

AACR Project GENIE Participation Evaluation Criteria

Applicants were scored in three different categories (quality, feasibility, value add) as well as an overall score. Numerical values based on the following five-point scale: 1 Outstanding; 2 Excellent; 3 Very Good; 4 Good; 5 Satisfactory were assigned to each category.

I. Quality

1. Significance. Does the site provide a key patient demographic, technology, and or data type(s) that would enhance the registry? Is there evidence in the application that the applicant will significantly advance the goals of the consortium?
2. Investigator(s). Is the applying team capable of providing both administrative and scientific leadership to the further development and operations of the consortium? Is there evidence that an appropriate level of effort will be devoted by the applicants to ensure the consortium's goals are accomplished? Is there evidence that the applicants have the necessary experience to contribute both technical and leadership roles?
3. Approach. Are the applicants developing or utilizing innovative approaches and latest best practices to collect and analyze clinical genomic and patient outcomes data? Are the participants using the latest clinical sequencing methodologies? Do they have novel best practices that could be shared to enhance the entire consortium?
4. Environment. Is there tangible evidence of institutional commitment? Is there evidence that the faculty have sufficient institutional support to create a sound environment for inter-institutional collaboration among the participants? Where appropriate, is there evidence of collaboration and buy-in among participating programs, departments, and institutions?

II. Feasibility

This section determines if the applicant can meet the baseline requirements.

1. Genomic data. The site can provide clinical-grade genomic data in the required formats. In addition to missense mutations and indels, the site can provide CNA and fusion data. Are the data of significant quality in terms of coverage, panel size, and sequencing pipeline? Is the site willing and able to provide new data on the required schedule?
2. Baseline clinical data. Can the site provide the required tier 1A data with the exception of race and ethnicity where prohibited? Is there any indication that this will be difficult and/or costly for the site? Is the site willing to provide new data on the required schedule?
3. Deeper clinical annotation. Can the site go back to the required EHRs and curate the necessary clinical data fields? Is there any indication that they have been previously successful in doing so? Is there any indication that they have the necessary clinical infrastructure in place to perform this task?

4. Legal. Are there any major tenants of the existing legal infrastructure that will prevent the site from executing a version of our legal agreements?

III. Value add

This section evaluates any additional expertise an applicant brings to the consortium.

1. Does the addition of this site improve the quality or breadth of the registry?
2. Do they bring additional skills to the consortium?
3. Panel size
4. Structural variants
5. Additional novel tumor types
6. Research data and/or unique data sets
7. Number of patients per year
8. Technical expertise