Karen Jeans: Thank you, Parker. So hello, everybody, on this June afternoon. Thank you for joining our June HRPP bimonthly series. This is a series of webinars which were established last year in which it’s focusing on one specific topic. We try to cover three different topics as little snapshots, I would call it, that are of high interest to the VA research community. Now this month, we’re going to be talking about the recent updates to the CDC TPOXX Expanded Access Program for Mpox which [garbled audio] just a few months ago I had said, okay, we’re not going to need to be talking about this as much. But there’s been a lot of revisions, so we’re going to cover several topics related to that. We’re going to, as I said in the April webinar series, webinar we had, we are going to talk about some student research issues that are high-impact and high-volume that we receive here in the Office of Research and Development. And then we’re going to end—our third topic for today is going to be, again, as we usually have on every single one of the series, commercial IRB issues in which we’re going to talk about some revisions and tools that we launched in April and also talk about an update of a recent communication that we sent out involving studies overseen by the Advarra IRB.

So with that, we’re going to start with our first topic, and our first topic is indeed talking about the CDC’s Expanded Access Program for TPOXX for Mpox. Alright, so it’s very interesting. I have a slide in front of you that is showing the number of total cases as of June across the country, over 30,000 with 43 deaths. Now this, again, as we’ve talked about previously is not a high-volume protocol for VA, but there are indeed cases that are still currently occurring in the agency. And we have a number of facilities that are still actively putting subjects, patients into this Expanded Access Program. And right now, we do have 81 sites that were originally approved to participate in the CDC program, and most of the sites except two rely upon the CDC IRB. And one of the reasons that we’re already talking about this today is that the Office of Research and Development and CDC communicate a great deal about different updates. As we are a large, high-volume [garbled audio], we have a lot of sites [garbled audio]. So that is one of the reasons that we’re talking about this today as they are requesting some information from us, as you will find out a little bit later.

So again, this is a unique protocol that’s expanded access, and the name of the protocol is as indicated on your screen, Use of TPOXX for Treatment of Human Non-Variola Orthopoxvirus Infections in Adults and Children. So again, we are at the VA. We do not enroll children. So again, part of the reason that some of you are saying I’ve seen this slide over and over, again, Karen. And again, we’re updating everyone because we haven’t talked about this in a while, but we did establish a mechanism, ORD and the Office of Research Oversight, to be able to—for the majority of sites who participate in the CDC’s protocol and rely upon the CDC IRB. And again, this is expanded access, so it’s not human subjects research under the Common Rule. But it does require IRB approval, and it does require VA R&D Committee approval.

And again, our offices are not involved in the procurement process to procure the drug. That is under the pharmacy service. And again, updating everyone because it’s been a while, we do have a webpage in which we updated to include the most current information regarding the implementation of this program and the reason, again, we’re showing this today is there’s going to be a number of updates. It will be on this site that we will discuss today.

So going to why we are bringing this topic up today, the CDC IRB approved a revision in both the protocol and the informed consent document on May 5th. Now they did not publish it in terms of publishing it to make it available to the VA sites for downloading until June 7th. And so the new protocol and the informed consent as well as the approval documents showing how the CDC IRB approved these documents is on their website, which is located on the slide and also in your reference list. And again, this protocol is set to expire for its IRB approval. It’s due for continued review on July 23rd. Again, I want to reinforce that this program is going to continue. CDC has already communicated to VA as well as other sites, yes, we can absolutely expect the program to continue. Otherwise, again, we wouldn’t have seen a new protocol, a revised protocol, or a revision of the informed consent documents.

Now, in reference to the summary of the protocol revisions, they are not substantial. They are certifications for the most part, and, again, these were revisions that were approved using expedited review procedures by the CDC IRB. Those sites, again, are relying upon the CDC’s IRB. And I have included in the next two slides a narrative of the major protocol revisions that were made. Again, this is a summary of them, but these are, again, done under expedited review. And they do not include any, again, substantial major revisions to the drug protocol, eligibility, inclusion. It is the clarifying the information. And so that is why, again, we’re letting you know about these revisions. As you can see on the slides, it’s a revision of clarifying texts.

And what I also want to point out for purposes of this call and, again, reinforcing that everything that I’m stating here is going to be included on the site that ORD has established. We will include it in the implementation procedures that are on that website as well as what we also do as part of, again, our system of supporting the VA facilities that are relying upon—or actually supporting the program. It doesn’t matter if you’re relying upon the CDC IRB or if you’re using your own IRB, which two sites do. We do supply an SOP. And in that standard operating practice, we include these types of content so that people are indeed keeping up and knowing what’s going on. And so in these revisions that involve the protocol and the informed consent document do not impact the privacy or information security reviews that they’ve done previously.

Now in regard to the informed consent documents, again, we are seeing that a revision of the informed consent document was made and non-substantial changes. Again, this was also approved under the expedited review procedures for the CDC IRB for the sites that are relying upon the CDC IRB. Again, as you’ll see on the slide, it was mainly clarification of language, but it is indeed making, for example, that patient specific, they get their drug levels, that they are not going to be reported back to the patient or to the physicians because of CLIA regulations. They’re not done in CLIA labs. They did make some minor references, inclusions of clarifications on what the purpose of some of the optional specimens that can be done are not required to be done is.

They included some sections, some sentences. And again, we’re not talking about entire sections. Sentences here and sentences there about what about privacy in terms of who the data could be disclosed to. It didn’t change anything. It just made some minor revisions in the actual text itself. And then one thing that had not been done previously is substituting the words Mpox for monkeypox. And then, again, reinforcing some grammatical sentence structure changes. Again, nothing substantial, nothing that impacts the patient’s safety profile. And so we’ve already gotten a question because some subjects have already—some patients have already been consented during this time period when the CDC released this on June 6th. And of course what we’re going to be talking about next is how to update your informed consent template. Does this mean that you have to go back and “re-consent” them?

First of all, I want to point out that in terms of when you’ve consented a subject, the only group that can authorize a re-consenting process is the IRB. It’s not even me. It’s not Dr. Workman who’s on the phone. It’s not Dr. Cook. It’s not an RCO. It’s none of us. It is the IRB. By federal regulation, the IRB is in charge by regulation for the process and documentation of informed consent. So that’s where whenever there is a question regardless of it’s this program or whether it’s a study that’s not under the CDC IRB. The central IRB. Your affiliate university if you’re using it. The NCI IRB. The IRB is always that group that makes that determination. So again, there’s not content in this revision of the informed consent document that affects the safety profile. Again, it’s all done for the clarity of the document.

Now most of the VA facilities that are participating in this CDC program, Expanded Access Program, are indeed using VA DocuSign. When VA was made aware by the CDC that the revised consent was made—actually, and I went to give a shout to Ms. Michelle Christiano, who is ORD’s privacy officer and my employee. She is a wiz with DocuSign and facilitating. And so the master template has already been made and constructed by the DocuSign service for this revision in the informed consent form. Now what does that mean to for you as VA facilities? What do you need to do so that you can now begin using the new revision of the CDC expanded access protocol informed consent document which is version 6.3?

So all you have to do—it’s so simple. And that’s why, again, I want to reinforce so you know that just because if you have people that are not on this call, it does not mean that you have to listen to this tape because all of this is going to be on the ORD’s website where there will be a FAQ on this. What will also happen is we will release an ORPP&E update, and it will include all the content that we’re discussing today and where that information can be located. So please know that if you have people that are not attending today, it’s okay. They’re going to get the information in other ways.

So all you do is—your step one is you’re going to send this information to the email address that is located on the slide. It is the IAM service for DocuSign, and it’s almost identical to the procedures that were used after you received ORD approval to use VA DocuSign for this program. You’re going to put in your subject line: SR 28 39 Monkey Pox study. That let’s them know that’s the service requests that they have already cataloged for this study. And then your name and location, and not your name being the VA facility’s name and the location in terms of the city and the state. Now what was required before is exactly what you’re going to do now. You have a table, and in that table, you’re going to include specific information.

This table is located as a Word version on ORD TPOXX website. And all you’re going to do is put the following information: your site PIs in terms of who are your treating clinicians with their names and emails. And the table will let you do that. Your DocuSign line ID. You got that as a facility when your site was approved to participate with the VA DocuSign for this program. Again, the number of envelopes and your usernames. Who are the people who are going to be sending the documents, the VA DocuSign to the patients who would be consenting for this program? And that’s all you’re going to do. And once you get, once you do that, you’ll send it. The DocuSign team, again, has already updated the master for consent document for this version. They will notify you by email when it’s ready for you to use, which is a very short time period. So that’s all there is. And again, the content I just described to you will be put on ORD’s dedicated webpage for this program.

Now there’s other parts of this that we also need to clarify and discuss, that the CDC regulatory affairs department has asked us to share with the VA research community. Now when we talked about this the last time, we talked about closing down. What do you want to do if you close down? And some you will look at the slide and go, again, Karen, it’s the same side you presented about. Yes, you must notify the CDC regulatory affairs office at regaffairs@cdc.gov, include the answers to these questions, and copy Dr. Workman at irbrelianceandsirbexceptions@va.gov, and the Office of Research Oversight, specifically Ms. Craig and Ms. Clark. And then, of course, once they tell you, regulatory affairs acknowledges your email, then close the program with the R&D Committee as well.

However, what has been communicated to the Office of Research and Development is that they’ve received some emails and some communications from different sites. We want to close, we’re not sure, and their numbers are different than ours. For example, they have that there are nine sites closed; we have in the Office of Research and Development that there were eight sites closed. And so what we are going to be doing here—and you’re going, oh, please, not another data call. But again, we know the sites that are closed definitely, and we’re trying to reconcile that list. But also, the CDC is seeing that there’s a lot of programs that may want to close, and they just want to get an idea of, hey, is your site thinking about closing in three months, six months? Or do you think you’re already closed, and it just wasn’t conveyed?

So we are going to plan a data call here in mid-July. Not today, not next week. We would not do that on a July the 4th weekend. And again, we would send an update out to the field before we do this, asking some very simple questions. Again, we would put this so it’s an electronic survey, so that you don’t have to you fill it out by hand and upload it. And just a few questions, again including—they are needing some clarifications regarding who do we have in VA at each of our respective facilities, who are our current site investigators and sub-investigators? And also, is everybody in the online registry? And so in addition to the close or wishes to close the protocol, the program, what’s going on? So this is what the data call will consist upon. We will convey more information about that prior to actually doing it. But again, this is been requested by CDC for VA.

CDC also has been receiving a lot of questions, including from us in terms of what exactly do you do in terms of VA facility when you have lead site providers, and they are investigators who the lead is going to change out? What are the exact procedures? Because that is not been clear up to now. And so the CDC regulatory affairs department, again, conveyed to the Office of Research and Development these the procedures that they wish to be followed and, again, reinforcing that this will be placed on ORD’s website for this program. Also is implement it in the SOP. We’ll include this in the SOP that goes to the sites automatically. We update those and send those to them. And then we’ll also put it on our implementation instructions which are available on the web for anyone to have access to.

So the bottom line, if the lead clinician who is the lead site investigator at your site is saying, okay, I don’t want to do this anymore, or I’m leaving VA. The first response is regulatory affairs at CDC wants to know. And they want to know when this person is leaving, but more importantly, who is going to be replacing them. And then reinforcing that the new site investigator who’s the lead is to register in the TPOXX’s IND online registry. So again, as CDC is making sure that all sites, VA and non-VA, follow the correct procedures because there is a lot. This has been going on for quite a while now. This has not been a three-month protocol program. We’re going on over a year now, making sure that they can have the most accurate information because they pull information from that registry that they have, the TPOXX IND online registry in order to do this.

Again, the instructions on the page are as follows: your lead provider fills out the IND registry, puts the names in, the 1572. Instructions are how to—the lead one goes in Box 1. Your others go in Box 6. Sometimes 6, your sub-investigators. Only one form FDA 1572 per VA facility. That is all that is required. Regulatory affairs at CDC, again, wants to emphasize if there’s any questions, please contact them. However, please be aware, as many of you may know, that again their volume is huge. So you may not receive a response in a week. It may be a month. So again, one of the reasons that we are involved so heavily with them is that we try to facilitate and ask these questions and share this information as we receive it.

So again, summarizing this part, we will be sending out an update to the field, so do not worry people were not on this call, summarizing everything I just spoke about. The webpage will be updated. The templates will be—the SOP will be updated. The procedure on how to update your VA DocuSign informed consent template is not only located in this slide set, it will also be a separate section in the table that’s on the website. Also included in the SOP. And again, a heads-up that in mid-July we’re going to do a data call to obtain some information that CDC has wanted from the VA sites and is requesting. And again, we appreciate your participation in trying to get this information, so we can get this information for CDC.

So now we’re going to switch gears. We’re going to go to student research. Alright, now we can spend hours talking about student research, and so what I wanted to do today is talk about a common scenario. We’re talking about the high-volume, high-impact of what are some of the biggest issues we deal with. And again, we have in ORD policies specific policy—it’s not inferred—that dictates what is required when we have students or trainees who are conducting research in VHA. And our policy defines who trainees are and including the requirements. And when you’ll read the policy, which is in VHA Directive 1200.02(1), which is our research business operations, these are requirements that must be followed. And you’ll see that in the policy it states, well, there may be an exception that could be granted by the CRADO, the Chief Research and Development Officer, which is Dr. Ramoni; and the Chief Academic Affiliations Officer in the Office of Academic Affiliations. That has never happened in the 20 years I have been with this agency. So basically, if you don’t follow the policies that are required by this—the waiver is not an option. And that is just we’ve never had a situation where we had a waiver that could be met.

So again, we have these policies, and to just summarize it again is if you’re a trainee who wishes to conduct student research in the agency, you cannot be the principal investigator as a student trainee, but you can be an investigator, a VA investigator as long as you have a VA principal investigator who is qualified to oversee and conduct that study. And we have, again, a requirement that if you’re from an unaffiliated university, you cannot be given an appointment, a WOC appointment solely for the purpose of conducting student research in the agency. So the two most common questions that we receive right now—and we get hundreds of these questions a year—is not only from the students who come to ORD and saying I want to do this activity in your agency, how I do it? But also from our research offices, from offices that do not have research programs, and is it research? And by the way, is this person—and again, this agency is very strong on wanting our VA employees to do everything they can to increase their education and do the best they can.

And so, what do you do when you have VA employees who want to conduct research as a student trainee but there is either no academic affiliation with the VA facility, or there’s no VA principal investigator who can do it? So in order to basically talk about this—and I can be very in terms of, okay, let’s talk about the nuances—let’s do it in the context of a scenario. And what’s interesting is right after the last April call in which I said we were going to talk about student research, a great scenario came up. Again, real life. And those are the best type of examples to use. So it gives a scenario in terms of what are the kinds of considerations and why you can see this gets so difficult. It seems so easy.

So let’s talk about this. So there was—in terms of what was conveyed to an Associate Chief of Staff for Research at a VA facility with a research program, this individual was presented with an email requesting, hey, by the way, I’m a VA employee. And I am seeking my dissertation work, and I want to do my dissertation. And my dissertation is in a nursing program, and I have an academic affiliation with this program. But as the research leadership at this VA facility would look at it, they’re going, hmm? This doesn’t appear to be research. And the VA employee did the VAEDA tool, and VAEDA came out and said the activity is not research; and it’s quality improvement.

But immediately when I looked at this question that was presented to me, I asked a question, and that question was, huh, you’re saying it’s a dissertation? But VAEDA is saying it’s quality improvement. That’s a disconnect. A dissertation is research. It’s an activity, a research activity done in support of the PhD. So is the wording actually correct here? And that’s one of the key issues that I want to emphasize today, is just because something is called something, is it actually that? So that was my question as we’re going back and forth and trying to figure out what is the actual question. Is this a dissertation or something else? Because VAEDA determinations are based on self-entry. Someone has to validate it.

So in order to get a handle on this and figure out, hey, what are we really dealing with, there were three questions that we asked. What is the actual degree program? Is it a PhD or a Doctor of Nursing Practice? Is the project actually a dissertation, or is it something called a capstone? Capstones are associated with the DNP degrees, but they’re not a dissertation. They’re usually not research. And also the third question, which is very important, will the project require IRB approval at the university? So here’s the answers to this. What is the degree program, a PhD or DNP? It was a DNP, wasn’t a PhD program. Is the project being done as a dissertation or a capstone? It was not a dissertation. It was a capstone. And this is where, again, you get to the issues of words matter. And then will the project require IRB approval at the university? The response was that, yes, the affiliated university requires IRB approval for this quality improvement activity.

So does it end there? What is the next question that should be asked? Does it actually require approval by the IRB, or is it that the IRB required to make the determination? And that’s where the true answer came. The university IRB submission was required by the university for the IRB to make the determination that it’s not research. And indeed as the ACOS and I reviewed this proposed activity to validate VAEDA, it was very clear the activity was quality improvement. It was not research. This was not being done as a dissertation. It was a capstone. And it was to support the DNP, the Doctorate in Nursing Practice. And so you can see how when you take the very beginning of this, how it was unusually presented, how diving into it and asking some key questions can be clarifying in terms of what it actually is.

And again, you have to remember, students are students. Research is a unique terminology. We all know that. And so no one is trying to be deliberately, okay, I’m trying to deceive anybody. That wasn’t it. To many people, a dissertation is the same thing as a capstone. Many people do not see the difference between a PhD and DNP if you ask them what they actually are doing. So that is why these types of questions are important to ask.

But I want to do a little spin on this and do some what ifs. So taking this scenario and let’s say that the proposed project has this same person, VA employee trainee, and they are doing a dissertation. It is a PhD program, but it’s from a nonaffiliated university. But they want to do it at your VA facility. So ORD policy is not going to allow that to happen. You cannot do it. Your only option there, the student’s option, is for their university to seek an academic affiliation with your VA in order for that to be done or the student, if they can, to see if there is another VA facility where it can be done. Now the issue is, again, they have to have a VA investigator who’s qualified to oversee it. But in terms of just because they’re an employee does not mean that, okay, they’re an employee, yes. We want to promote our employees and promote education, but the policies have to be upheld.

But here’s one also that’s very interesting that I wanted to bring forward in this discussion. More than once you may have a proposal that’s presented to you, and this is the second bullet on your slide, in which the activity is determined to be human subjects research by the university IRB. Again, assuming that we have a project which has been proposed to be conducted at your institution by a student. But when it comes to the VA facility, they look at it, qualified reviewers read it and review it and say, this is not human subjects research. And I’m going to keep it to human subjects research for purposes of this webinar today. It clearly does not meet that definition under the Common Rule, nor does it meet that definition under FDA. It is not funded as research. It’s a student research project. But is not.

What do you do with that? Do you go ahead and call it research under the Common Rule, even though it isn’t? And the answer is no. You can’t make something research when it isn’t. And this is where, again, sometimes you’ll hear—and this was one of the biggest issues involving the Common Rule and the cooperative research provisions where we’re talking about, well, one of the reasons that single IRBs were chosen and promoted is, again, trying to prevent variability. But in this type of situation, you just don’t say, well, the university said it was research, so therefore we’re going to go ahead and go along anyway, even when you know it isn’t. Because you have documentation. You’ve done the evaluation. And vice versa. And that means like you have a project which has, again, been determined by the university by the student to be quality improvement, not research.

But when it comes to your VA facility, you look at it, and you review it. And the qualified reviewers, sometimes it goes to an IRB. It depends. And they’ll say, oh, this is clearly human subjects research under the Common Rule under FDA regulations. And so that is where when that happens, you can only do what is required, what is done by the reg. You can’t make something it isn’t, and so that is when we’ve had this happen in which, for example, in the scenario when the university says it is human subjects research, but the VA facility says it isn’t. Then that’s the way it is. And the VA facility communicates with the student and/or the university, if necessary, to say we’re sorry, this is the determination we made, and this was our rationale. And that’s one of the key issues that I wanted to talk about today. Again, it’s not about groupthink. It’s about using and following the regulations that apply to the activity.

Also, you may have—and this happens more than once where you have VA employees who are—again, not all VA facilities have research programs. And so they might contact your VA facility and say my program doesn’t have research, but I want to do it at your facility. Okay. Again, it goes back to policy. Just because your facility has a research program doesn’t mean that you can do the research program. Again, the policies must be upheld, which means your VA facility must seek an academic affiliation if you wish to with that university’s program. And again, this is if you wish to. It has to exist in order to happen. And again, this is between institutions and not between students, and I do have a slide in a second that’ll show you a lot of students will ask me, ORD, well, give me the form, and I’ll make an academic affiliation with X VA facility. That’s not the way it works. The academic affiliations are done through the academic affiliation offices of the respective institutions. So again, there’s more to this a lot of times than it appears.

And again, what is also a very common issue with student research is there is a reason why ORD and ORD policy was put in place with conjunction with the Office of Academic Affiliations here in VHA. We require a VA employee who is qualified to be the principal investigator. But a lot of times even at a VA facility with a research program, they can’t find a VA PI. And a lot of times we get calls from students saying, ORD, can you find us a VA PI? We can’t find one. We will reach out to the research office, but I promise you we do not have a list of investigators who are willing or qualified in all these different areas. So again, if that VA PI doesn’t exist, the research cannot move forward, the proposed research, because ultimately, it’s that VA PI who is responsible for overseeing and making sure that all the applicable regulations and policies are followed for the student research activity. Students are learning. That’s the whole process, and so that’s why we require a VA PI to oversee the students work in this with the student being a VA investigator on these projects.

So again, our three take-homes on this is these are not optional. We have had situations where there is misunderstandings that, well, if the individual is an employee, the policy doesn’t count. Or that, well, it’s someone we really like, or we really like the university and when we don’t have an academic affiliation with them, it’s okay. No. You have to follow the policies that are in the ORD directive 1200.02 and that, again, these academic affiliation agreements are not pieces of paper that a student signs. They are between institutions. But also the biggest thing for me—and we’ve had this happen more than once. When the activity is not research—and a lot of times that happens at some of your institutions where your institution will look at it, and the project is coming in as a non-research project by the university. It’s a capstone for example. And then they come to your research office and say, okay, can you verify, and I’ve done a VAEDA; and it’s not research. Cool, wonderful. That’s it. Because then sometimes what will happen is a student will say, okay, means I can do it. No, that just means that there has been a determination made by the VA facility that it’s not research.

And usually the first thing I do when I encounter that situation is, okay, you need to be talking to the privacy officer. You need to be contacting who is the academic liaison at your institution. Because again, just because we’ve had some students do some quality improvement projects without the knowledge of the VA facility because they think when they get that determination that, oh, the VA facility says it’s not research, okay, I can go forth and do it. That is not the go-to card. Research has no role in overseeing the activity, but it does not mean that the student can just do it. So that’s when I refer them to other offices within the VA facility that, again, have oversight of the quality improvement activities that are done within the facility.

Okay, I’ve spent 40 minutes here talking, and so what I’m going to do in this next 10 minutes—and to leave 10 minutes for questions—is talk about some updates involving issues with commercial IRBs. At our April session, we talked about the issues that it is an expectation that when study teams are submitting their informed consent documents to the respective ORD approved commercial IRB, that they are to include the applicable VA specific informed consent requirements into those consent documents with their submission. Now industry does not follow the Common Rule, and most of the studies that VA does are industry-sponsored. They are not funded by NIH. And so as a result of an event that occurred, again, we’ve made new tools because it’s an expectation by the VA study teams that if the study is industry funded, you will not only include the applicable VA required elements but also the Common Rule elements that are applicable.

Now you’re going, now wait a minute, I am not a regulator. Again, it is not your job to be an IRB. It is not your job to be a regulator. And again, what we want to reinforce as part of this section here is that no matter what your assessment is, it is the responsibility of the reviewing commercial IRB in the scenario that we’re centering on today. They have the ultimate responsibility for ensuring that the applicable VA policies, requirements for informed consent, and the applicable Common Rule requirements are in there. So I want everyone to hear that very loud and clear. So if you don’t know, it’s okay because there is a double-check in place to make sure that this does occur. And that’s why we have done a lot of the actions we’ve done because there was a gap, and we’re shoring up that gap.

Now as part of this discussion that we had in April, we released a set of tools, and in this two-month period, there has been a lot of user feedback on those tools that we’ve received in the checklist. And so we have revised based on your user input—and thank you for that—revisions in the checklist as well as the two tools that are used as worksheets. They are not submitted with the applications, but they’re here to guide you. And so we’re very happy to be able to refine these and will continue to refine these. Again, the tools are already located on ORD’s dedicated webpage dealing with single IRB limitation, the commercial IRBs. They are already also loaded in the VAIRRS Standard Library. So all of these tools and checklists that I’m going to briefly discuss with you today are already present, as well as the endorsement letter.

We made, again, some tweaks to the tools. For example, on the tool for the Common Rule and VA specific requirements, we had a statement that got missed that said that the standalone HIPAA authorization must be submitted. That’s been deleted. That was a mistake, and so we deleted it. But also, we wanted to clarify a comment because there’s been some questions about VA required language involving cost and treatment for research related injuries. Now these are basically applicable to every single study that is done, overseen by a commercial IRB, and so this is where it’s going to always happen. But the question is whether or not when you include that VA specific language that has been supplied to the commercial IRBs, must you also remove the sponsor language because your remodel consent form will always contain the sponsor’s language as well.

So what we did is clarify this in a comment that while it is preferred by ORD that that language be removed, it’s not. It’s not against policy if that language that would not apply to a VA subject remains. And so that is why that has been added and clarified for the purposes of this of this tool. It’s ultimately up to the IRB as the federal revelatory authority who’s in charge of process and documentation of informed consent to review whether or not, okay, we are going remove it or not. Again our preferences is that it be removed, but again it’s not going to be a policy violation or noncompliance if you don’t do it. So that was an important comment verification we wanted to include in this.

In terms of the authorization tool that is used, again, minor tweaks. We wanted to clarify unlike what I just said for the informed consent document, if you are combining the HIPAA authorization language with the informed consent document, that is where the sponsor’s authorization language goes. They don’t exist. They do not coexist together. And then we also wanted to add an additional statement, again, to clarify when a standalone consent HIPAA authorization must be used versus when the authorization language can be combined. Again, it’s just restating it in a different way to make it more readable, more easy-to-read. We didn’t change the language. We just added. And then on the checklist, again, these are tweaks and revisions based upon your user feedback, we have added links within those sections that are saying please use the tool to help you with the worksheet. We’ve linked it to the ORD webpage where these tools are located. We did not link them to the exact documents because as these tools and checklists are updated, we didn’t want the link to be broken and have to keep redoing that. Doesn’t make sense.

But also, there was a section on the checklist dealing with the HIPAA authorization and where it was confusing. So again, based upon user feedback, we revised that to make it clear that this section of the checklist that is a worksheet, it only applies when the HIPAA authorization language is combined with the informed consent document and that if it is not combined and you’re using the 10-0493, you don’t need to use this part of the checklist any further. So again, minor tweaks making it a better tool. We’ll continue to work on revising this, and these are already available for your use. And again, we want to reinforce while these are checklists to assist your study teams—and our goal is to make this as seamless as possible—it’s ultimately the responsibility of the IRB to be compliant with what is in the reliance agreement, which is ensuring they follow the applicable policies and regulations for the approval of VA’s informed consent forms for that specific study.

However, please know—and we’ve seen this happen where while the IRB evaluates, and is responsible for evaluating this, let’s say you submit as part of your submission an industry-sponsored clinical trial and you don’t include key information upfront, the IRB is not going to write that section for you. They are going to turn it back to you and say, wait a minute, you’re missing key information upfront. So that’s why—and we’ve had that happen before. We have it happening more now of course. Now that there is an increased awareness by all of our commercial IRBs on the checks and balances that must be in place to make sure that each IRB is approving the consent documents appropriately. And again, reiterating one more time, you are not expected to be regulators. It is ultimately the responsibility of the IRB.

The last thing I’m going to just talk about very briefly is following the April HRPP webinar, and we did indeed have an event where we’ve had to relook at a number of studies that are active with the Advarra IRB in which the study teams are doing self-assessments to see if any informed consent language required by VA policy or the Common Rule is or is not present. And we are so appreciative of the incredible amount of work. We’ve had a lot of dialogues with our study teams on doing these self-assessments, and again a lot of the user tools were revised based on their feedback. We do have some teams that have not had the opportunity to respond, and so we do want to let you know we will be reaching out to you to assist you if we’ve not heard from you. And so that is also something that’s going to be occurring in the next week.

So in terms of just summarizing the pieces about commercial IRB, all these checklists and tools that have been revised are currently available. You can grab them right now from the ORD website and the VAIRRS Standard Library, as well as the endorsement letter. And we know that no IRB is perfect, and we’re all not perfect. And so many of the issues that we’re dealing with and addressing are because we hear about it from you. So again, we want to ask you if you’re having an issue, please let Dr. Workman and myself know when it comes to the commercial IRB issues, so that we can facilitate that. Because usually if it’s happening at your site, it may be happening at others, and that way we can coordinate as we’re dealing with these issues.

So as usual, these webinars are recorded. They will be available on ORPP&E’s webinar website within a few days. Also, please know that you can always ask questions through FIND Pro. We’re real excited about the FIND Pro launch. And much of the content we’re talking about, we’re talking about how we can also incorporate this within FIND Pro. There are different references that are included at the end of this presentation. And with that, I know I’ve talked very fast, but that is all that I have to talk about today. So with that, we have a few minutes here to do questions, and let’s open it up for questions and answers. And I will Dr. Workman and Ms. Christiano to join me on this.

Okay, so please remind everyone that the first choice should be to get patient into STOMP. The EA-IND is only to be used patient does not want to be the study or cannot be in the study. Note, open label TPOXX is given to those in the study who cannot be randomized. So one of the things that was included in a prior amendment, revision of the protocol of the program for EAP was the randomized clinical trial that’s being done, and it’s called STOMP. And indeed, as part of the protocol, that is to be offered to subjects, to patients. However, VA sites and as of—I am not aware, even I called NIH the other day about CDC asking whether or not any VA sites were participating. So while you do indeed—and we talked the CDC regulatory affairs about this, there is a randomized trial that’s going on, and, yes, open label TPOXX is given to those who cannot be randomized. The issue is whether that—right now STOMP is not being done in VA sites to my knowledge. If there is a site that’s participating in STOMP, please, please let us know. Next question?

So how should we determine if a project is research versus not research if we do not have a local IRB, especially for manuscript publication for a VA MD? Okay, so the IRB is not required by regulation or ORD policy to make the determination that a project is research versus nonresearch. That can be made by any qualified individual. And in 1200.05, there is an appendix that talks about, it describes how to make determinations. And also you can use VAEDA. Now if your facility cannot make that determination or if your program office, for example, let’s say you have a VA MD who is in pulmonary medicine, and their chief cannot make it. Or they don’t have a qualified individual, and their facility can’t make it, then there is an option to come to ORD if that decision cannot be made. And we will make that determination for you.

Don Workman: Karen, this is Don. If I can just add a quick comment.

Karen Jeans: Absolutely.

Don Workman: Anybody can make the determination. The exception to that is the investigator shouldn’t be making that determination for him or herself. It needs to be a neutral party and preferably somebody with the authority to make a decision like that for the institution where you work, will work.

Karen Jeans: Thank you. Next question. If R&D approves something that is not research, would it become VA research? Well, this is a great question because the R&D cannot approve something that—the R&D is granted authority to approve research by ORD policy. So there may be a story here that I’m not understanding here because the R&D committee actually doesn’t have authority to approve something if it isn’t VA research. And so something doesn’t become VA research when it doesn’t meet the definition of it. So there may be something else, and I’m not under this question. But this is a paradox here. The two can’t exist together. Next.

Okay, really—this is Karen, again. Very glad someone asked this question. Can another VA site without a research program ask our IRB to be the IRB of record? If yes, is a contract required? VA sites without a research program cannot ask your IRB to be the IRB of record, and they cannot use a contract because the requirement for a site to be able to have a research program is to be approved by ORD to have that research program. And those requirements are in VHA Directive 1200.02. This is such a good question because it’s happening a lot. There’s more to having a research program than having an IRB, as all of you know. You have to have an R&D Committee. You have to have privacy. You have to have information security reviews. You have to have an RCO. And so the answer is no. And so when this happens, please contact ORD, and we will work with the site to see if they can establish a research program. Establishing a research program is not a trivial event. It takes a minimum usually of a year.

Is ORPP&E now called ePROS? Yes, I do understand that. Some flyers went out that says that we are ePROS, formally ORPP&E. We are migrating to that, but we are not officially ePROS as of today. That is a name that we will be using in the future. But again, until there is a formal memorandum that’s coming down from above, high, we are still ORPP&E. Thank you.

Will an email go out for studies under Sterling and WCG similar to the one for Advarra studies, requesting study teams evaluate their ICFs and revise/submit for review? This time we have no plans for doing that. We have communicated with both WCG and Sterling concerning what their processes were. We identified a gap in the Advarra issue, and that’s why this remediation occurred. So the short answer is right now there are no plans for such an action. Thank you.

Parker Cunneen: And that is it. Oh, we have a couple more in here, excuse me.

Karen Jeans: This is—again, I really want to thank the person who wrote this. Is the R&D Committee required to review the external IRB’s informed consent document? The answer is no. That is not the purview nor what the intent of the R&D Committee is. We never established the R&D Committee to be a second IRB. Again, as we are discussing what has happened, we are looking at, okay, what are other quality mechanisms that are in place. But no, the answer is no. The R&D Committee is not required to review external IRB ICDs. Next question.

If the IRB approves a study as research but the R&D during their review states that the study isn’t research, do they send it back to the IRB for them to re-review the determination? Dr. Workman, would you like to take that one?

Don Workman: That’s a great question. So I think the key here is if there’s some reason the R&D Committee thinks [garbled audio] isn’t research, they should have a conversation because these are sometimes very complex decisions to make, especially when we have a number of fields that are just right on that edge, like implementation science and quality improvement. Because there are things that certainly look like a duck, quack like a duck, but may not be a duck. And so that’s where the regulatory definition of research is important to apply. And there should be conversations between R&D Committees and IRBs because there will be differences. And there will be times when the conversation should help come to a mutual decision. It’s not necessarily they send it back for re-review. I would \_\_\_\_\_ [00:58:03] like conversation and say, why in the world did the central IRB make this decision? We often have R&D Committee members or chairs reach out to us, and we welcome those kinds of conversations. Over.

Karen Jeans: Thank you, Dr. Workman. And I really want to reiterate something that Dr. Workman said about it’s not always—we operate in gray. It’s sometimes one sentence can make the difference in how two different groups interpret that one sentence that is key to making that differentiation. So rather than sending it back, it is about having a dialogue and the communication that occurs between our IRBs and our R&D Committees.

So with that—and if there were any questions, we will look at those, but I see it is the top of the hour. I know this was a very fast hour with a lot of content, but I want to thank everyone for joining us for this hour. We know there is a lot going on, and we appreciate all your work in, again, bringing the studies to our veterans and doing the incredible work that you do. So with that, thank you very much for attending this afternoon, and I will turn this back over to Parker, if he has any other closing statements to close out.

Parker Cunneen: Nothing else other than if you guys have any feedback, we do appreciate you just taking a minute or two to fill out that survey. We do record your questions, but there is a space there to put them in. And that can get that feedback and questions to the panels after, and they may choose to reach out to you or not. But with that, thank you, and have a great afternoon.