MONITORING VISIT REPORT

VISIT INFORMATION

Protocol Title:	A Randomized, Open-Label, Multicenter, Phase 3 Trial Comparing Veliparib Plus Carboplatin and Paclitaxel Versus Investigator's Choice of Standard Chemotherapy in Subjects Receiving First Cytotoxic Chemotherapy for Metastatic or Advanced Non-Squamous Non-Small Cell Lung Cancer (NSCLC) and Who Are Current or Former Smokers
Protocol Name:	M14-359
Site Name / Site #:	Highlands Oncology Group / SITE-055
Site Address:	Springdale, USA
Site Activation Date:	2024-05-06
Monitoring Visit Date:	2024-08-05
Visit Type:	On-Site
CRA:	CRA-003

SUMMARY OF MONITORING VISIT

This Interim Monitoring Visit (IMV) was conducted at Highlands Oncology Group (SITE-055) on 05-Aug-2024 to review study progress, data quality, and regulatory compliance for Protocol M14-359. The monitor arrived at 08:30 and met with the Study Coordinator (SC), Sarah Jenkins, to review the visit agenda. The Principal Investigator (PI), Dr. Alistair Thorne, was present on-site and available for ad-hoc questions throughout the day. The primary focus of this visit was Source Document Verification (SDV) for the five (5) randomized subjects, review of the Investigator Site File (ISF), and accountability of Investigational Product (IP).

Overall, the site is performing exceptionally well regarding recruitment, having randomized 5 subjects since activation in May 2024. Data entry is timely, with eCRF data entered within 48 hours of subject visits. However, one Critical finding was identified during the review of subject medical records. Subject 055-004 was hospitalized for 'severe pneumonia' on 20-Jul-2024. This event meets the criteria for a Serious Adverse Event (SAE) but was not reported to the Sponsor Safety Team within the required 24-hour window, nor was it entered into the EDC as an SAE. Immediate retraining was conducted, and the SAE was reported during the visit.

Aside from the safety reporting finding, the site is well-organized. Regulatory binders are up to date, and IP accountability was 100% accurate. Four (4) other minor findings were noted regarding documentation practices (ALCOA+) and expired lab supplies, which were discussed during the exit interview. Dr. Thorne demonstrated high engagement, reviewing the enrollment strategy and confirming the pipeline of potential subjects for the upcoming month.

Overall Impression:

The site is recruiting ahead of schedule with an engaged PI; however, immediate corrective action is required regarding SAE reporting timelines to ensure subject safety compliance.

Exit Interview Comments:

The exit interview was conducted at 15:30 with Dr. Thorne (PI) and Ms. Jenkins (SC). The Critical finding regarding the unreported SAE for Subject 055-004 was discussed in detail. Dr. Thorne acknowledged the oversight and committed to a review of the site's internal SAE reporting SOPs. The PI actively reviewed the enrollment logs and discussed two potential screen candidates for next week. All other minor findings were reviewed, and the Delegation of Authority Log was updated to reflect new pharmacy staff.

URGENT ISSUES

Yes

A. CRITICAL: Subject 055-004 experienced a hospitalization event (Pneumonia) on 20-Jul-2024 found in source notes. This was not reported as an SAE within 24 hours. SAE report generated and submitted during visit (05-Aug-2024).

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PERSONS PRESENT

Name	Position/Title
Dr. Alistair Thorne	Principal Investigator
Sarah Jenkins	Study Coordinator
Michael Ross	Pharmacist

ENROLLMENT STATUS

Screened: 6

Consented: 5

Pre Randomization Failure: 1

Randomized: 5

Completed: 5

Ongoing: 0

Withdrawn: 0

Recruitment Plan Notes:

The site has exceeded the initial projected recruitment rate. Target enrollment is 28; with 5 randomized in 3 months, the site is on track. Dr. Thorne reviewed the pre-screening log during the visit and identified 3 potential candidates from the clinic database.

Recruitment Rate Adequate? Yes

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MONITORING CHECKLIST

Informed Consent

1	Is the current IRB/EC-approved ICF version being used?	Yes	Version 2.0 dated 15-Apr-2024 is current.
2	Was ICF signed prior to any study procedures?	Yes	Verified for all 5 randomized subjects.
3	Is the correct version of the ICF signed?	Yes	
4	Is re-consent required for any subjects?	No	No new amendments requiring re-consent.

Site Staff/Facilities

5	Is the PI available for supervision?	Yes	Dr. Thorne was present and engaged.
6	Are Sub-Investigators qualified and delegated?	Yes	
7	Is the Study Coordinator adequately trained?	Yes	GCP training current.
8	Are Pharmacy facilities adequate?	Yes	Secure access, temperature controlled.
9	Is the Laboratory certified (CLIA/CAP)?	Yes	Certifications valid through Dec 2025.
10	Is equipment calibrated and maintained?	Yes	Centrifuge and ECG calibration logs reviewed.
11	Is the Delegation of Authority Log current?	No	Update DOA log to reflect start date. Completed during visit
12	Is the Training Log complete for all staff?	Yes	
13	Are CVs current and signed?	No	Obtain updated CV for Dr. Miller.

Investigator Site File / Monitoring Activities

14	Is the ISF complete and organized?	Yes	Binders are well maintained.
15	Are essential documents current?	Yes	Financial Disclosure Forms verified.
16	Is the Site Visit Log signed?	Yes	
17	Are prior visit follow-up items complete?	N/A	First monitoring visit.

Research Ethics Board

18	Is IRB/EC approval current?	Yes	Approval valid until May 2025.
19	Are protocol amendments approved?	Yes	Protocol v3.0 approved.
20	Are safety reports submitted to IRB?	Yes	IND safety reports submitted per local requirements.
21	Is annual renewal current?	N/A	Study activated < 1 year ago.
22	Is site-specific consent approved?	Yes	
23	Is SAE reporting compliant with IRB requirements?	No	Submit PD to IRB regarding late SAE reporting.

Safety

24	Is AE reporting timely and accurate?	Yes	Non-serious AEs are well documented.
25	Are SAEs followed to resolution?	No	CRITICAL: Report SAE immediately. Retrain staff on safety
26	Is pregnancy reporting compliant?	N/A	No pregnancies reported.
27	Are protocol deviations documented?	Yes	Deviation log is current.
28	Is the safety database reconciled?	No	Reconcile SAE database with EDC once report is processe
29	Are SUSAR notifications timely?	Yes	Investigator acknowledges receipt of safety letters.
30	Are DSMB recommendations implemented?	N/A	No DSMB recommendations yet.
31	Is the risk-benefit assessment current?	Yes	

Compliance

32	Is protocol compliance acceptable?	Yes	Generally good adherence to inclusion/exclusion.
33	Is GCP compliance maintained?	Yes	ALCOA+ principles generally followed.
34	Is regulatory compliance current?	Yes	FDA 1572 is current.

Study Investigational Product

35	Is IP storage adequate?	Yes	Stored at controlled room temperature.
36	Is IP accountability current?	Yes	Logs match physical inventory.
37	Is IP dispensing correct?	Yes	IWRS confirmations match dispensing logs.
38	Are IP returns documented?	Yes	Subject returns counted and quarantined.
39	Is temperature monitoring compliant?	No	Pharmacist to complete memo to file explaining oversight.

Study Supplies/Vendors

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40	Are lab kits/supplies adequate?	No	Expired kits destroyed on site. New kits ordered.
Source Document Verification & Review			
41	Are source documents available?	Yes	EMR access provided.
42	Was SDV completed per plan?	Yes	100% SDV for all randomized subjects.
43	Are data discrepancies identified?	Yes	See SDV findings section.
44	Does CRF data match source?	Yes	With exception of noted findings.
45	Is query resolution timely?	Yes	No open queries > 14 days.
46	Are data corrections documented?	Yes	Audit trails visible in EMR.

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SOURCE DOCUMENT VERIFICATION & CHART REVIEW

Subject	Visits Reviewed	Comments	Action Required
055-004	Unscheduled Visit (20-Jul	Source indicates hospitalization for pne	Site to enter SAE immediately.
055-002	Screening	Subject dated signature '2023'.	Site to create Note to File clarify
055-005	Cycle 1 Day 1	Blood pressure 130/85 in source, entered	Query issued. Site to correct EDC.

CRA ASSESSMENT

Highlands Oncology Group is demonstrating strong enrollment performance and high PI engagement, which is a positive indicator for the study's success at this location. The PI, Dr. Thorne, is visibly committed to the protocol and maintains excellent oversight of the recruitment pipeline. However, the identification of an unreported SAE is a significant compliance issue that requires immediate remediation. The site staff were cooperative and transparent when the issue was raised, suggesting that this was an isolated process failure rather than negligence. Retraining on safety reporting timelines was conducted on-site. Provided the site adheres to the corrective actions regarding safety reporting and minor documentation hygiene, they remain a high-value site for this trial.