Multidisciplinary Oncology Group (MOG)
Clinical Trial Review Form

Section 1 - Completed by Regulatory Pre-Study Team

1) MOG: Pre-Study Number:

2) Study Title:

3) Principal Investigator:

4) Sponsor / Funding Source:

5) Is this trial HCCC investigator initiated? Yes ____ No ___

6) Is this a dose escalation study? Yes ____ No ____

Additional information from Sponsor for prioritization:
How many sites are planned to open this study:
How many of these sites are already open?
Projected first subject first visit (MM/YYYY):
Number of subjects currently enrolled:
Number of subjects planned to be enrolled:
Projected last subject first visit (MM/YYYY):

Section 2 - Completed by PI or MOG Leader

7) Relevant members of the MOG consulted about the trial, and are they supportive of opening the study?
   Yes ____ No ____ (if "No", please explain):

8) Please list those MOG members included in the discussion.

9) Were participating ancillary services who help in patient’s recruitment & treatment plan were (e.g., inpatient attending physician, radiology, surgery, pathology, radiation oncology) consulted about the trial and are they supportive of opening the study?
   Yes ____ No ____ (if "No", please explain):

10) Projected accrual at UIHC:
   a) How many patients do you expect to consent for screening purposes?

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b) What is the minimum projected accrual for this study?

c) What is the minimum annual projected accrual for this study?

1. If minimal projected accrual is < 5, please explain why this study should be opened.

11) Please identify line of therapy:
   - Neoadjuvant
   - Adjuvant
   - 1st line metastatic
   - 2nd line metastatic
   - 3rd line metastatic and/or beyond
   - Maintenance
   - Other: _______________

12) Please identify investigational interventions involved (check all that apply):
   - Immunotherapy
   - Bi-specific / BiTE antibodies
   - Intra-tumoral therapy
   - Cellular therapy
   - Antibody-drug conjugated chemotherapy
   - Vaccine
   - New device
   - Targeted antibodies (e.g. Anti EGFR, VEGF)
   - Targeted therapy (Oral TKI or small molecule inhibitor)

13) How many months on average patients are expected to stay on active therapy/intervention?

14) Does this trial compete with open studies in your disease portfolio?

   If Yes, what the Protocol Title or IRB number of the competing study or studies?

   If Yes, what will be the strategy to prioritize this vs other competing studies for patient enrollment?

15) Provide a statement of justification as to why this study is important to you as the PI, to your patients and to the Institution.

16a) Please list the Sub-Is (including APPs) that will be included on this study (individual personnel must be named):
16b) Would you like to add Quad-City as an affiliate site and include their physicians as Sub-I (applicable for simple phase II and phase III adult studies that could be safely conducted over-there). PIs need to reach out and assess Quad-City physicians’ interest.

Yes_____ No_____

If Yes, List the physicians who were part of discussion/communicated and names of Sub-Is:

17) PI/Study Chair Signature and Date: ______________________________________________

Section 3 - To be completed by the MOG Leader/Co-leader:

This protocol was presented, discussed and accepted at the ___ Multidisciplinary Oncology Group meeting on _____ (date). Potential accrual, competing studies, and priority issues have been adequately discussed and addressed by the MOG leader.

Studies below have been approved by _____ MOG and will be processed for activation to enroll patients. These studies are either waiting for receipt of start-up documents from sponsor, TREC review or clinical research services (CRS) resource availability. Please rank all the studies below according to the MOG’s priority. This will help CRS process studies in the way that is aligned with MOG’s needs and/or priority.

Table: MOG studies pending for activation:

<table>
<thead>
<tr>
<th>Study Title</th>
<th>PI</th>
<th>Study status</th>
<th>Ranking (1-being highest priority)</th>
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Further comments/clarifications:

MOG Leader/Co-leader Signature and Date: ______________________________________________

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