

TRANSDISCIPLINARY TEAM (TDT) AMENDMENT REVIEW
(To be completed the TDT Leader or their designee)

Transdisciplinary Team (TDT):

Title of Protocol:

Principal Investigator (PI):

Amendment Number and Protocol Version:

Description of Change(s):

Date of Review:

Y N

Has adequate justification been provided to support the changes included in this amendment?

If no, explain

Y N

Do the changes still fit the current treatment algorithm for patients eligible for the study?

If no, explain

Does the PI anticipate the local accrual target to change (increase or decrease) due to the proposed changes to the protocol?

Yes No

If yes, what are the new goals for:

a) UVMMC Total Target Accrual (Single #, not range):

b) UVMMC Target Accrual per year (Single #, not a range):

(Note: Studies that do not meet $\geq 50\%$ of annual accrual goal measured from the date the study is open to accrual will be recommended for closure. To allow assessment of accrual goals, only a specific number is allowed for accrual questions a & b above, not a range.)

Disease Team Decision:

Approved

Disapproved

Comments:

THE
University of Vermont
C A N C E R C E N T E R

By signing this form, the TDT leader (or their designee) attests that the disease team reviewed and discussed the protocol and agrees to support enrollment on the clinical trial. If the PI is the TDT team leader, an alternate team member should sign the TDT form. This completed form must be submitted to the PRMC for review.

TDT Leader (or designee):

Signature: _____ Date: _____