October 21, 2015
1:30-3:00 PM

Department of Health
2585 Merchants Row
Conference Rm. 310 A
Tallahassee, Florida 32311

IRB 1 Convened Committee
Meeting Minutes

IRB Attendance:
Sandra Schoenfisch (Chair, Expertise in Subpart D: Children)
Ovidiu Cotea
Becky Grigg
Daphne Holden
Roland Reis (Non-Scientist)

Absent
Ron Brown (Non-Scientist, Non-Affiliated) was absent

Announcements

- Dr. Schoenfisch introduction of Bonnie Gaughan-Bailey, the new Administrator, Biomedical Research Section.
- Dr. Hood provided an update on AAHRPP re-accreditation, including a high-level description of what to expect during the site visit, the roles that will be interviewed. The AAHRPP site visit will occur on December 14-16, 2015.

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:

- Compensation or payments for services (e.g., consulting fees, lecture payments, bonus, royalties, paid authorship, honoraria, gifts, or in-kind products or services) related to the research of any value, except as otherwise excluded by this policy.
- Compensation or payments for services where an arrangement has been entered into such that the amount of compensation will be affected by the outcome of the research.
- Equity interests (stocks, stock options, security, or other ownership interests) related to the research of any value.
- Equity interests whose value when aggregated for the individual and the individual's immediate family represents more than a five percent ownership interest in any single entity.
- Equity interest related to the research in a non-publicly traded corporation of any value by the individual or a member of the individual's immediate family
- Equity interest related to the research of any amount to the researcher or any member of the researcher's immediate family where an arrangement has been entered into such that the amount of compensation will be affected by the outcome of the research.
- Intellectual property rights and interests (patents, copyrights, royalties, licensing agreements, and any other proprietary interest related to the research).
- Board or executive relationship related to the research, regardless of compensation.
- Involvement or participation in the design, conduct, or reporting of the research, including providing advice on Department registry data systems.
- Serving as the immediate supervisor of a researcher within the last year
- Any other interest that the IRB member believes would interfere with his or her ability to objectively review a protocol.
- Any travel related to research

Education:

Dr. Hood reviewed the history of FDA regulations and development of FDA's system for protecting participants in research, created through the work of long-time FDA official Frances Oldham Kelsey. She was a physician who worked for the FDA. Among her accomplishments were the fact she personally prevented the approval of thalidomide (Kevadon) in the US. She created and led the first surveillance and drug safety unit at the FDA, and was active throughout her career. At 81 years of age she was named Deputy for Scientific and Medical Affairs at the FDA, and finally retired from the FDA in 2005 at age 90. She died August 7, 2015 – 101 years old.

Review of non-compliance and determination of actions to protect participants:

(1) Research Site/Protocol:	Principal Investigator:	Summary of Issue:
Florida Department of Health in Hillsborough County	Todd S. Wills, MD	DEXA scans not conducted per protocol; sponsor informed site participant data will not be included in trial

The Chair summarized the status of the researcher's response to the IRB's previous request for a corrective action plan. Non-compliance was identified by a study monitor; DEXA scans for 6 participants occurred outside the time period allowed in the sponsor protocol; and the sponsor, not the site, had identified the non-compliance. As a result of the non-compliance 6 participants were not included in

the study. The reason this is a concern is that the research site (though a different principal investigator) had a prior incident in April where there was a failure to follow protocol, also involving a participant not seen outside of the time allowed in the sponsor protocol. In response to the IRBs review of the event in April, the site conducted education and described plans for monitoring.

In its initial review of this non-compliance event, the IRB requested that the site provide a plan to ensure compliance with the protocol and minimize the chance that participants will be excluded. The site's response focused on the difficulties contacting participants and getting participants to come to scheduled visits. The IRB determined the site's response was inadequate, and requested a corrective action.

Letter: Please provide a corrective action plan describing staff education, and plans for internal monitoring, including copies of any new procedures, checklists, or other new materials developed or adopted as part of the corrective action plan. Provide a schedule for internal monitoring.

Total votes to require a corrective action plan within 30 days: Affirmative: 5 Negative: 0 Recusal: 0 Absent: 0

Submissions for Convened Board Review:

(2-3) Protocol Title: The Antiretroviral Pregnancy Registry

Submission:	**Principal Investigator:**	**Presenters:**
Initial Review	Ana Rua Dobles, M.S.N.	Sandra Schoenfisch Daphne Holden

Review of non-compliance is being conducted at the same time as initial review of the research. The study involves FDA-mandated post-marketing surveillance to conduct ongoing monitoring of the safety of antiretroviral drugs during pregnancy. Originally the AZT registry in 1993, the registry was expanded to all antiretroviral drugs. The registry obtains data from multiple sites in multiple states, and is expected to involve data from 30-40 mother-child dyads.

The study was previously conducted at a hospital in Orlando, but was moved to the local health department for administrative reasons. Although the study had IRB approval at the hospital, researchers did not obtain IRB at the Department. The IRB determined the non-compliance was not serious, because it did not pose risks to participants; and was not continuing because the researcher had confirmed that data was not being obtained pending IRB review.

The IRB determined the criteria for approval at 21 CFR 50 and 56 were met. The registry does not involve greater than minimal risks, and the design of the registry is sound. The main risk are due to the potential for a violation of confidentiality, but risks are minimized through the design of the study. For example, information that can identify participants is removed from data transported outside the organization. The researcher is qualified, and the staff at the health department provide adequate support. Risks are reasonable given the importance of the knowledge to be obtained; improving understanding of risks posed by antiviral agents during pregnancy is of significant public health importance in reducing harms to children. Provisions

for consent are appropriate. Provisions to protect privacy of participants and confidentiality of data are appropriate, and include minimizing the amount of identifiable data stored and transmitted, and encrypting data.

The study was reviewed at the convened IRB due to non-compliance, but the IRB determined it met criteria for expedited review, category 5, and should be reviewed using the expedited procedure. In addition to meeting criteria for category 5, the identification of the participants or their responses will not reasonably place them at risk of criminal or civil liability or be damaging to their financial standing, employability, insurability, reputation, or be stigmatizing. Reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

(5) Protocol Title: REPRIEVE (A5332)- Randomized Trial to Prevent Vascular Events in HIV infected patients

Submission:	**Principal Investigator:**	**Presenters:**
Initial Review	Lynne Hopkins, MD, AAHIVMS	Ovidiu Cotea Becky Grigg

The researcher is applying for initial review of the REPRIEVE study. REPRIEVE is a new prospective, double-blind, randomized, placebo-controlled, multi-center phase IV efficacy study designed to test whether the use of statins (specifically pitavastatin) in persons living with HIV reduces atherosclerotic cardiovascular disease-related major adverse cardiovascular events. Secondary aims include investigating whether pitavastatin use results in reductions in all-cause mortality and deaths due to other chronic disease. Atherosclerosis is an inflammatory disease; HIV patients have vascular inflammation and double risk for cardiovascular disease compared with similar HIV- persons. Statins reduce inflammation, and the statin chosen for this study (pitavastatin) is a newer statin with a different mechanism of action than older statins, involving HMG-CoA reductase instead of cytochrome P450, and so has reduced cross-interaction with HIV medications. The study involves two arms – participants in one arm receive pitavastatin, and participants in the other arm receive a placebo arm. Use of a placebo is justified because current use of statins in HIV patients is low, and statins are not generally preserved for HIV patients (so there is equipoise in the study). Participants continue taking standard of care HIV medication.

Risks to participants are greater than minimal, and are minimized through the sound clinical trial design. Pitavastatin is FDA-approved, and it has minimal interaction with HIV medications, and the study is adequately powered with a large number of participants and includes a global sample of participants. Risks are reasonable in relationship to anticipated benefits because reductions in inflammation as a result of taking pitavastatin are expected to reduce cardiovascular events in persons with HIV; pitavastatin is FDA-approved and the study does not involve participants changing their existing HIV medications. The researcher has experience treating HIV patients, has successfully been involved in other research studies, and has adequate staff and other resources. There is support from the CHD

director. The researcher will recruit participants. Participants will receive a $25 per visit payment, but payment is not contingent upon study completion, and the amount of payment does not pose an undue inducement. Selection of participants is equitable, and is based on medical selection criteria. Consent will be obtained by the researcher through long-form consent; required disclosures are present. A study coordinator will also confirm understanding and answer questions from participants. Protections of privacy are adequate; exams will be conducted in the research clinic in private exam rooms. Provisions to protect confidentiality of data are also adequate; records are stored in secure facilities in the health department. There are no plans to enroll vulnerable populations.

Motion: Approve this greater than minimal risk study for 12 months

Total votes for approval: Affirmative: 5 Negative: 0 Recusal: 0 Absent: 0

Next Meeting: Nov 18, 2015

Other Business:

Meeting Adjourned: 2:55