>Patients screened/Patients registered:</b></p> <p><b>Rationale for competing:</b> Choose an item.  <input type="checkbox"/> Direct    <input type="checkbox"/> Overlap, please specify:</p>
<p><b>3. XXX</b>  <input type="checkbox"/> pending    <input type="checkbox"/> open    <input type="checkbox"/> suspended</p>	<p><b>Open date:</b></p> <p><b>Annual accrual goal:</b></p> <p><b>Patients screened/Patients registered:</b></p> <p><b>Rationale for competing:</b> Choose an item.  <input type="checkbox"/> Direct    <input type="checkbox"/> Overlap, please specify:</p>
<p><b>Please include any relevant additional comments below:</b></p>	