* 1. **Request for LPO Approval of Early Closure Form – Instructions**

This form is required to document the Lead Protocol Organization’s (LPO) review and approval of early study closure regardless of the accrual status of the site. **Approval is not guaranteed (e.g., registration trials).**

* + - 1. For trials with a registration intent, it is recommended you contact the LPO prior to form submission to confirm that early closure is an option.
			2. Studies that are terminated (i.e., FDAAA/IRB Complete) or that the LPO has determined no longer require further data submission do not require this LPO closure approval form.
			3. If multiple studies are being closed, a separate form should be used for each study. If the request to close the study applies to multiple sites, the additional sites should be included on the Supplemental Site List.
			4. Once completed, save a copy of the form and submit it to the applicable LPO at the email below.
	1. NCTN
		1. ALLIANCE**\*** - regulatory@alliancenctn.org
		2. COG – cogqa@childrensoncologygroup.org
		3. CCTG – cer@ctg.queensu.ca
		4. ECOG-ACRIN – EAStudyClosureRequest@ecog-acrin.org
		5. NRG**\*** - regulatory-phl@NRGOncology.org
		6. SWOG – SWOGStudyClosureRequest@crab.org
	2. ETCTN and CITN
1. Theradex – CTMS-DM@theradex.com; and
2. LAO Leading the study (see protocol contact table); or
3. CITN - citn.core.reg@hvtn.org
4. Other networks
5. Submit to the statistician/data manager per the protocol contact table.
6. After receiving an approved form back from the LPO, submit it to the NCI CIRB via IRBManager if you are closing the study at all of the participating sites under your CIRB Signatory Institution or to CTSU Regulatory Office via the Regulatory Submission Portal with the CTSU if you are closing the study at some, but not all, of the participating sites under your CIRB Signatory Institution, or if you are closing the study through your local IRB.

**\***This process supersedes the previous Alliance and NRG early closure processes.

**Filling out PDF Forms**

This PDF form contains “**roll-over** or **double-click”** help functionality and allows for direct data entry.

To fill out a form:

1. Select the hand tool.
2. Position the pointer inside a field and click to type text.
3. After entering text or selecting a check box, do one of the following:
	1. Press tab to accept the form field change and go to the next form field.
	2. Press Shift+Tab to accept the form field change and go to the previous form field.
	3. Press Enter (Windows) or Return (Mac OS) to accept the form field change and deselect the current form field.

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| Request for LPO Approval of Early Closure FormSubmit to LPO, as appropriate, per instructions on the previous page. |
| **Institution Name\*:**  | **NCI Institution Code\*:** |
|  |  |
| **\***Supplemental Site page included below; to be used if closure rationale is the same for multiple sites. |
| **Protocol Title (Shortened version acceptable):** | **Protocol Number:** |
|  |  |
| **Rationale for Early Closure of Study** |
| 1. No subjects were accrued at or transferred to the institution and no future accruals are anticipated.
 |  |
| 1. All subjects enrolled or transferred to the institution have completed treatment and follow-up, are off-study, or have been transferred; all patient data queries are completed; no future data queries or enrollments/transfers are anticipated.
 |  |
| 1. Other (please provide rationale):
 |  |
| Typed name of the person completing the form: | Email Address: |
| Date form completed:  |

**LPO/Theradex Use Only – To be Completed by LPO Statistician/Data Manager\***

|  |  |
| --- | --- |
| No patients enrolled. No data submitted and no data queries outstanding; or |  |
| All data for all enrolled patients has been submitted; and |  |
| All data queries have been resolved with no anticipation of future queries for all patients enrolled. |  |
| Early closure is Approved |  |
| Early closure is Disapproved |  |

*\*For the ETCTN, both Theradex and the LAO leading the protocol are required to approve.*

Typed Name and Title of LAO/LPO Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name and Title of Theradex Approver for ETCTN/CITN studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Request for LPO Approval of Early Closure FormSupplemental Site List |
| **Institution Name:**  | **NCI Institution Code:** |
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