4. PARTICIPANT ENROLLMENT

4.1 Initiation of New Study

Prior to initiating a new MAH Phase I and II study, the following approvals and materials must be obtained or in process and the appropriate site staff should also be prepared to facilitate each of the following:

- DCP approval of clinical protocol, informed consent, CRF, Biomarker Methods Validation Report, and Data and Safety Monitoring Plan;
- All required regulatory documents and other requested documents submitted to DCP;
- DCP sponsored IND trials: 30-day waiting period following FDA submission of IND with no clinical holds placed by the FDA;
- IRB approval granted and letter/documentation sent to DCP;
- Executable contract with the lead organization;
- Study agent supply onsite;
- Case Report Forms present and available for use;
- Initiation site visit with Westat CRA, DCP staff and involved study site staff (as required by DCP);
- Copies of the IRB/DCP-approved informed consent forms and recruitment materials available for the research team to provide to potential participants;
- Procedures for collection, shipping, and processing of laboratory specimens; and
- Participant Identification (PID) logbook and screening log onsite.

4.2 The Enrollment Process

Once the initiation visit has taken place and the site is prepared logistically to conduct the study, the enrollment process may begin (see Figure 4-1). Enrollment refers to the tasks that each site undertakes to initiate participant accrual beginning with recruitment and followed by a review of potentially eligible participants.

4.2.1 Participant Recruitment

Recruitment for DCP chemoprevention trials will occur in different ways depending upon the particular study, research site, and creativity of assigned recruitment staff. Some participants may be recruited through primary care practices and specialty practices such as dermatology or urology. Other participants may be accessed through oncology clinics. General media or specific outreach methods can be utilized to recruit members of the public. Each site is responsible for developing a recruitment plan, recruitment materials, and methods to retain study participants as necessary. All participant recruitment materials must be IRB-approved prior to use.

Participant Enrollment Process

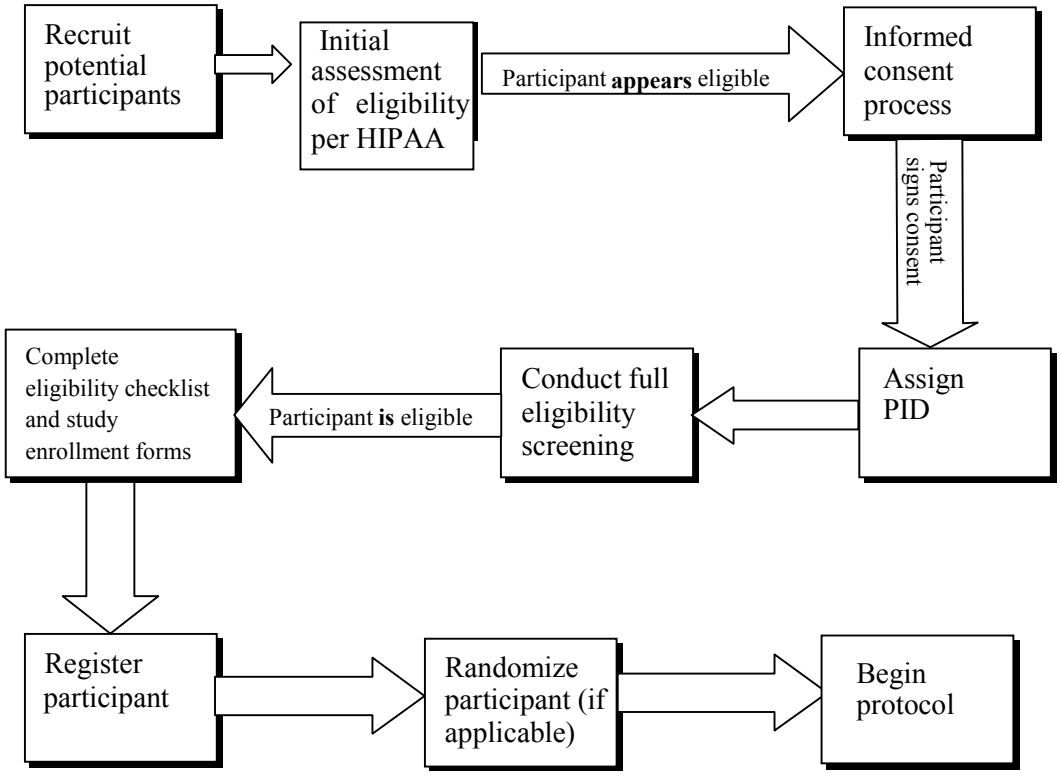

Figure 4-1. Participant Enrollment Process

It is helpful for site staff to recognize why people decide to participate in cancer chemoprevention clinical trials and recognize some of their reservations. Potential participants may want

to take a more active role in their health care and/or receive regular medical attention, or they may simply want to assist in the gathering of medical knowledge. On the other hand, they may worry about perceived and/or real side effects, payment issues, and being viewed as "guinea pigs." The process of informed consent starts with the recruitment phase of a study.

4.2.2 Initial Evaluation of Participant's Eligibility Using the Inclusion/Exclusion Criteria

A general assessment of the participant's potential eligibility should be made to determine if further screening is warranted. All study sites are expected to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Tests and procedures to confirm eligibility can only be done once the participant has signed the informed consent.

4.2.3 Obtaining Informed Consent

Every effort must be made to protect the rights of the study participants. An investigator may not involve a participant in research (including tests to evaluate eligibility) unless the investigator or his/her representative has obtained a signed DCP- and IRB-approved informed consent document . An investigator should ask for such informed consent only under circumstances that provide the prospective participant sufficient opportunity to consider whether or not to participate.

NOTE: Participants who are minors or who cannot make their own health care decisions will need a legal representative to provide consent. Assent requirements may also apply. For further information on assent requirements, consult your local institution and/or state regulations.

Obtaining informed consent is more than obtaining a signature on a form. It is a process designed to:

- Provide the participant with current and ongoing information about the study;
- Ensure the participant understands the information that has been presented and has an opportunity to ask questions;
- Discuss the participant's rights as outlined in the consent form;

- Allow the participant the opportunity to agree or disagree to take part in the study;
- Allow the participant the opportunity to freely withdraw from the study in the future; and
- Allow the participant the opportunity to allow or refuse to have their biologic samples stored and used for future research.

NOTE: During a site monitoring visit, the Clinical Research Associate (CRA) will check the date the participant or legal representative signed the informed consent, and whether that signature was obtained on or before the date(s) that any screening or other study-related procedures were conducted. The CRA will also review the date an informed consent form was approved by the IRB and will determine whether a participant's signature was obtained after IRB approval.

4.3 Assigning a Participant Identification Number (PID)

Once a participant has been identified as potentially eligible for enrollment in the study, and pre-entry clinical/laboratory evaluations have been scheduled, the participant will be assigned a PID. Each clinical study site will develop its own PID system. One example of a system would be to use a unique four or five digit number. Once a participant has been assigned a PID number, that number never changes. If the participant is enrolled in future stages of the study, he/she will retain that PID number. If the participant does not enroll, that PID number will not be reassigned. The PID logbook that contains both participants' names and PID numbers must be kept in a locked, secure place.

NOTE: DCP will comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in order to protect the privacy of research participants. This rule became effective in April 2003. This rule states that initials and full birth date are identifying information. Therefore, any participant-related materials that will be seen outside of the research site (i.e., investigator progress reports or SAE reports) should include only the PID number, year of birth, gender, and race.

4.4 Determining Eligibility

Once a participant is identified as a potential candidate for a study and has signed the informed consent document , the screening (or pre-entry) to fully evaluate and confirm eligibility begins.

This eligibility evaluation may include laboratory and/or clinical tests. The results of the tests determine whether the participant satisfies the inclusion/exclusion criteria of the protocol. All screening evaluations are performed prior to the participant's registration.

All participants that undergo screening for a study must be recorded in a study-specific screening log. If a participant is found to be ineligible or otherwise does not enroll in the study, the reason for this must be stated in the log.

Participants who sign the informed consent document, but who are not eligible for the study due to the inclusion or exclusion criteria, must be told why they cannot participate in the clinical trials. This is often done by the research nurse or study coordinator. The reason(s) for ineligibility must be recorded in the participant's study chart and should include a note indicating the understanding of the participant.

After the eligibility evaluation is complete, use the protocol-specific Eligibility Checklist (a type of CRF) to document that the participant fulfills the inclusion/exclusion criteria of the protocol. If the participant is eligible for the protocol, complete the study enrollment form (another CRF) and the participant is ready for registration.

NOTE: During a site monitoring visit, the CRA will check the Eligibility Checklist CRF against the source documentation. The CRA may also ask to review the screening log.

4.5 Registering/Randomizing Participants

The mechanism for officially registering and randomizing participants onto a DCP study will vary depending upon the protocol. The person responsible for randomizing participants also will differ with each protocol. For example, if a pharmaceutical company is involved in the study and is charged with randomization responsibilities, site staff may be required to call or fax the eligibility and enrollment forms to that company. In other instances, the research pharmacist at the site may be responsible for randomization. DCP does not perform the function of registering and randomizing participants. Therefore, it is critical that site staff assess eligibility criteria carefully, as eligibility may be checked only at the time of the annual site monitor visit. During site monitoring visits, participant eligibility will be one of the main items assessed by the CRA.