

Attachment 17 - ASA24 Dietary Recall Comparison and Feeding Studies

IRB Approvals

NCI IRB - Dietary Recall Comparison Study (TO BE ATTACHED)
NCI IRB - Feeding Study

Westat IRB - Dietary Recall Comparison Study - Page 2-3
Westat IRB - Feeding Study - Page 4

Henry Ford IRB - Page 5-6

Kaiser IRB - (TO BE ATTACHED)

NCI Feeding Study IRB Approval

<p>CLINICAL RESEARCH PROTOCOL INITIAL REVIEW APPLICATION</p>	<p>PRINCIPAL INVESTIGATOR (Name of NIH Employee, Institute/Branch, Address, Telephone and email): N. Potischman, NCI/ARP, (301.594.6573), EPN 4008, potischn@mail.nih.gov</p>
<p>PROTOCOL TITLE: National Cancer Institute (NCI) Validation and Observational Feeding Study</p>	
<p>ABBREVIATED TITLE (30 characters or less): Observational Feeding Study</p>	
<p>PROPOSED START DATE: Sep 30, 2009 END DATE: Sep 29, 2011 TOTAL SUBJECTS TO BE ACCRUED (Attach target table for Phase 3-4): 80</p>	
<p>MULTI-SITE COLLABORATION: Is this a multi-site collaboration? <input type="checkbox"/> Yes (complete this section) <input checked="" type="checkbox"/> No Will subjects participate on the protocol at the NIH CC? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will subjects participate on the protocol at other sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, are the sites <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> Both Is NIH the coordinating site? <input type="checkbox"/> Yes. For each participating site, provide: Institution name, address, investigator(s), indicate if subjects will be recruited and if they are, include a contact name on attached sheet/protocol face sheet. <input checked="" type="checkbox"/> No. Coordinating Site is: Westat</p> <p>REQUESTED ACCRUAL EXCLUSION (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Asian <input type="checkbox"/> Male <input type="checkbox"/> Black or African American <input type="checkbox"/> Female <input type="checkbox"/> White <input checked="" type="checkbox"/> Children <18 <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p>SUBJECT ACCRUAL CHARACTERISTICS: Minimum Age Permitted 20 Maximum Age Permitted 70 Pediatric <input checked="" type="checkbox"/> None <input type="checkbox"/> <2 Yr. <input type="checkbox"/> 2-6 Yrs. <input type="checkbox"/> 7-17 Yrs. Protocol involves healthy volunteers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are Healthy Volunteers NIH Employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the protocol permit self referral? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will the protocol involve adults unable to give informed consent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PROTOCOL TYPE: (Check one): <input type="checkbox"/> Screening <input type="checkbox"/> Training <input type="checkbox"/> Natural History - Disease Progression/ Physiology <input type="checkbox"/> Natural History - Sample/Data Collection or Analysis (Recruiting Patients) <input checked="" type="checkbox"/> Natural History - Sample/Data Collection or Analysis (Not Recruiting Patients) <input type="checkbox"/> Pharmacokinetics/Dynamics <input type="checkbox"/> Clinical Trial: Identify Phase (Check one) <input type="checkbox"/> Phase 0 <input type="checkbox"/> Phase 1 <input type="checkbox"/> Phase 1-2 <input type="checkbox"/> Phase 2 <input type="checkbox"/> Phase 3 <input type="checkbox"/> Phase 4</p> <p>If a Phase 3 Clinical Trial, is analysis for sex, racial/ethnic subgroups required according to the NIH Policy and Guidelines on the Inclusion of Women and Minorities as Subjects in Clinical Research? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>KEYWORDS (Words or phrase that describe the protocol.) 1. Dietary assessment methods 2. Measurement of diet 3. 24-hour diet recall 4. feeding study 5. validation</p>	<p>IONIZING RADIATION USE (X-rays, e.g., CT; radiolabels, e.g. PET; etc.): check all that apply <input checked="" type="checkbox"/> None <input type="checkbox"/> Medically indicated <input type="checkbox"/> Research indicated* *Complete NIH-88-23a, and attach to this application. Send a copy of entire protocol and NIH-88-23a to Chair, Radiation Safety for concurrent review.</p> <p>INVESTIGATIONAL NEW DRUG/DEVICE: <input checked="" type="checkbox"/> None <input type="checkbox"/> IND <input type="checkbox"/> IDE *If reporting more than one IND/IDE, list on attached sheet. FDA No. _____ IND/IDE Name: _____ Sponsor: _____ Who is the manufacturer of the above entity: _____</p> <p>Does the protocol involve a Tech Transfer Agreement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does the protocol involve a drug/device/product that may lead to you or the NIH receiving payment and/or royalties? <input type="checkbox"/> Yes (Append a statement of disclosure) <input checked="" type="checkbox"/> No</p> <p>Has the NIH IRP COI Guide been distributed to NIH Investigators? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the NIH IRP COI Guide been distributed to Non-NIH Investigators? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p>CONFLICTS OF INTEREST REVIEW: Date submitted to IC DEC: Apr 15, 2009 Date cleared by IC DEC: Apr 29, 2009</p> <p>Is an Extramural Investigator an ADJUNCT PRINCIPAL INVESTIGATOR? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Name of Adjunct PI: _____</p> <p>MEDICAL ADVISORY INVESTIGATOR (if necessary) Name, Inst/Branch, Telephone, Address, Email and initial line: _____ _____ _____</p> <p>LEAD ASSOCIATE INVESTIGATOR - Name, Inst/Branch, Telephone, Address, Email. Check box if a NIH employee and initial line: <input checked="" type="checkbox"/> N. Potischman, NCI/ARP, (301.594.6573), EPN 4008, potischn@mail.nih.gov</p> <p>RESEARCH CONTACT: Name, Inst/Branch, Telephone, Address, Email. Check box if a NIH employee and initial line: <input checked="" type="checkbox"/> N. Potischman, NCI/ARP, (301.594.6573), EPN 4008, potischn@mail.nih.gov</p> <p>ASSOCIATE INVESTIGATOR(S): Name, Institute/Branch, Telephone, Address, Email. Check box if a NIH employee and initial line. Attach list if necessary. 1. <input checked="" type="checkbox"/> See Attached List 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/></p>
<p>SIGNATURE <u>Nancy Potischman</u> (Principal Investigator: Be sure to include PRECIS <=400 words as first section of protocol) Principal Investigator <u>Nancy Potischman</u> Date <u>7/27/09</u> Send to Accountable Investigator</p> <p>RECOMMENDATION _____ Accountable Investigator _____ Date _____ Send to Branch Chief, or CC Dept. Head of Accountable Investigator</p> <p>Br. Chief/CC Dept. Head of Acct. Invest. Print/Type Name _____ Date <u>attached</u> Send to Institute/Center Scientific Review Committee</p> <p>APPROVALS For Institute/Center Scientific Review Comm. _____ Date _____ Send to Clinical Director</p> <p>_____ Date _____ Send to Chair, Institutional Review Board Vice Chair, For Institutional Review Board <u>James Goedert</u> Date <u>7/29/09</u> _____ Print/Type Name _____ Protocol & Consent Approval Completed</p> <p>PATIENT SAFETY/ RESOURCE REVIEW Director, _____ Date _____ Return to Office of Protocol Services, through IRB Protocol Coordinator</p> <p>COMPLETION _____ Date _____ PROTOCOL NO. _____ Protocol Specialist</p>	

Clinical Research Protocol Initial Review Application
NIH-1195 (9-06)

Memo

From: Kerry Levin, Chair Westat IRB



Subject: **Initial Approval of ASA24 Comparison Study, Project
8372.02.22
FWA 5551**

As Chair of the Westat Institutional Review Board (IRB), I have reviewed the materials submitted for the following: **ASA24 Comparison Study, Project 8372.02.22**. Pursuant to 45 CFR pt. 46, the IRB reviews all studies involving research on human subjects. This project is sponsored by The National Cancer Institute (NCI). The IRB overseeing protections of human subjects for this project is the Marshfield Clinic Research Foundation.

The 24 hour dietary recall comparison study is designed to compare self-reported dietary intake data using the newly developed web-based Automated Self Administered 24-hour Recall (ASA24) to the current standard of interview-administered 24-hour recall, the Automated Multiple Pass Method (AMPM).

The sample will be drawn from three health maintenance organizations (HMO) ---Security Health Plan (using the Marshfield Clinic), Wisconsin; Henry Ford Health System, Michigan; and Northern California Kaiser-Permanente, California, all participants of NCI's Cancer Research Network. Interested participants from each center will be directed to a study website where they will provide their contact information through a secure on-line consent form.

Westat's role will include monitoring and tracking consents from the initial contact and provide the centers with a list of those who do not respond within 10 days of mail out. Each center will follow-up with these non-responders and send a second mailing. Westat will continue to track consents until the quota for each stratum is met. Westat will follow-up with individuals who have consented to participate and administer, by telephone, a screening questionnaire to ascertain eligibility for the study. Following, Westat will conduct cognitive interviews in order to test questions for a survey about late life disability trends and dynamics in individuals over 65 years.

Electronic data will be password protected and stored by the data management contractor, and also will be destroyed after a year.

The IRB regulations permit expedited review of certain activities involving minimal risk [45 CFR pt. 46.110 (b) (1)]. This study can be considered minimal risk. I am therefore approving this study under expedited authority. Per 45 CFR 46 117, your request for a waiver of documentation of informed consent is also approved.

If activities change, please contact the IRB Office to ensure that the status is accurately reflected in our records. You are only required to submit the study for a continuing review on or before June 10, 2010 if activities change for this project. In the interim, you are responsible for notifying the Office of Research Administration as soon as possible if there are any injuries to the subjects, problems with the study, or changes to the study design that relate to human subjects.

cc: Institutional Review Board
Susan Crystal Mansour

Memo

To: Susie McNutt, Project Director

From: Kerry Levin, Chair Westat IRB *Kerry Levin*

Subject: **Initial Approval of ASA24 Feeding Study, Project
8372.02.23
FWA 5551**

As Chair of the Westat Institutional Review Board (IRB), I have reviewed the materials submitted for the following: **ASA24 Feeding Study, Project 8372.02.23**. Pursuant to 45 CFR pt. 46, the IRB reviews all studies involving research on human subjects. This project is sponsored by The National Cancer Institute (NCI).

The NCI ASA24 Feeding Study is designed to assess the validity and reliability of the ASA24 by comparing results of a 24-hour dietary recall collected using a telephone-administered AMPM interview with results obtained from the ASA24.

Westat will enroll 100 participants from a list generated by a well known recruitment firm. Participants will be invited to Westat for two consecutive days, the first day to eat 3 meals and the second day to try to recall what they consumed the day before while at the study site. Researchers will observe and weigh the food intake of the participants, and then compare the observed intake to later self-reported intake using either one of two methods being compared. Standard informed consent will be collected from all participants.

Security protocols will be implemented to ensure that all data are recorded and stored in such a manner that individual research subjects cannot be identified directly or through identifiers. No identifying information will be recorded in the data file and there will be no way to detect the identification of any respondent. After the data collection is completed, Westat will store the paper informed consent forms and paper questionnaires in a locked, secure facility for a year, and then they will be shredded. Electronic data will be password protected and stored by the data management contractor, and also will be destroyed after a year.

The IRB regulations permit expedited review of certain activities involving minimal risk [45 CFR pt. 46.110 (b) (1)]. This study can be considered minimal risk. I am therefore approving this study under expedited authority. If activities

change, please contact the IRB Office to ensure that the status is accurately reflected in our records. You are only required to submit the study for a continuing review on or before June 10, 2010 if activities change for this project. In the interim, you are responsible for notifying the Office of Research Administration as soon as possible if there are any injuries to the subjects, problems with the study, or changes to the study design that relate to human subjects.

cc: Institutional Review Board
Susan Crystal Mansour



RESEARCH ADMINISTRATION

June 5, 2009

Research Administration
CFP-Basement 046
2799 West Grand Boulevard
Detroit, MI 48202-2689
(313) 916-2024 Office
(313) 916-2018 Fax

To: Gwen Alexander, Ph.D.
Biostatistics and Research Epidemiology

Fm: Timothy Roehrs, Ph.D., Chair
Jonathan Ehrman, Ph.D., Vice Chair
Adrian Ormsby, M.D., Vice Chair
Institutional Review Board (IRB)

Re: **Automated Self-Administered 24-Hour Recall Comparison Study**
(IRB No. 5623)

Period of IRB Approval: **June 5, 2009 – June 4, 2010**

This is to apprise you that the above-named project was reviewed through the expedited procedure on **June 5, 2009**. The human rights aspects of the above-referenced protocol were reviewed and approved. This approval is based on Title 45, Section 46.110 of the HHS Code of Federal Regulations related to no more than minimal risk to the subject. The approval of this project will be presented as an informational item at a subsequent IRB meeting.

The Institutional Review Board and Federal Regulations require that each research proposal involving human subjects be reviewed at intervals appropriate to the degree of risk but not less than once per year and that a final report is submitted at the termination of the project. **Therefore, a continuation or final report for this proposal is due in one year. The report must be submitted to and approved by the IRB by June 4, 2010 to avoid a lapse in your approval. As the Principal Investigator, you are ultimately responsible for timely submissions of continuation and final reports. You are encouraged to create a tracking mechanism to ensure timely submissions.**

Revisions to the protocol must be approved by the IRB prior to implementation. In addition, our IRB is expected to review all documents and activities that bear directly on the rights and welfare of participants of research. A copy of the signed and stamped application, indicating approval by the Institutional Review Board, is enclosed for your files.

Forms for progress reports, final reports, modification and adverse/unexpected event are available on the IRB website or in the Research Office (CFP-Bsmt). Please contact the Research Office at 916-2024 if you have questions regarding these matters.



New Protocol Application

All submissions must be complete and typewritten.
Investigators are responsible for utilizing the most current versions of IRB forms and the IRB has the authority to refuse out of date forms.

RECEIVED

Section 1: GENERAL INFORMATION

HFHS Principal Investigator (PI): **Gwen Alexander** Department (select from drop downs): **BRE**

Phone or pager: **873-6737**

PI E-mail address: **galexan2@hfhs.org**

Division:
APR 17 2009

Are you employed by HFHS or a HFH Medical Group physician?

Yes No (if not, you will need to contact Research Administration for assistance)

RESEARCH ADMINISTRATION

Entire Project Title (no acronyms): **Automated Self-Administered 24-hour Recall Comparison Study**

Contact Person: **Gwen Alexander** Contact phone #: **874-6737** Contact E-mail address: **galexan2@hfhs.org**

Location to send correspondence or pick-up (required): **OFF, 5C**

Grant title & Project Director (if different):

Sponsor/Funding source (name of agency, company, NIH or internal committee): **National Cancer Institute**

Is this study PI initiated (the original idea of the HFHS PI)? Yes No

Is this study federally funded (if so, attach grant proposal)? Yes No Date submitted to funding agency: **Not yet submitted, awaiting funding commitment within NCI**

If sponsor's grant number known, please supply: Unknown; will be a contract Multi-center study? Yes No

Performance Sites: Cottage Detroit/Main Macomb W. Bloomfield Wyandotte All Other:

Research conducted: Inpatient Outpatient In & Outpatient No direct patient contact Other: **Three sites, Kaiser Permanente NW, Marshfield Clinic in Danville, PA, and HFMG/HAP members**

What is submitted with this application?: Protocol (version # 1) Investigator Brochure (version #)

Consent Form (version) Other documents: **study protocol, screening questionnaire, preference questionnaire, demographic questionnaire, recruitment letter, website welcome/agreement page**

THE REST OF THIS PAGE IS FOR IRB USE ONLY

IRB #: 5623

Review Type:

- Full Board
- Expedited: meets category/s [45 CFR 46.110(a)(b)]: **7**
 - Approve
 - Withheld pending response:
 - member review administrative review
 - Expedited approval denied (requires full board review)
- Exempt: meets category/s [45 CFR 46.101(b)]:

APPROVAL STAMP
APPROVAL PERIOD
JUN 05 '09 JUN 04 '10
Institutional Review Board

Consent/patient authorization:

Required Waived

The HFHS IRB has read & reviewed this protocol & finds this research is appropriate in design and meets the requirements of the Federal Guidelines, 45 CFR Part 46 and 21 CFR Part 50.

[Handwritten signature]

Date: 6/5/2009