April 1, 2015
9:00 am – 10:30 am

Department of Health
2585 Merchants Row
Conference Rm. 320P
Tallahassee, Florida 32311

IRB 2 Convened Committee
Meeting Minutes

IRB Attendance:

Carina Blackmore (Chair)
Jaime Arango (non-affiliated; person whose primary interest is non-scientific; present by phone)
Daniela Chiriboga Salazar (present by phone)
Jamie Forrest
Cheryl Clark (Absent)
Nkechi Ichite (present by phone)
Nina McGrew (non-affiliated; present by phone)
Daniel Thompson
Brenda Whittenberg (non-affiliated; prisoner representative; present by phone)

Other Attendees: Derek Schwabe-Warf, Robert Hood, Ph.D.

Quorum

A quorum was present. A quorum is defined as a majority of members present. The quorum also reflected the requirement outlined in 45 CFR 46.108 as well as 21 CFR 56.107. Please note that the number of members present will not always match the total number of votes on items as the total number votes reflects the number of members present in the room at the time of discussion and vote. At least one non-scientist and at least one non-affiliated member were present.

Members present by phone received all pertinent materials prior to the meeting to allow adequate time for review and request of additional information, if needed. Members present by phone actively and equally participated in the discussion of all protocols.

Conflict of Interest:

Conflict of Interest: None declared

- Members did not report any:
- Ownership interest, stock options, or other financial interest related to the research of any value.
- Compensation related to the research of any value.
- Proprietary interest related to the research including, but not limited to, a patent, trademark, copyright or licensing agreement.
- Board or executive relationship related to the research, regardless of compensation.
- Interest that could be affected by the outcome of the research.

Education:

Robert Hood reviewed the qualifications and expertise that researchers should have in order to obtain consent. Insufficient time was available to discuss new federal regulations for research involving newborn blood spots.

(1) Protocol Title: MK-1439-018 A Phase 3 Multicenter, Double-Blind, Randomized, Active Comparator-Controlled Clinical Trial to Evaluate the Safety and Efficacy of Doravirine (Mk-1439) 100 mg Once daily versus Darunavir 800 mg once daily plus Ritonavir 100 mg once daily, each in combination with Truvada or Epizicome/Kivexa, in Treatment Naive HIV-1 Infected Subjects

Submission:	**Principal Investigator:**	**Presenters:**
Modification	Jose Montero, MD	Nkechi Ichite
		Jaime Forrest

Meeting Discussion: Dr. Ichite presented the modification, which proposes additional patient recruitment information and a medication diary. Subjects will be notified, however since patient recruitment has not begun, no subjects will be notified in practice. No concerns were brought up concerning the modification.

(1) Reviewers determined the modifications to this greater than minimal risk study did not change the research design or exposure to risks because additional patient recruitment information submitted. (2) The modifications do not add new signification risks or change the probability or magnitude of existing risks, which were previously determined to be reasonable. (3) The modification does not significantly change participant selection procedures. (4) The modification does not change the consent procedures, which continue to be appropriate. (5) The modification did not change plans for safety monitoring. (6-7) There were no modifications to protections for privacy interests or confidentiality protections. (8) The modification did not change inclusion criteria; there are no vulnerable populations are enrolled in the study

Total votes for approval: Affirmative: Negative: Recusal: Absent:

(2) Protocol Title: MK-1439-007 Multicenter, Double-Blind, Randomized, 2-Part, Dose Ranging Study to Compare the Safety, and Antiretroviral Activity of MK-1439 plus Truvada versus Efavirenz plus Truvada in Antiretroviral Treatment Native, HIV-1 Infected Patients

Submission:	**Principal Investigator:**	**Presenters:**
Modification	Jose Montero, MD	Nkechi Ichite Jaime Forrest

Meeting Discussion: Dr. Ichite presented this modification. In summary, the sponsor, Merck, notified the research site that three lots of the clinical supplies sent to the site were missing handling conditions on the clinical labels. These handling conditions indicate to the patient to keep the container/bottle tightly closed and dispense only the original container and store the medication in the original packaging to protect from moisture. The board deferred this application till the next meeting asking staff to confirm why the notification from the sponsor was dated October 24th, 2014 and if all patients received these instructions.

Total votes for approval: Affirmative: Negative: 8 Recusal: Absent:

(3) Protocol Title: EGRIFTA LTO: A Phase 4, observational, multicenter, 10-year prospective cohort safety study comparing subjects with HIV-associated abdominal liophypertrophy exposed to EGRIFTA (tesamorelin for injection) to a similar group of subjects not exposed to EGRIFTA

Submission:	**Principal Investigator:**	**Presenters:**
Modification	Ewa Szczypinksa, MD	Daniela Chiriboga Salazar Nina McGrew

Meeting Discussion: Dr. Chiriboga presented this modification. The purpose of the modification was the notify the IRB of a transfer in Sponsor from EMD Serono to Theratechnologies, effective May 1, 2014. The protocol and ICF will be updated to reflect this change. Also, the previous EGRIFTA shortage has been alleviated and recruitment will begin shortly with a revised timeline recruiting patients up through December 2016.

(1) Reviewers determined the modifications to this greater than minimal risk study did not change the research design or exposure to risks because administrative change in Sponsor did not impact study monitoring or drug supply. (2) The modifications do not add new risks or change the probability or magnitude of existing risks, which were previously determined to be reasonable. (3) The modification to participant selection continues to be equitable because subjects are selected inclusion criteria and additional participants will now be recruited. (4) The modification does not change the consent procedures, which continue to be appropriate. (5) The modification did not change plans for safety monitoring. (6-7) There were no modifications to protections for privacy interests or confidentiality protections. (8) The modification did not change inclusion criteria; there are no vulnerable populations are enrolled in the study

Total votes for approval: Affirmative: 8 Negative: Recusal: Absent:

(4) Protocol Title: GS-US-292-0119 A Phase 3 open-label study to evaluate switching from optimized stable antiretroviral regimens containing darunavir to elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (E/C/F/TAF) single tablet regimen (STR) plus Darunavir (DRV) in treatment experienced HIV-1 Positive adults

Submission:	**Principal Investigator:**	**Presenters:**
Modification	Todd Wills, MD	Daniela Chiriboga Salazar Cheryl Clark

Meeting Discussion: Dr. Chiriboga presented this modification which updated TAF risks in the IB and consent document. Participant notification will occur during the study visit and re-consent. Issues with retina inflammation appear to be a novel side effect seen in dogs and a limited number of participants.

(1) Reviewers determined the modifications to this greater than minimal risk study did not change the research design or exposure to risks because the risk of retina inflammation appear to be limited in scope and are not life threatening. (2) The modifications do not add new significant risks or change the probability or magnitude of existing risks, which were previously determined to be reasonable. (3) The modification does not change participant selection procedures. (4) The modification revised consent disclosures to clarify risks, and the consent continues to be appropriate. (5) The modification did not change plans for safety monitoring. (6-7) There were no modifications to protections for privacy interests or confidentiality protections. (8) The modification did not change inclusion criteria; there are no vulnerable populations are enrolled in the study

Total votes for approval: Affirmative: 8 Negative: Recusal: Absent:

(5) Protocol Title: Emergency Treatment of Coral Snake Envenomation with INA2013 (Deland Site)

Submission:	**Principal Investigator:**	**Presenters:**
Initial Review	Tracy Weiner, DO	Carina Blackmore Dan Thompson Brenda Whittenberg

Meeting Discussion: Dr. Blackmore presented the initial review for this study, which aims to establish a new unapproved anti-venom for treatment of coral snake bites. The current FDA approved anti-venom is no longer being produced and available supplies are about to expire. This study was not approved because the board wanted information on the state of the current FDA approved anti-venom i.e. is there any available and if so has it expired. If there is no currently approved FDA approved anti-venom, the board requested the consent be revised to update this fact. In addition, the board asked staff to check on the demographics in the Deland region and to determine if the site should add a Spanish consent. Staff will coordinate with the site to clarify.

Total votes for approval: Affirmative: Negative: 8 Recusal: Absent:

(6) Protocol Title: HAART Standard Version of the PROMISE Study (Promoting Maternal and Infant Survival Everywhere) Version 2.0

Submission:	**Principal Investigator:**	**Presenters:**
Modification	Patricia Emmanuel, MD	Carina Blackmore Dan Thompson

Meeting Discussion: Dr. Blackmore presented this modification which: clarifies protocol specifications for recording laboratory test results on case report forms (CRFs), clarifies protocol specifications for entry into Step 2, and adds a vitamin D monitoring procedure to the study. Specifically, additional hematologic and renal parameters will be monitored in addition to creatinine, cholesterol (LDL and HDL0, triglycerides, and glucose values. Step 2 is the initiation of HAART during pregnancy. Participants who were previously randomized to step 1 may re-initiate HAART when: Participant develops an AIDS-defining/WHO Stage 4 illness OR Has a confirmed CD4+ cell count <350 cells/mm3 OR Develops a clinical condition (other than pregnancy) that is considered an indication for HAART by country-specific guidelines OR Otherwise requires HAART as determined in consultation with the CMC. The vitamin D study looks at the efficacy of a Vitamin D3 supplement of 50,000 IU every 4 weeks in relation to increasing bone mineral density and decreasing tenofovir-induced hyperparathyroidism. Participants will be notified of the Vit D study at their next appointment. Vulnerable populations include pregnant women and children.

Reviewers determined the modifications to this greater than minimal risk study did not change the research design or exposure to risks because addition of laboratory testing, aggressive HAART therapy for those not previously receiving HAART, and addition of Vitamin D do not increase the probability of risks and do not alter the core information to be gleaned from this study. (2) The modifications do not add new risks or change the probability or magnitude of existing risks, which were previously determined to be reasonable. (3) The modification to participant selection continues to be equitable because subjects are selected by standardized inclusion criteria. (4) The modification revised consent disclosures to clarify risks, and the consent continues to be appropriate. (5) The modification did not change plans for safety monitoring. (6-7) There were no modifications to protections for privacy interests or confidentiality protections. (8) The modification did not change inclusion criteria.

Children

Category 405: The research is greater than minimal risk because it involves use of an unapproved drug. There is the prospect of direct benefit to the children because the unapproved drug has seems to be promising as a treatment for HIV prevention in Mother to child during pregnancy. The risks in the research, from a medication side effects and skin changes, are justified by the potential benefit of improved treatment of HIV prevention in infants. Permission of one parent is sufficient even if the other parent is alive, known, competent, reasonably available, and shares legal responsibility for the care and custody of the child, because there is a direct benefit to the child that could not be obtained outside the research context. Child assent can be waived because all children in this study are infants (<7 years old) and could not reasonably provide assent.

Pregnant women

Where scientifically appropriate, preclinical studies, including studies on pregnant animals, and clinical studies, including studies on non-pregnant women, have been conducted and provide data for assessing potential risks to pregnant women and fetuses. The protocol describes animal work and Phase I studies involving pregnant women, and the risks appear to be consistent with other studies in the drug class. The risk to the fetus is caused solely by interventions or procedures that hold out the prospect of direct benefit for the woman or the fetus. Risks to the fetus include impacted bone formation due to HIV medications but the study is likely to reduce risk of contraction of HIV. Any risk is the least possible for achieving the objectives of the research because only mothers who are HIV positive are placed in the study which does not present additional risks to children who are born to HIV-free mothers. Consent of the woman is obtained and documented in writing. The consent document provides information such that the mother is fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate. The research holds out the prospect of a direct benefit both to the pregnant woman and the fetus. The consent of the woman and is obtained. The consent document provides information such that the mother is fully informed regarding the reasonably foreseeable impact of the research on the fetus or neonate. No inducements, monetary or otherwise, will be offered to terminate a pregnancy because there is no compensation in the research and The researcher attested no attempt will be made to attempt to terminate the pregnancy in the research. Individuals engaged in the research will have no part in any

decisions as to the timing, method, or procedures used to terminate a pregnancy. The researcher attested no attempt will be made to attempt to terminate the pregnancy in the research. Individuals engaged in the research will have no part in determining the viability of a neonate. The researcher attested they are not involved in determining the viability of the neonate.

Total votes for approval: Affirmative: 8 Negative: Recusal: Absent:

Next Meeting: May 6, 2015

Other Business:

Meeting Adjourned: 11:05 am