THE UNIVERSITY OF TEXAS
MD ANDERSON CANCER CENTER
HOUSTON, TEXAS 77030

DATA and SAFETY MONITORING BOARD
BY-LAWS

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I. Organization
The Data and Safety Monitoring Board (DSMB) is an officially constituted committee of The University of Texas MD Anderson Cancer Center (MD Anderson). The DSMB is an autonomous group of experts whose primary responsibility is to protect research participants through the independent analyses of study data collected over time.

The DSMB reports to the President of MD Anderson through the Office of the Vice President for Clinical Research Administration, as the on-campus representative of The University of Texas Board of Regents.

II. Purpose
The primary objectives of the DSMB are to:

(a) Ensure that the interests of the study participants are protected; and

(b) Monitor (1) all randomized studies that originate at MD Anderson or that are coordinated or analyzed by MD Anderson and are not being monitored by any other DSMB, unless exempted by the MD Anderson Institutional Review Boards (IRBs); and (2) any other non-randomized studies referred by the Institution or the MD Anderson IRBs.

III. Responsibilities
The DSMB has the following responsibilities to accomplish the above objectives:

(a) To review protocol specified interim analyses of outcome (toxicity and efficacy) data prepared by the study statistician or other responsible person at the time points defined in the study and additional time points as determined by the DSMB; and if necessary, to recommend whether or not the study needs to be changed or terminated based on these analyses.

(b) To determine whether, and to whom, outcome results should be released prior to the reporting of study results. The DSMB Chair will make a determination on behalf of the committee: (1) to unblind medication treatment assignment at the request of the PI; (2) to allow the PI to utilize study data when adequate justification is provided with the PI's request.
(c) To review major modifications to the study proposed by the principal investigator (PI) or appropriate study committee prior to implementation (e.g., termination, dropping an arm based on toxicity results from this study or results of other studies, increasing target sample size). This review is done by a designated statistician, who is not an actual committee member.

i. If the modifications are such that the previously approved study’s objectives and/or study design has changed, the committee or committee designee may recommend to the IRB that the study a) be returned to the scientific review committee for full review or b) the amendment is not approved by the DSMB, and the PI needs to submit a new protocol.

(d) To communicate information and recommendations to appropriate persons at MD Anderson regarding the assessment of issues or problems related to a study and effective solutions for improving education and participant care and mitigating risk.

(e) To consider study specific data, as well as background information about the disease, test agent or patient population involved in the research and to communicate information and recommendations regarding the continuation, modification or termination of the trial;

i. Recommendations to the IRB can include but is not limited to a) study closure, b) returning the protocol for a full scientific committee review c) or submission of a new protocol due to significant changes.

(f) DSMB members should see themselves as primarily representing participants’ interests, and not those of the institution.

IV. Membership

The Committee shall not consist of more than 15 members (including the Chair). Replacement of committee members can occur if attendance is below acceptable limits. The Vice President, Clinical Research Administration, will annually appoint DSMB members at the appropriate time within the academic year and replace vacating members, as needed. Membership will be reviewed quarterly, and members with low attendance may be replaced at that time. Reappointment of the Chair or a member after the expiration of the annual term is permitted.

Appointments will be made based on the breadth of backgrounds and experience. The committee will include physicians, statisticians and lay member(s), from within and outside MD Anderson, and will be selected based on their experience, reputation for objectivity, absence of conflicts of interest (or the appearance of the same), and knowledge of good clinical study methodology.

(a) Voting Membership:
There should be a minimum of 5 voting members, excluding the Chair, present to constitute a quorum for a meeting. Of these 5 members, there should be at least 1 MD, 1 biostatistician, and 1 external member.

(b) **Nonvoting membership:**
(i) Vice President, Clinical Research Administration
(ii) Representative from Institutional Compliance (ex officio)

V. **Meetings**
(a) The DSMB will meet 9 times a year, or more frequently on an as needed basis.

(b) The PI or his or her representative should present a brief summary of the study, addressing specific toxicity concerns or other concerns about the conduct of the study during the open session. A copy of the statistician’s report is available to the DSMB Chair and members for review during the meeting. The report may contain recommendations on whether to close the study, whether to report the results, or whether to continue accrual and follow-up.

(c) The review of each study may include three parts. The first part will be an open session during which the PI will be invited and can answer the committee members’ questions and add any further information s/he deems necessary. In this part, the focus is on accrual, compliance and toxicity issues. Following this, there will be a closed session during which the statistician presents the results. In this part, the DSMB discusses interim outcome results by treatment arm and what action needs to be taken. At the executive session, the members vote on the study. Those present are limited to: regular DSMB members and ex officio DSMB members. Members associated with a study (collaborators, those with COI with the sponsor, and department members) will recuse themselves from the DSMB’s Closed and Executive discussions and will not receive DSMB reports concerning that study. If the DSMB Chair is associated with a study, the Chair will recuse themselves from the DSMB discussions. A current DSMB Member will be appointed to chair the meeting during the presentation of the study.

VI. **Meeting Agenda**
The Meeting Agenda can consist of DSMB reports and discussion and information items for the committee. Two reports will be prepared by the biostatisticians: 1 to the DSMB and 1 to the PI. The statistician will follow the DSMB template in preparation of both reports. The PI report will have the study’s aggregate toxicity data by study arm. The report should remain blinded, if the study is blinded. These reports for each protocol are sent to the DSMB members by the Office of Protocol Research five days prior to the DSMB meeting. Those members with a conflict will receive an agenda with the reports they have a conflict with redacted.

The meeting agenda will also be downloaded onto laptops provided at the DSMB meeting. The meeting agenda will be deleted at the conclusion of the meeting, with the exception being that one soft copy will be kept in the Office of Protocol Research.
Copies of the Meeting Agenda sent 5 days prior to members are expected to be permanently deleted as soon as possible.

VII. Minutes
A digital recording of each presentation will be taken and stored in the Office of Protocol Research. A member of OPR will transcribe these recordings. Once the Meeting Minutes have been transcribed, the DSMB Chair will review and give his or her approval. They will be submitted for final approval by the committee at the subsequent DSMB meeting. The minutes are confidential. If a copy of the transcription is requested, the DSMB Chair will discuss DSMB deliberations on a particular protocol with the requestor, but an actual copy of the minutes will not be given.

VIII. Outcomes
DSMB outcomes should be based upon results for the current study being monitored. The DSMB will provide its recommendations in writing to the PI and the appropriate MD Anderson IRB of record.

(a) There are five different outcome types that will result from the committee’s discussion.

i. Continue the Study: The protocol is approved to continue with accrual and study progress without modification.

ii. Continue the Study with follow-up: The protocol is approved to continue with accrual and study progress, but there are certain follow up items that must be resolved before another annual review of the protocol is done.

iii. Stop the Study: The protocol is NOT approved to continue with accrual and study progress. This is most likely due to a safety concern.

iv. Continue the Study; End Active DSMB Monitoring upon completion of accrual and follow-up; Release the data to the PI; Submit a Final Report to the DSMB in a timely manner: The protocol is approved to continue with accrual and study progress without modification. Upon completion of accrual and follow up, the DSMB will end active monitoring (no annual review at meetings, requests and revisions will still be handled by OPR), and the PI will then have access to the data and will need to submit a timely final report.

v. External DSMB/ Independent DSMB has assumed monitoring responsibilities: The PI, the sponsor, or the IRB has requested that responsibilities of DSMB monitoring be transferred to another entity.

(b) In the event that a study change is recommended, the PI will act to implement the change as expeditiously as possible to ensure the safety of all participants on the study. In the unlikely situation that the PI does not concur with the DSMB
recommendation, then the Vice President for Clinical Research must be informed of the recommendation of the DSMB and of the PI's reason for disagreeing with the recommendation. The Vice President for Clinical Research and the PI, in consultation with the DSMB Chair and IRB Chair, will be responsible for reaching a mutually acceptable decision about the study. Confidentiality will be maintained during these discussions.

(c) If the DSMB provides a recommendation to the PI and/or Biostatistician, it is their responsibility to respond to the DSMB.

IX. Confidentiality Procedures
All documents, investigative reports or information and conversations relating to this committee's work are strictly confidential and are not to be shared with anyone other than DSMB members and OPR Staff. Although committee documents are subject to legal privileges as set forth in statutory and case law and are not subject to discovery during a litigation process, the privilege may be lost if committee documents are given to, shown to, or discussed with non-committee members without an official DSMB request to do so.

No communication of the deliberations or recommendations of the committee, either written or oral, should be made outside of the committee except as provided for in these policies and procedures. Outcome (efficacy) results are strictly confidential and should not be divulged to non-members until the recommendation to report the results are accepted and implemented.

X. Conflict of Interest
At the beginning of each fiscal year, each member will sign a Confidentiality and Disclosure of Relevant Financial Relationships Form.

(a) Members are notified of a tentative meeting 2 months prior. At that time, members will be polled for conflicts of interest with the various sponsors on the upcoming agenda. They should respond in writing providing detailed documentation of their conflicts of interest. Members are asked to notify the Office of Protocol Research if their status of conflict of interest changes prior to the meeting.

(b) The DSMB agenda and/or protocol lists will include the names of for-profit entities involved in each agenda item. These will include professional interest, proprietary interest and miscellaneous interest considerations as described in the current Confidentiality and Disclosure of Relevant Financial Relationships Form. These are some specific examples:

i. Protocols on which the DSMB member/Chair is the PI or co-PI where they will participate in the open session of the meeting and then recuse themselves for the closed and executive sessions.
ii. Protocols involving any product from a for-profit entity in which the DSMB member/Chair, or any member of their immediate family, has any equity interest or serves as a member of the involved Board of Directors. (Mutual funds, blind trusts, and family members' equity interests not known to the DSMB member/Chair are excluded.)

iii. Protocols involving any product from a for-profit entity from which the DSMB member/Chair has received cash payments or other remuneration exceeding $10,000 in the previous 12 months.

(c) At each meeting, the DSMB Chair will announce the for-profit sponsors prior to the start of the open session for each protocol being reviewed. At that time, if a member or the Chair has a conflict of interest, he or she will recuse themselves from the closed and executive sessions for that protocol.

XI. NCI Oversight and Cancer Center Program
In order to satisfy its objectives of protecting participants, ensuring study integrity and providing public confidence in the conduct of clinical studies, it is essential that the DSMB function in a manner that demonstrates competence, experience and independence of institutional, career or financial interests. If the NCI determines that a DSMB is not functioning in this manner, it will discuss with the Vice President for Clinical Research Administration what changes are needed to the composition or structure of the DSMB in a timely fashion.

XII. Subcommittees
At the discretion of the Chair of the Data and Safety Monitoring Board, new subcommittees and/or task forces may be created as needed, and may include persons who are not members of the Committee, but have a vested interest and/or knowledge of a specific issue being reviewed.

Each subcommittee shall be headed by a member of the Data and Safety Monitoring Board and shall be governed by the same principles of confidentiality as this committee.

XIII. Amendments
These By-Laws may be amended or repealed or new By-Laws may be adopted by a vote of two-thirds (2/3) of the members at any regular or special meeting, upon notice given prior to the meeting, and upon approval of the Vice President for Clinical Research.

APPROVED: ___________________________ Date: 2-1-2017
Aman Buzdar, M.D.
Vice President, Clinical Research Administration