**SWOG Proposal** for an **Integral,** **Integrated** or **External (non-Navigator)** Translational Medicine Study

Using SWOG Specimens

As Principal Investigator for this translational medicine study, my submission of this proposal indicates my willingness to discuss with and enter into a research agreement with SWOG, according to standard procedures for data analysis, data confidentiality, authorship, and intellectual property sharing.

Any specimens collected on trials supported by NCI grant funding will require CTEP/DCP’s review of the proposal before the specimens can be released for analysis.

**Definitions:**

|  |  |
| --- | --- |
| *Integral Objectives:* | *Must be performed for the trial to proceed or to support the primary analysis.* |
| *Integrated Objective (Real-Time Integrated or Retrospective Analyses):* | *Must test a specific hypothesis with a preplanned statistical design and are not hypothesis-generating or exploratory.* * *Real-time Integrated TM Proposal: Specimens must be processed and/or tested in real-time by the Biospecimen Bank or an external collaborator due to specimen stability or test/storage type.*
* *Retrospective Analyses/External (non-Navigator) TM Proposal: Utilizes banked specimens and the objective and statistical analysis plans were not included as part of the original clinical trial protocol.*
 |
| *Banking Only:* | *Specimens collected and stored for potential future research, and which do not have a fully developed statistical design and analysis plan. Participants must have the option to opt out of these specimen submissions.* |

**Proposal Form Completion Notes:**

* If any section(s) or question(s) is not applicable please mark as N/A.
* If an NCI correlative proposal form has already been completed and contains the information for any of the questions below, please include the statement “See NCI Proposal Form”. Investigators must fill out any remaining questions that are applicable to their proposed trial.
* The red asterisk (**\***) symbol indicates the question is from an NCI Correlative Proposal Form.
* If this proposal is solely for access to images of H&E slides or pertains exclusively to an AI-focused proposal, please submit a Data Request Form instead of a Translational Medicine Proposal Form.

More information regarding the Translational Medicine Proposal Application Process can be found here [Biospecimen Availability and Translational Medicine Proposal Application Process | SWOG](https://www.swog.org/clinical-trials/biospecimen-availability-and-translational-medicine-proposal-application-process).

# **Please work with SWOG Statistical & Data Management Center (SDMC) to confirm biospecimen and data request availability.**

## **Statistician who confirmed specimen/data availability:**

**Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

# **Administrative Information**

## **Title of proposed correlative study:**

Click or tap here to enter text.

## **Primary Principal Investigator for the translational medicine study:**

* Name of Principal Investigator: Click or tap here to enter text.
* Role/Title: Click or tap here to enter text.
* Institution: Click or tap here to enter text.
* Email: Click or tap here to enter text.
* Phone: Click or tap here to enter text.

# **Hypotheses and Objectives**

## **\*Hypotheses:**

Click or tap here to enter text.

## **\*Objectives:**

* Primary objective(s):

 Click or tap here to enter text.

* Secondary objective(s):

 Click or tap here to enter text.

# **Background and Justification**

## **\*Trial(s) from which biospecimens are being requested (include protocol numbers/titles):**

*Note: If you are requesting biospecimen(s) from more than one trial, your proposal should provide a clear rationale for including biospecimen(s) from each of the trials.*

Click or tap here to enter text.

## **Current status of the Parent Trial:**

|  |
| --- |
|[ ]  In development |
|[ ]  Active (accruing) |
|[ ]  Trial is closed to accrual, but the results have not been presented/published and reported in clinicaltrials.gov (i.e. 12 months after the CT.gov – defined Primary Completion date)  **Anticipated date for reporting results: \_\_\_\_\_\_\_\_\_\_\_\_** |
|[ ]  Trial results are presented/published and reported in clinical trials.gov (i.e. 12 months after the CT.gov – defined Primary Completion date) |

1. **\*Why are biospecimens from this clinical trial needed to address your hypothesis?**

Click or tap here to enter text.

## **\*Preliminary data and brief study justification:**

*Note: Please provide preliminary data on your chosen marker(s) and assay(s) that motivate the stated primary objectives and justify the need for performing the proposed study. The justification should also include a discussion of the potential for clinical utility of the marker(s) (e.g., prediction of resistance to taxanes). Please provide your references here.*

Click or tap here to enter text.

# **Eligibility Criteria (Real-time Integrated/Integral)**

## **Is the participant treatment assignment dependent on the test results? If yes, please describe the treatment assignment, stratification, cohorts or endpoint that are dependent on the test results:**

Click or tap here to enter text.

## **Will test results be communicated to the treating institution? What is the workflow from submission of specimen to communication of result to site:**

*Note: If known please include details below or skip if not applicable*

* The minimum and maximum timeframes for each step (e.g., specimen shipment to lab, lab processing/assay, results reporting to SDMC, results reporting to treating investigator, treatment assignment) including scenarios where resubmission may be necessary
* Include if resubmission is allowed (e.g., if an inadequate specimen is received)
* The communication plan for results, including which participants (by study arm or population) will receive results if communication is selective based on study design

Click or tap here to enter text.

# **Research Design and Methods: Tissue/Biospecimen Type, Processing & Shipping Information**

*Note: Access the* [*SWOG Biospecimens Resources website*](https://www.swog.org/clinical-trials/biospecimen-resources) *for additional information regarding standard collection, processing, packing and shipping instructions. Note in this proposal whether standard instructions apply or provide additional information.*

## **Required Information for all TM Proposals**

### **\*What tissue/biospecimen types are you requesting? (e.g., FFPE malignant primary tumor tissue):**

Click or tap here to enter text.

### **Which timepoints are being requested? (e.g., Baseline, C1D3, Progression)**

Click or tap here to enter text.

### **\*Required number of biospecimens per specimen type (e.g. 5 FFPE slides) and include allowable alternatives:**

Click or tap here to enter text.

### **\*Required number and thickness of sections from each biospecimen (if solid tissue is requested):**

Click or tap here to enter text.

### **\*Required amount of the other type of biospecimen (if biospecimens other than solid tissue are requested) and include allowable alternatives:**

Click or tap here to enter text.

### **\*How many cases will have material left for future studies if the requested biospecimens are provided for this study?**

Click or tap here to enter text.

### **Will residual specimens be returned to the SWOG Bank? If not what is the plan for these residual specimens?**

*Note: only specimens handled within a laboratory with CLIA, ISO/IEC, CAP, or similar certification may be returned to the SWOG Bank.*

Click or tap here to enter text.

## **Real-time Analysis (Integral/Integrated)**

[ ]  **N/A: This section is not applicable.**

**Definitions**

|  |  |
| --- | --- |
| *Required*  | *Participant must consent to specimen submission. If participant declines then they are excluded from the parent trial.*  |
| *Optional* | *Participant will have the ability to opt out of specimen collection/participation. With participant consent, specimen will be required for submission by the participating site.* |

### **Are specimen submission required or optional?**

*Note: Required = if a participant does not consent to specimen submission they will not be eligible for the parent trial.*

Click or tap here to enter text.

### **Will specimen kits (e.g. OMNIgene Gut Kit) or special tubes (e.g. Streck, Roche, etc.) be required? (if yes, please explain the requirements and note allowable alternatives):**

Click or tap here to enter text.

### **Who will provide and fund the specimen kits?**

Click or tap here to enter text.

### **Provide an outline of the specimen collection kit contents:**

Click or tap here to enter text.

### **Will any on-site processing of specimens be required prior to shipment (e.g. drying method, processing for plasma and buffy coat, etc.)?**

*Note: If yes, please describe the processing that will be performed in detail.*

Click or tap here to enter text.

### **Specify the shipping instructions (including shipping temperature, wet/dry ice, timing of shipment, return labels, etc.):**

Click or tap here to enter text.

### **Is batch shipping allowed? If yes, what are the storage conditions prior to shipment (RT, refrigerated, or frozen [20oC, -80oC]:**

Click or tap here to enter text.

### **Will the SWOG Bank/other lab be required to do any processing of specimens once received?**

Click or tap here to enter text.

### **Will SLAI sites be exempt from participating in this specimen collection?**

Click or tap here to enter text.

## **Retrospective Analysis of Banked Specimens (External non-Navigator)**

[ ]  **N/A: This section is not applicable.**

### **Clarify if all specimens as defined below are being requested or if there are specific criteria or patient subsets:**

Click or tap here to enter text.

### **\*How many cases in the trial currently have biospecimens?**

Click or tap here to enter text.

### **\*Will this study exhaust any existing biospecimen resources? (e.g., tissue blocks, archived unstained slides, blood/products?)**

Click or tap here to enter text.

### **Will the SWOG Bank be required to do any processing of specimens prior to shipping?**

Click or tap here to enter text.

### **Specify the shipping instructions (including shipping temperature, wet/dry ice, timing of shipment, return labels, etc.):**

Click or tap here to enter text.

# **Research Design & Methods: Laboratory Methods**

## **\*Description of your laboratory methods:**

Note: Assay specifics may be contained in appendices. Your description of the laboratory methods should include the following:

* Specify the analyte(s), technical platform, gene list, and sources of assay components (e.g., reagents, chips, and calibrators).
* Demonstrate that the proposed assay methodologies are standardized and reproducible and will work in the type of biospecimen requested.
* Provide available data on the analytical performance of the assay – the accuracy, precision, concordance, reportable range, and failure rate, as applicable; include a basic description of sample size and replication scheme from which analytical performance estimates were derived.
* Describe the scoring system, and, if cutpoints will be used, specify the cutpoints and provide the rationale for the cutpoints selected.
* Provide information on the use of positive and negative controls, calibrators, any critical preanalytical requirements, and (if applicable) how inter-laboratory variability will be assessed and minimized.
* Provide your references here.

Click or tap here to enter text.

# **Facilities & Personnel**

## **Confirm what certification(s) the laboratory has to conduct testing of tissue-based and liquid-based tumor assays (e.g. CLIA, ISO/IEC, CAP, or similar certification):**

Click or tap here to enter text.

## **\*Explain who will be doing the laboratory work, in what role, and in what facility(ies):**

|  |
| --- |
|  |
| **Contact (1)** |  |
| Name and title of contact individual: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Fax: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
|  |
| **Contact (2)** |  |
| Name and title of contact individual: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Fax: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

## **\*Explain who will be responsible for the statistical and bioinformatic analyses of the data that will be generated for the proposed TM study:**

* Name of Statistician: Click or tap here to enter text.
* Institution: Click or tap here to enter text.
* Email: Click or tap here to enter text.
* Phone: Click or tap here to enter text.

# **Statistical Considerations**

## **\*Endpoints (outcomes):**

Click or tap here to enter text.

Note: Precisely define the endpoints that are the subject of the Translational Medicine study’s main objectives; for time-to-event outcome variables, be sure to clearly indicate the types of events included in each endpoint definition.

## **\*Case selection:**

Click or tap here to enter text.

Note: Specify the proposed case selection method, including inclusion/exclusion criteria, and whether stratification or matching will be used, or state if you simply request biospecimens from all cases with adequate biospecimen available. If a complex case selection strategy (e.g., matched or adaptive selection) will be used, then the specific algorithm should be described.

## **\*Statistical analysis plan for addressing the primary objective:**

Click or tap here to enter text.

Note: In your statistical analysis plan, describe how the primary objectives will be addressed in a quantifiable and statistically evaluable way. Indicate the specific quantities that will be evaluated and the general statistical framework (e.g., estimation, association, comparison, prediction).

In your statistical analysis plan, please also provide the following, as applicable:

* Statistical methods for the primary analyses (e.g., Cox proportional hazards regression, conditional or unconditional logistic regression, etc.).
* Transformations applied to variables.
* Methods for marker cutpoint validation.
* Variable selection procedures (including a list or description of the variables initially considered for inclusion in the model).
* List of standard clinical variables to be incorporated into models or other analyses.
* Multiple-comparisons adjustment methods.

## **\*Statistical justification for sample size:**

*Based on the stated primary analyses and proposed statistical analysis plan, provide a justification (rationale) for the requested number of biospecimens.*

* Sample size estimate (i.e., number of cases required to achieve adequate statistical power or certainty of estimation):

 Click or tap here to enter text.

* Rationale for the sample size estimate:

 Click or tap here to enter text.

Note: The rationale should include a clear explanation (or cited reference) for the method of sample size determination along with a statement of all assumptions required to perform that calculation so that an independent statistician would be able to reproduce the estimates from the information provided in the application.

Typically, a sample size estimate will require assumptions about the following:

* Anticipated distribution of marker values in the targeted population(s) (e.g., marker positivity rate if the marker is dichotomous)
* Assay success rates (based on anticipated rates of technical failures, degraded or insufficient biospecimens, etc.)
* Event rates or number of events anticipated for the cases included in the primary analysis
* Expected differences in outcomes or magnitudes of associations (e.g., hazard ratio or other “effect” size)

These assumptions and estimates need to be supported by preliminary data or previous studies that should be described either in this section or in the background section.

## **\*Statistical considerations for secondary objectives (only if applicable):**

Click or tap here to enter text.

# **Project Timeline**

## **\*Estimated project start date:**

Click or tap here to enter text.

## **\*Estimated project completion date:**

Click or tap here to enter text.

# **Financial Support**

## **Outline the specific information for funding specimen collection, specimen shipping and additional statistical support for this proposed TM study:**

Click or tap here to enter text.

## **Commercial Support: Please list the primary logistical, budget, and contract contact(s) for any anticipated commercial partnerships for this TM study:**

|  |  |
| --- | --- |
| **Name of company (1)** | Click or tap here to enter text. |
| Name and title of contact individual: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Fax: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
|  |
| **Name of company (2)** | Click or tap here to enter text. |
| Name and title of contact individual: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Fax: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

## **Grant Support: Are any grants planned to support aspects of this TM study?**

|  |  |  |
| --- | --- | --- |
| **Grant type:** | **Submission deadline:** | **Funding start date (approx.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **Disclosure of Conflict of Interest**

## **Include any disclosures for conflicts of interest with this TM study:**

Click or tap here to enter text.

# **Data Sharing**

## **SWOG data requested from SWOG trial SXXXX. Please list any patient data requested and the specific variables.**

Click or tap here to enter text.

## **Will any of the additional participating Investigator(s) and Institution(s) named above receive the requested data? If yes, identify the participating Investigator(s) and Institution(s) receiving requested data:**

Click or tap here to enter text.

## **Will your research generate genomic data within the scope of the** [**NIH's Genomic Data Sharing Policy**](https://sharing.nih.gov/genomic-data-sharing-policy)**, i.e., individual-level human genomic data that can be used to re-identify a study participant?**

Click or tap here to enter text.

Research projects using biospecimens from NCTN clinical trials are subject to the requirements in NIH policies for data sharing and public access to publications as required under the Terms of Award for the NIH/NCI cooperative agreement for the NCTN Group leading the trial(s) from which biospecimens are being requested for this proposal.

If the biospecimens are from a trial that was conducted under a binding collaborative agreement with NCI or a pharmaceutical company (for example, with a company that supplied the drug), data sharing may have to await the timelines stipulated in those agreements. Studies conducted under a NCI/CTEP IND are subject to the terms of the CTEP IP Option (<http://ctep.cancer.gov/industryCollaborations2/guidelines_for_collaboration.htm>) as well as the terms of the CTEP Collaborative Agreement under which the study is conducted. Similarly, studies conducted under a NCTN Group or Company IND will also be subject to the terms of the agreement between the Collaborators. Any discoveries from research performed on such specimens will be subject to the CTEP IP Option and/or the licensing terms as required by these agreements.

Approved proposals will also be subject to review and comment by the pharmaceutical Collaborator if the biospecimen(s) are from a trial under an NCI/CTEP collaborative agreement.

# **Study Team Approvals**

## **Study Chair (if SWOG study):**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

## **Principal Investigator (person performing TM study):**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

## **Translational Medicine Committee Chair:**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

## **Disease Committee Chair:**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

## **Executive Officer of the Disease Committee:**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

## **Executive Officer for Translational Medicine:**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

## **Lead Biostatistician of the Disease Committee:**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

## **Other Personnel (as necessary):**

* Name: Click or tap here to enter text.
* Approval Date: Click or tap to enter a date.

# **Appendix**