### DATA AND SAFETY MONITORING BOARD CHARTER

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| **Protocol Title**: | **<Title>**  |
| **Protocol Number:** | <Name> |
| **Sponsor:** | <Sponsor Name> |
| **Date of Document**: | <Date> |

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**1. Introduction**

The purpose of this charter is to define the responsibilities of this Data and Safety Monitoring Board (DSMB), its membership, and timing of meetings. It will also provide the procedures used to carry out these responsibilities.

**2. Primary responsibilities of the DSMB**

The DSMB will be responsible for safeguarding the interest of trial participant, assessing the safety and efficacy of interventions during the trial and for monitoring the overall conduct of the clinical trial. The DSMB will provide recommendations about stopping or continuing the clinical trial. To contribute to enhancing the integrity of the trial, the DMSB may formulate recommendations relating to the selection, recruitment and retention of participants, their management, improving adherence to protocol-specified regiments and procedures for data management and quality control. The key responsibilities of the DSMB are:

1. Reviewing the study protocol.
2. Evaluating the quality of ongoing study conduct including accrual rate, adherence to protocol, accuracy and completeness of data capture.
3. Assessing safety and efficacy data by intervention group. Efficacy and safety data should also be carefully reviewed at protocol specified times of formal interim analysis.

**3. Membership of the DSMB**

The DSMB will consist of at least three members. Two members will constitute a quorum. All members must be completely independent of the trial and have no financial, scientific, or other conflict of interest with the trial. Collaborators or associates of <Principal Investigator> are not eligible to serve on the DSMB. The DSMB includes experts in or representatives of the fields of relevant clinical expertise, clinical trial methodology, and biostatistics. The members of this DSMB are listed in Appendix 1.

The Chair is responsible for overseeing the meetings, and developing the agenda in consultation with the Principal Investigator. DSMB membership is for the duration of the clinical trial. If any members leave during the course of the trial, the Principal Investigator will appoint their replacement. The DSMB coordinator is the contact person for the DSMB. The DSMB coordinator will be a <Name of person who will be responsible for meeting logistics and making sure all DSMB members have the documents they need>.

By signing this charter, members attest to absence of any significant financial interests related to this clinical trial. Should this status change, the member of the DSMB must disclose to fellow DSMB members any real or perceived conflict(s) of interest. The DSMB will then determine the appropriateness of the member continuing to serve on the Board.

**3. DSMB Meetings :** The initial meeting of the DSMB will be held before the trial is initiated to discuss the DSMB charter, the role and function of the DSMB, the format and content of Open and Closed reports. This initial meeting will be attended by the DSMB members, Principal Investigator and independent statistician. The DSMB will be provided with the protocol, statistical analysis plan, DSMB charter and templates of the Open and Closed reports.

The DSMB will meet <amend according to the trial - every year or depends on the risks involved in the trial, rate of accrual etc – for example – after N patients or have completed N number of visits>. The DMSB meetings will be held in person or via teleconference. These meetings will be attended by the DSMB members, Principal Investigator and independent statistician.

<Depending on the study protocol one or more formal interim analysis meetings will be held to review data relating to treatment efficacy, patient safety and quality of trial conduct. > The interim analysis meeting will include the DSMB members, Principal Investigator and independent statistician.

Meetings may be in person or via teleconference, depending upon the schedule of the members. If one of the three voting members of the DSMB cannot attend a scheduled meeting, the members present *may* decide the meeting will be cancelled and rescheduled to reconvene at the earliest possible time.

Frequency of the meetings may be changed by the DSMB in consultation with the Principal Investigator based on need.

Meetings will consist of open and closed sessions:

Open Sessions: DSMB members, DSMB coordinator and study team members are present at the open session. The DSMB may invite guests to meetings for their expertise or for needed information. Open session discussion will focus on the conduct and progress of the study with special attention to the pooled safety and efficacy data. The Principal Investigator is invited to present summary statements of submitted updates, adverse events, etc. The Principal Investigator may be asked to respond to Board questions.

Closed Sessions**:** Only DSMB members and DSMB coordinator(s) and independent statistician should be present at the closed session. In this session, the DSMB will review unblinded information about relative efficacy and safety by intervention group. At the closed session, the DSMB develops consensus on its list of recommendations including that relating to whether the trial should continue.

**4. Reports to the DSMB:** The study team should provide reports at least a week prior to the date of the meeting. The Open report is available to all who attend the DSMB meeting will include data on recruitment and baseline characteristics, protocol deviations and protocol adherence. The <study statistician / independent statistician) will prepare the Open Report.

The Closed Report is available only to those attending the Closed Session. This report should include analyses of primary and secondary efficacy endpoints, analysis of adverse events and laboratory data by intervention group.

The DSMB Chair will formalize the recommendations in secure email or formal letter and forward to the DSMBCoordinator for forwarding to the PI. The DSMB coordinator should forward the DSMB’s final recommendations to the Principal Investigator within 2 weeks of the meeting. The Principal Investigator is responsible for dissemination to the study team, IRB, FDA, and any other entity.

**5. Confidentiality -** All materials, discussions and proceedings of the DSMB are completely confidential. Members and other participants in DSMB meetings are expected to maintain confidentiality. A format for open and closed sessions will be implemented to allow the DSMB to maintain independence and integrity of the boards’ recommendations. This will also provide opportunities for interaction between the board members and others who have valuable insights into trial-related issues.

**Encl:**

Appendix 1 – Signatures

Appendix 2 – Stopping Rules

**Appendix 1: Members**

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| --- | --- |
| Chair:  | <name and contact information for chair and members> |
| Affiliation: |  |
| Contact information: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
|  |  |
| Voting Member: |  |
| Affiliation: |  |
| Contact Information: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
|  |  |
| Voting Member: |  |
| Affiliation: |  |
| Contact Information: |  |
| Phone: |  |
| Email:  |  |
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**Appendix 2: Signatures**

By signing this Charter, I hereby confirm I understand my responsibilities as a member of this Data and Safety Monitoring Board and I confirm that I do not have any conflict of interest with this research.

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<Name>  Date

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<Name> Date

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<Name> Date

**Appendix 3 – Stopping Rules <this just an example – please change this to suit the trial>**

Severity of adverse events will be done by using the current NCI Common Terminology Criteria for Adverse Events (CTCAE) grading scale. Any grade 4-5 adverse event deemed by the DSMB to be temporally associated with the treatment will prompt cessation and trigger the stopping rules.

1. Any death deemed related to the study by the investigator;
2. Any clinically significant intracranial hemorrhage as defined by the study protocol
3. Any major extra-cranial hemorrhage defined by the study protocol
4. Any Grade 4-5 adverse event as defined in the NCI CTCAE and determined to be temporally related by the DSMB.

Stopping rules based on Two sided 90% Confidence Interval(CI)

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| --- | --- |
| Sample Size(N) | Number P = X/N Lower limit Upper limit of (X) of CI of CI  |
| 5 |  0 0.00 0.000 0.451 1 0.20 0.010 0.657 2 0.40 0.076 0.811 3 0.60 0.189 0.924 |
| 10 |  1 0.10 0.005 0.259 2 0.20 0.037 0.507 3 0.30 0.087 0.607 4 0.40 0.150 0.696 |
| 15 |  0 0.00 0.000 0.181 1 0.067 0.003 0.279 2 0.133 0.024 0.363 3 0.20 0.057 0.440 4 0.267 0.097 0.511 5 0.333 0.142 0.577 |
| 20 |  0 0.00 0.000 0.139 1 0.05 0.0026 0.216 2 0.10 0.0181 0.283 3 0.15 0.0422 0.344 4 0.20 0.0714 0.401 5 0.25 0.1041 0.456 |