PEDIATRIC EYE DISEASE INVESTIGATOR GROUP (PEDIG)
ORGANIZATIONAL STRUCTURE
April 27, 2018

I. Organizational Structure

The Coordinating Center (CC) for the Pediatric Eye Disease Investigator Group (PEDIG) is the Jaeb Center for Health Research in Tampa. The organizational structure includes the office(s) of the Network Chair(s) and the following: Executive Committee (EC), Operations Committee (OC), Steering Committees, and the Data and Safety Monitoring Committee (DSMC). Each major protocol is developed by a Protocol Development Committee and is then administered by a Steering Committee.

A. Coordinating Center

The CC is responsible for the development and maintenance of the organization of PEDIG. For each study, staff in the CC has the responsibility for overseeing the development of the protocol, development of operational and analytical methodology, the conduct of each study according to the protocol, and analysis of all data. The CC serves as an administrative resource for study investigators. It is actively involved in facilitating IRB approval and yearly renewals. For many studies, the CC will be responsible for maintaining direct contact with patients. The CC will maintain both the private and public websites for PEDIG.

B. Network Chair(s) and Vice-chair(s)

a. Network Chair(s)

The Network Chair(s) work closely with the CC. The Network Chair(s) have overall scientific responsibility for PEDIG. Since its inception, PEDIG has been led by either a single Chair or Co-chairs.

Responsibilities of the Network Chair(s) include the following:

- Co-Chair the Executive Committee
- Attend weekly call with the Coordinating Center
- Attend weekly calls of the Operations Committee
- Lead the monthly investigator conference calls (each to conduct 2 of the 4 calls)
- Lead the full PEDIG Investigator meetings in February and July of each year
- Lead the PEDIG investigator meetings that take place at the annual meetings of the American Academy of Optometry, the American Academy of Ophthalmology, and the American Association for Pediatric Ophthalmology and Strabismus
- Supervise and provide daily support to protocol chairs across multiple simultaneous study protocols (one Co-Chair will be assigned primarily to each active protocol)
- Provide direction for future study protocols
- Serve as ad-hoc members on each PEDIG Committee (Strabismus Steering Committee, Amblyopia Steering Committee, multiple weekly Protocol Planning Committees, multiple weekly Writing Committees) except for the Data Safety & Monitoring Committee (DSMC)
- Attend the DSMC meetings as non-voting members
- Review ideas for future protocols and direct the prioritization of ideas for protocol development
- Serve as principal media contact(s) and primary public communicator(s) regarding the Network

- Oversee the development of assigned study protocols which entails working closely (weekly or several-times-a-week conference calls) with the Coordinating Center and with the protocol development chair(s)
- Oversee the development of all manuscripts, working closely with the Coordinating Center and with the lead author (weekly or several-times-a-week conference calls)
- Work closely with the Coordinating Center to oversee both site monitoring and protocol monitoring, and to develop and maintain quality assurance
- Conduct site visits as needed
- Communicate with site investigators as needed to resolve issues, encourage enrollment, and discuss other protocol or site-related issues

b. Conference Calls

Network Chair(s) will have a weekly conference call with the CC.

c. Process for Selection of Network Chair(s)

A single network chair or two co-chairs may be appointed. In the instance of co-chairs, ideally there would be one ophthalmologist and one optometrist, assuming strong candidates from each discipline. Approximately 2 years before the end of the tenure of the Chair(s), a solicitation will be made to PEDIG investigators to nominate individuals for the position of network chair or co-chair (an individual may nominate himself or herself). A formal application and review process will be followed and is summarized in a separate operational document. It is expected that the individual(s) will be selected and ultimately approved by the National Eye Institute (NEI) 21 months before the end of the 5-year term of the preceding network Chair. The individual(s) will join the Operations Committee (if not already a member of the Operations Committee) at this time, so as to be able to serve on the Operations Committee prior to assuming the Chair position.

d. Network Vice-chair(s)

One to three Vice-chairs will be selected depending on network needs and budget. If possible, vice-chairs will be selected so that the Operations Committee includes at least one optometrist, one academic ophthalmologist, and one private practice ophthalmologist. The Vice-chair(s) will be selected by the Executive Committee following a solicitation to PEDIG investigators. A formal application and review process will be followed and is summarized in a separate operational document.

The Vice-chair position has a 1-year term after which a Vice-chair may be invited by EC to serve a second 1-year term. Funding for each Vice-chair will be provided based upon the anticipated percent effort, and the CC will provide administrative support.

There will be an annual application process starting in late Summer each year and a review of applicants by the EC in November to appoint Vice-chair/s for the following year.

Responsibilities of a Vice-chair include the following:

- Serve as a member of the Operations Committee with responsibilities listed for that committee, including participation on weekly or bi-weekly one-hour OC conference calls
- Participate on the Executive Committee
- Provide leadership at PEDIG investigator meetings (shared with Network Chair(s))

C. Executive Committee

The Executive Committee consists of the following standing members: all members of the Operations Committee (see Section D), an expert in childhood vision assessment, and a representative of the NEI. The Committee also includes rotating positions filled by ophthalmologists, optometrists, and a site coordinator, all appointed for 24-month terms. An investigator or coordinator from a site on probation is not eligible for nomination to the Executive Committee. If a site is put on probation, any investigators or coordinators serving on the Executive Committee may be asked to resign.

The Executive Committee is chaired by the Network Chair(s). The committee has regularly scheduled meetings and conference calls, and convenes any time an issue requires its attention.

The Executive Committee is responsible for formulating general PEDIG policies. Included in its responsibilities are the following:

- Develop requirements for investigators to be members of PEDIG
- Review and approve new PEDIG sites and investigators for applications not meeting established PEDIG requirements for which the Operations Committee believes that special consideration should be given.
- Review site performance issues brought to it by the Operations Committee, including sites and/or site personnel for which probation or dismissal from the network is being considered.
- Select Network Chair(s) and Vice-Chairs
- Prioritize studies for protocol development
- Approve Protocol Chairs as recommended by the Operations Committee
- Approve Steering Committee Chairs as recommended by the Operations Committee
- Review and approve all protocols, including protocol budgets, and any budgetary increases larger than $25,000 or greater than 20% of the study budget after approved. Any budgetary increases less than $25,000 or less than 20% of the study budget are approved by the Operations Committee.
- Review and approve all ancillary studies that utilize network resources
- Enforce the PEDIG editorial policy
- Identify potential funding sources

D. Operations Committee

The Operations Committee oversees the day-to-day activities of the entire network.

a. Membership

Members of the Operations Committee will include the following:

- Network Chair(s)
- Most recent past Network Chair
- Network Vice-chairs
- CC staff: Director, Past Director, Executive Assistant
- Other ad hoc members as needed, appointed by the Operations Committee

b. Responsibilities

Responsibilities of the Operations Committee include:

1) Protocol development
   - Selection of a Protocol Development Committee, if indicated, for each protocol to be developed
   - Proposal of a Protocol Development Chair for the protocol development phase to the Executive Committee.
   - Proposal of a Protocol Chair for the active phase of the protocol (who will often have been the Protocol Development Chair) to the Executive Committee.
2) Oversight of Active Protocols
   - Selection of Steering Committee members
   - At least one investigator member of the Operations Committee will participate on each Steering Committee.
3) Manuscripts
   - Prioritizing manuscripts to be written, including review of manuscript ideas submitted by investigators.
   - Selection of a writing committee for each manuscript.
4) Presentations/dissemination of study results
   - Determine professional meetings at which study results should be presented, and develop general plans for publicizing PEDIG results.
   - At least one member of the OC will review and approve all posters, presentations, and slide sets prior to submission.
   - Developing plan for dissemination of study results as indicated, often with NEI input.
5) Budget
   - Oversight of the Network budget
6) Develop and maintain a program of quality assurance across all studies
   - Monitor the performance of participating sites
   - Identify sites with excessive protocol deviations and/or quality issues to be reviewed by the Executive Committee
7) Review and approval of new sites and investigators
8) Each member of the Operations Committee will participate on the Executive Committee

c. Conference Calls

A weekly or bi-weekly conference call of the Operations Committee will be held. Face-to-face meetings will be scheduled as required.

E. Protocol Chairs and Protocol Development Committees

Each protocol will have a designated Chair or co-Chairs. Each Chair will be proposed by the Operations Committee and approved by the Executive Committee. The Protocol Development Chair and the Protocol Chair will often be the same person, but the Executive Committee will appoint the Protocol Chair.

The Protocol Development Chair and Protocol Chair will focus on scientific aspects of a protocol. During protocol development, the Protocol Development Chair will work with CC staff and with the designated Network Chair to develop the protocol.

During the conduct of the study, the Protocol Chair will respond to queries from clinical sites regarding the protocol, and as needed, to propose necessary modifications to the protocol. Quality control aspects will be the responsibility of the Operations Committee.

The Protocol Chair may conduct protocol review calls with the investigators at the commencement of a protocol and at pivotal points in the conduct of the protocol (e.g., the first time a patient at a site is to have a masked exam in a protocol).

In general, the Protocol Chair will chair the writing committee for the primary manuscript from the study and provide the initial public presentation of main outcomes.

A Protocol Development Committee will be appointed for each protocol. This will include the Protocol Development Chair, network chair(s), one or more other investigators, and, as needed, one or more coordinators. Appointment of some committee members may require specific subcontracts (to be approved by the Operations Committee) for technical expertise, outcome measure development, and pilot testing of materials and methods.

The responsibilities of the Protocol Development Committee are:

- Development of the final protocol, informed consent form, data forms, study procedures, and other study materials
- Development of requirements for coordinators, investigators, and any other required personnel to be certified for the protocol
- Pilot testing of study forms and procedures prior to start of patient recruitment or use in the study

F. Steering Committees

A Steering Committee oversees the day-to-day running of each protocol. One Steering Committee may oversee multiple protocols.

Members of each Steering Committee are appointed by the Operations Committee, and will include the Network Chair(s), some members of the Executive Committee, the Protocol Chairs, and other investigators and site coordinators on a rotational basis (generally for an 18-month term).

A Steering Committee convenes by conference call monthly and additionally as needed.

Whereas the Executive Committee is responsible for issues related to PEDIG in general, Steering Committees are responsible for issues specific to particular protocols. Specific functions of a Steering Committee include:

- Consider changes or modifications to the protocol as necessary or desirable
- Advise and assist the CC on operational matters pertaining to the protocols
- Review and approve abstracts and manuscripts for each protocol in collaboration with the EC

G. Writing Committees

The PEDIG Operations Committee is responsible for selecting a writing committee for each manuscript. The OC provides oversight of manuscript writing, and at least one network chair will serve on the writing committee for each manuscript.

In general, each manuscript writing committee will consist of:

- A lead author (or author/s if applicable); for primary manuscripts, this is usually the protocol chair(s)
- A lead Jaeb statistician (or statisticians, if applicable)
- A Network Chair to provide oversight
- Additional study group members (investigators and coordinators) nominated by the Operations Committee based upon level of recruitment into the study, participation on planning/steering committee, and/or particular expertise in the area of interest

With OC approval, the lead author or OC member may add or remove authors to or from the writing committee based upon level of contribution.

H. Data and Safety Monitoring Committee (DSMC)

The Data and Safety Monitoring Committee (DSMC) has the responsibility for reviewing the ethical conduct of a study and for monitoring the data for evidence of adverse or beneficial treatment effects. Results are not available to the participating investigators who are treating or examining patients until the DSMC recommends that this information be released. The DSMC is responsible for all major studies and is kept abreast of, but is not responsible for, unfunded data collections.

The members of the DSMC will be selected by the National Eye Institute, which will select one of the members to serve as the Chair. The committee will include individuals with expertise in clinical trials, biostatistics, and pediatric ophthalmology, as well as a layperson. The NEI Project Officer will be considered an ex-officio non-voting member.

Prior to the initiation of recruitment for a study, the DSMC reviews the study protocol, including the informed consent procedure and form. The DSMC periodically reviews the study progress (at least twice each year either at a meeting or a conference call). Both efficacy and safety are reviewed regularly. Decisions made by this committee relating to protection of patient rights and/or resulting from data analyses are forwarded to the NEI and then, if indicated, to the Steering Committee. The committee determines specific plans for evaluating adverse effects and efficacy, including stopping rules for each protocol.

A separate Standard Operating Procedures document contains more details about DSMC functions.

I. Clinical Sites

a. Sites

Institutional or private-practice based entities may participate in PEDIG as a clinical site

provided the site has at least one individual who meets criteria to be an investigator as defined in section (b1) below.

One investigator at the site must be designated as the principal investigator who will be responsible for PEDIG activities at the site. The responsibilities of a site PI are detailed in section (b3) below.

A participating site must also have at least one individual who meets criteria to be designated a primary site coordinator as defined in section (c) below.

b. Investigators

1) Investigator

Investigator status is open to all who meet the following qualifications:

- Pediatric ophthalmologists who have completed a pediatric ophthalmology fellowship or have comparable clinical experience (as determined by the Operations Committee) and whose practice is at least 40% pediatric eye care and/or strabismus.
- Pediatric optometrists who have completed a pediatric optometry residency or have comparable clinical experience (as determined by the Operations Committee) and whose practice is at least 40% pediatric eye care and/or strabismus.
- Other clinicians as required by a particular protocol as determined by the Executive Committee.

Each investigator will be reviewed and approved by the Operations Committee and/or the Executive Committee prior to joining PEDIG. Specific requirements may exist for an investigator to participate in a particular protocol. A PEDIG investigator can elect to participate in any or all studies for which he or she meets the certification requirements. Investigators may be required to participate in at least one study to maintain active membership.

2) Associate Investigator

An individual who works with a PEDIG investigator (with investigator status) and who does not meet criteria for investigator can apply to be an associate investigator. An associate investigator can participate in protocols under the supervision of an investigator. An associate investigator cannot independently enroll patients, although he/she can screen patients, obtain informed consent as determined by the IRB, perform the examination that is used for enrollment, and perform follow-up exams. An investigator with full investigator status (i.e., not an associate investigator), must assume responsibility for verifying eligibility and ensuring that the associate investigator follows the study protocol.

Associate investigators may petition the PEDIG Executive Committee to enroll patients for one or more protocols or the Executive Committee may decide that any Associate Investigator may enroll for a particular protocol.

A PEDIG site cannot be active with only associate investigator(s) except in exceptional situations approved by the Executive Committee.

Specific requirements will exist for an associate investigator to participate in each protocol. An associate investigator can elect to participate in any or all studies for which he or she meets the certification requirements. Associate investigators may be required to participate in at least one study to maintain active membership.

An associate investigator can apply for a change in status if he/she should meet the criteria to become an investigator.

If an associate investigator does not meet the criteria to become a full investigator, he/she can apply for full investigator status after two years of participation in PEDIG after satisfying alternative criteria specified below.

- The associate investigator must submit to the Executive Committee a summary of involvement in PEDIG studies
- He/she should also demonstrate a consistent and active role in several studies.

3) Responsibilities of PEDIG Principal Investigators

Each clinical site that is approved to participate in the Pediatric Eye Disease Investigator Group (PEDIG) will have one individual designated as the Principal Investigator (PI) of the site. The PI has ultimate responsibility for PEDIG activities at that site.

Specific responsibilities of PIs of PEDIG clinical sites regarding research data integrity include, but are not limited to, the following:

- To have a thorough understanding of the PEDIG policies, protocol designs, and study methods.
- To ensure that local institutional requirements (if applicable) are satisfied and that approvals and assurances are obtained annually.
- To ensure that the required PEDIG-certified staff, facilities, and equipment are available to meet PEDIG responsibilities.
- To provide adequate support and guidance to site investigators, coordinators and other staff so that the PEDIG studies can be conducted according to protocol.
- To respond promptly to requests from the CC, the Network or Protocol Chair's Office or the National Eye Institute.
- To correspond and maintain accessibility via email and phone with your PEDIG protocol monitor and Vice-chair liaison to the Operations Committee
- To oversee local PEDIG documentation and records.
- To conduct periodic meetings of PEDIG personnel at his/her site(s).
- To cooperate with protocol monitors by working with the site coordinator to make available PEDIG personnel, PEDIG records and protocol binders, clinic charts for PEDIG study participants, and other necessary records needed for on-site clinic monitoring.

- To notify the CC if any protocol adherence or data reporting problem is discovered or suspected.
- To attend scheduled PEDIG meetings and conference calls, including those for any PEDIG committees to which appointed.
- To review the site report card evaluating clinical site performance and to discuss with the local PEDIG personnel any areas identified to be deficient.

c. Coordinators

The study coordinator plays a critical role in the conduct of PEDIG-sponsored studies in ensuring the integrity of the research data. Together with the principal investigator, the coordinator ensures that patients receive appropriate consent, subjects meet all eligibility criteria, study protocols are followed correctly, study procedures are completed accurately, and data is entered accurately on the PEDIG website. These responsibilities require detailed and complete knowledge of each protocol and complete familiarity with the informed consent process and data collection procedures.

All sites must have a designated study coordinator responsible for the aforementioned duties as well as communication with the CC. Orthoptists, technicians, and administrative support personnel may serve as study coordinators. There may be additional, institution-specific requirements to serve in this role. Coordinators will be responsible for some elements of testing consistent with their skills, completing forms, managing edits, and maintaining contact with patients and the CC to facilitate their investigators' participation in studies. They are recognized in the published list of study center personnel as Coordinators in PEDIG publications. Ideally, a back-up coordinator should be available to fill in for the primary coordinator in case of sickness or vacation. Investigators may act as study coordinators with approval from the Operations Committee.

d. Clinical Testers

Orthoptists, technicians, optometrists, ophthalmologists, and administrative personnel may serve as clinical testers after certification by the CC. There may be specific qualification requirements for specific tests (e.g., only an ophthalmologist, optometrist, certified orthoptist, or certified COMT may perform alignment testing.) Such requirements are determined by the protocol development committee and approved by the Executive Committee as part of the protocol approval process. Clinical testers are recognized in the published list of study center personnel in PEDIG publications.