Overall scoring

Overall score:	
Merit (M) score	50%
Relevance & Potential Impact (RPI) score	50%

The expert review committee includes scientific (**SR**), operational (**SR**), and patient/survivor/caregiver (**PSC**) reviewers. Reviewers will use 2 rating scales to score applications. A **Merit rating** and **a Relevance & Potential Impact (RPI) rating** should be given on a scale of 0-5, to 1 decimal place.

Note: Initial/preliminary scores given during the review process may not be the final scores, as reviewers may need more information to evaluate certain aspects of an application. **Reviewers are free to assess based on their own personal/intersectional expertise/experience and are expected to take the panel discussion into consideration and evaluate the application holistically to determine their final scores.**

Score descriptions

Descriptor	Score range	Definition	Outcome
Outstanding	4.5 - 5.0	All scoring criteria have been met and some exceeded. Each item has been appropriately and thoroughly addressed. Very minor improvements are recommended.	Priority for funding
Excellent	4.0 - 4.5	The majority (>80%) of scoring criteria have been met and some exceeded. The majority of items have been appropriately addressed. Some minor changes are recommended.	
Good	3.5 - 4.0	Many (60-80%) scoring criteria have been met. Most items have been appropriately addressed. There are several minor or one moderate areas for improvement, but no major weaknesses.	Fundable
Fair	3.0 - 3.5	Some (40-60%) scoring criteria have been met. Some items have been addressed but there are notable gaps. There is at least one major weakness or many moderate weaknesses.	Not fundable
Poor	2.0 - 3.0	Not enough (20-40%) scoring criteria have been met. Some items have been addressed but there are notable gaps. There is at least one major weakness and many moderate weaknesses.	
Incomplete	Below 2.0	Few (<20%) scoring criteria have been met. Multiple major weaknesses. The proposal needs significant development before being competitive in this program.	

Merit (M) rating scale

The **Merit** rating scale is to be used by reviewers to assess the scientific merit and operations of the program. The lists below show the criteria to be evaluated, and reviewers are asked to use these criteria to help them holistically assess each application. For example, minor or moderate weaknesses in some areas may be compensated for by strengths in other areas.

Reviewers are asked to use this scale to assess each application, assign a Merit score (0-5), and record this score in EGrAMS prior to and during the panel meeting

If any major weaknesses are identified, this rating should **not** be above 3.5.

Merit criteria Operational Excellence – 60% of merit score	SR	PSC
• CCTG priorities and strategy are thorough, balanced and aligned with CCS priorities. • Distribution of clinical trials across Canada serves the Canadian population. • Decision making for trial approval and communications are transparent. • Quantitative metrics on trial acceptance vs rejection and any included policies are scientifically sound.	✓	✓ (#2&3 only)
• The application describes operations and research activities (overall trial practices and specific trials planned) in line with CCS strategic plan priorities and CCTG's strategic plan. • Overall and Scientific Committee research activities (overall trial practices and specific trials planned) are clearly articulated, well-conceived and positioned to generate meaningful outcomes.	✓	
• Key milestones and timelines are clearly defined and realistic. There is a high likelihood that anticipated outcomes will be realized.	✓	✓
• Feasibility of research activities is well-articulated, including identification of potential challenges (i.e., accrual) and how they will be addressed, risks, clear risk mitigation strategies and alternative approaches.	✓	✓
• The public summary is written in non-technical language and clearly describes the progress to date and planned activities and impacts.		✓
• Sex, gender, and other dimensions of diversity/social determinants of health (e.g. race, ethnicity, education, economic status) and their intersectionalities are appropriately **addressed and incorporated** in the overall operations, research activities, and dissemination/implementation of quantitative targets.	✓	✓
• Commitments to Reconciliation, steps taken and planned actions are described and show meaningful work towards Indigenous Reconciliation.	✓	✓

• The data management plan, with consideration for the First Nations Principles of Ownership, Control, Access and Possession (OCAP) where relevant, is well described and will support future research and analysis (where permitted). • Data sharing and use internal **and** external to CCTG is robust and transparent. Future steps to improve access are specific. • Data harmonization and alignment is described and future plans specifically support harmonization, streamlining, transparency and access. • Cross-committee coordination of data (e.g., biomarker and ctDNA use) is specific, implemented or planned.	✓	✓
• Monitoring and evaluation are thorough but not burdensome and will directly inform outcomes and impacts. • Tumour Tissue Data Repository access and use is robust. There is a sound long term plan for biospecimen storage and use. • Patient-reported outcomes are or will be systematically applied in early-phase IND trials. • Steps to improve data collection and coordination are clearly defined and realistic (ideal)	✓	✓
• The budget requested is detailed, in line with guidelines and supports operational excellence. Relevant costs are accounted for, including remuneration of team members (in line with CCS policy), where eligible. • Trials that will draw on per-case funding are allocated according to CCS funding guidelines	✓	✓

Merit criteria **Team & environment – 40% of merit score**	**SR**	**PSC**
• Terms of Reference are well-defined and appropriate. Roles and responsibilities are clearly outlined, including time commitment and remuneration (where eligible).	✓	✓
• The qualifications and expertise of the leadership (CVs provided) are appropriate. If any gaps in expertise are identified, the application should include a clear plan for how these will be addressed. • The rationale for choosing co-Chairs and Chairs for Committees is clearly described and thoughtful	✓	
• The central research environment (Queen's) has adequate support and resources for trial activities.	✓	
• Meaningful involvement has been demonstrated with all members of the research team in the development of the research proposal (described in the Terms of Reference). *This includes (but is not limited to) trainees and end-users.* • People with lived/living experience of cancer will be **meaningfully** engaged throughout committee operations and the clinical trial life cycle (mandatory). Patient remuneration is in line with CCS policy.	✓	✓

• Accessibility, equity, diversity and inclusion principles are evident in team composition and recruitment processes.	✓	✓

Note:

- *Please be aware that the initial scores given during the review process may not be the final scores.*
- *The goal of varying types of reviewers is to **bring multiple perspectives** and balance to the review process. Guidance has been provided to indicate which criteria may be deemed most relevant by reviewer type, however reviewers are free to assess based on their own personal (and intersectional) expertise/experience and are expected to take into consideration the panel discussion in order to **evaluate the application holistically** to determine their final scores.*

Relevance & Potential Impact rating scale

The Relevance & Potential Impact (**RPI**) rating scale is to be used by all reviewers to assess the relevance and potential impact of an application and applicant. The table below shows the criteria to be evaluated, and reviewers are asked to use these criteria to help them holistically assess each application. For example, weaknesses in some areas may be compensated for by strengths in other areas.

Reviewers are asked to use this scale to assess each application, assign a preliminary Relevance & Potential Impact score (0-5), and record this score in EGrAMS prior to and during the panel meeting.

If any major weaknesses are identified, this rating should **not** be above 3.5.

Relevance and Potential Impact criteria	SR	PSC
• The proposed operations are thoughtfully conceived, responsive and show adaptability.	✓	✓
• The proposed overall and Scientific Committee research activities (overall trial practices and specific planned trials) demonstrate clear and compelling relevance to people affected by cancer in Canada.	✓	✓
• Steps to be taken to improve clinical trial accessibility for people affected by cancer are clearly described. • Accrual and trial activation metrics are described, as well as how trials will increase accrual and shorten timelines to activation. Strategies for underperforming trials are included.	✓	✓
• There is a demonstrated commitment to capacity building activities/experiences. The plan supports the next generation of researchers in clinical trials equitably. Trainees' remuneration are in line with CCS levels. • Continued education and training around clinical trials for clinical research professionals or healthcare providers is described (ideal).	✓	✓
• Partnerships and collaborations described will enhance capacity and trial outcomes, support public awareness of clinical trials and foster Canadian leadership in clinical trials. Both Canadian and international partnerships are detailed.	✓	✓

• The methods and approaches outlined in the knowledge translation and mobilization (KTM) plan are well-defined, feasible, integrated into the timeline and budget.	✓	✓
• The KTM plan involves the relevant interest holders from the outset to ensure the utility of approaches and impact. Public and/or patient engagement strategies are clearly evident with an eye to improving public awareness of clinical trials.	✓	✓
• Equitable access to and utilization of outcomes are considered.	✓	✓
• The potential impact (short and long-term) of the proposed research on people affected by cancer is clearly described, relevant to people in Canada, compelling and realistic.	✓	✓
• **External Consultation Report** – Public perceptions of CCTG are overall positive; they fill an important gap, especially for people in Canada and are viewed as a valuable resource	✓	✓
• **External Consultation Report** – Interactions with CCTG are overall positive; they are seen as collaborative, they share data willingly, they have a positive influence and follow trial best practices	✓	✓

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