Department Chair’s Protocol Review & Prioritization

Protocol Number:

Protocol Title:

Date protocol was presented to/reviewed by the Department:

Study Chair:

Study Co-Chairs:

Study Collaborators:

Proposed Collaborating Sites:

Study Description:

Potential innovation, clinical impact of the medical/scientific question; preclinical and/or clinical data underlying the clinical hypothesis

Specific preclinical or prior clinical work by MD Anderson investigators that support this trial:

Accrual feasibility, e.g. past accrual to similar trials, approximate size of potentially eligible patient population seen annually:

Current and/or planned funding for trial (i.e. Does this trial have a sponsor?):

Departmental priority of this study (and of how many protocols, e.g., “#2 of 8 current or pending trials”) within this specific disease site/section: (add attachment)

List all competing protocols in this disease site/section and indicate status (anticipated closure date, current accrual, and overall accrual):

Departmental Review Option:

Would you like to use your Department Scientific Review Process (which must include a Content Expert Reviewer) to substitute for the two Medical Reviewers? The Content Expert Reviewer should be a non-collaborating faculty member assigned by the department as a content expert in the study population, either from within the department itself or from the appropriate multidisciplinary disease site faculty.

YES or NO
Did the Department Scientific Review process include evaluation of the following criteria?

- Study Design
- Study Rationale
- Study Feasibility and Accrual
- Study Impact
- Study Priority

**YES or NO**

If **yes** is noted for both questions under the Department Review Option, Please attach the Department Review Option Approval Memo. (Note: This is not where you would attach the Content Expert Reviewer's.

Select a non-collaborating faculty member who has agreed to serve as a Content Expert Reviewer for this protocol by clicking on the button below, “Click to add or edit reviewers.”

If **no** is the answer to either of the questions under Department Review Option, then this protocol does not qualify for the Department Review Option. The PI will need to submit two faculty members who have agreed to complete a medical review for another protocol in this submission cycle on the Signature Page in PDOL.

**Department Chair Approval**

The below signature signifies Departmental or Divisional approval to submit Protocol Number [Insert Name] to the Institutional Review Process.

Department Chair/Division Head: [Insert Name]  
Date

* This is a representation of an electronic record that was signed and dated electronically and this page is the manifestation of the electronic signature and date, and also constitute confirmation that the signer has disclosed all external relationships relevant to this protocol in the Conflict of Interest database.*