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| **Application Date:** | **CCTG Use****Application Number:** |
| **Title of Proposed Project:** |
| **Trial ID(s)** *(if known)* | **Trial Title(s)** |
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| **Applicant (Investigator) Name:**  |  |
| **Investigator’s Title:** |  |
| **Co-Investigator Name(s):**  |  |
| **Co-Investigator’s Title(s):** |  |
| **Investigator Mailing Address:** |  |
| **Investigator Telephone:** |  |
| **E-Mail:** |  |

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| **Contact Person Name:** *(e.g. administrative assistant )* |  |
| **Telephone:** |  |
| **E-Mail:** |  |

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| **Summary of research proposal** *(Please attach a separate 3-4 page document describing details of the following):***• Introduction • Eligibility Criteria****• Rationale • Outcome Measures****• Study Objectives • Analysis Plan** |

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| **Specify data elements required for planned analysis** *(check all that apply)* |
| □ Patient Characteristics: specify: |
| □ Protocol Treatment Characteristics: specify:  |
| □ Concomitant Meds (e.g. treatment name, treatment type, dose, schedule, start/stop dates etc.) |
| □ Radiology  |
| □ Hospitalizations |
| □ Adverse Events |
| □ Serious Adverse Events |
| □ Resource Utilization Forms – outpatient visits |
| □ Resource Utilization Forms – outpatient procedures |
| □ Resource Utilization Forms – hospitalizations |
| □ Resource Utilization Forms – institutionalizations |
| □ Economics Questionnaire Data (e.g. HUI, EQ-5D, LPI, WPAI, 30 day resource use diary) |
| □ Quality of Life Questionnaire data: (e.g. SF-36, QLQ-C30) |
| □ Other: specify:  |

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| **Amount of data required** *(e.g. all patients on trial, specific countries, specific number of patients):* |
| **Comments:** |

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| **Is funding available to carry out this project?**Yes □ No □ |
| If YES, indicate source: |
| If NO, how will funding be attained? |

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| **Data Analysis:** *Is the applicant’s preference to:* |
| Conduct a collaborative analysis (e.g. statistical analysis conducted at CCTG): □Conduct independent analysis (e.g. statistical analysis conducted by applicant): □Undecided: □ |
| **Comment on statistical training or support available to you if you plan to conduct an independent analysis or you are undecided on location for data analysis:** |

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| **Investigator Acknowledgements:** *(if proposal approved and investigator receives data for analysis))* |
| Agree to use data only for approved project?  | Agree □ |
| Agree to cite the CCTG trial ID, data source and agree to keep Individual Patient Data confidential? | Agree □ |

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| **Anticipated Timelines** |
| Proposed start date of project: |
| Proposed completion date of analyses: |
| Proposed presentation date of results:  |
| Proposed presentation conference: (e.g. ASCO) |

We encourage applicants to submit by e-mail to: datasharing@ctg.queensu.ca

Application and supporting documentations are also accepted by mail:

Christine Bertrim, Trial Management Associate

Canadian Cancer Trials Group

Cancer Research Institute,

Queen's University

10 Stuart Street