

## ***ATTACHMENTS 26***

### **IRB Approvals for the BEEA Study**

- 26A. NCI SSIRB
- 26B. Westat – Coordinating Center
- 26C. University of Iowa Field Station – Iowa Field Station
- 26D. Batelle Centers for Public Health Research and Evaluation –  
North Carolina Field Station

6378

CLINICAL RESEARCH PROTOCOL  
INITIAL REVIEW APPLICATION

PRINCIPAL INVESTIGATOR (Name of NIH Employee, Institute/Branch, Address, Telephone and email):  
Michael Alavanja, NCI/DCEG/OEEB, 301-435-4720

PROTOCOL TITLE:  
Study of Biomarkers of Exposure and Effects in Agriculture

ABBREVIATED TITLE (30 characters or less): Biomarker Study

PROPOSED START DATE: 3/1/10 END DATE: 2/28/15 TOTAL SUBJECTS TO BE ACCRUED (Attach larger table for Phase 3-4): 1600

MULTI-SITE COLLABORATION:

Is this a multi-site collaboration?  Yes (complete this section)  No  
Will subjects participate on the protocol at the NIH CC?  Yes  No  
Will subjects participate on the protocol at other sites?  Yes  No  
If yes, are the sites  Domestic  Foreign  Both  
Is NIH the coordinating site?  
 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.  
 No. Coordinating Site is Westat

REQUESTED ACCRUAL EXCLUSION (Check all that apply):

None  Asian  
 Male  Black or African American  
 Female  White  
 Children <18  Hispanic or Latino  
 American Indian/ Alaskan Native  Native Hawaiian or Pacific Islander

SUBJECT ACCRUAL CHARACTERISTICS:

Minimum Age Permitted 18  
Maximum Age Permitted na  
Pediatric  None  <2 Yr.  2-6 Yrs.  7-17 Yrs.  
Protocol involves healthy volunteers?  Yes  No  
Are Healthy Volunteers NIH Employees?  Yes  No  
Does the protocol permit self referral?  Yes  No  
Will the protocol involve adults unable to give informed consent?  Yes  No

PROTOCOL TYPE: (Check one):

Screening  
 Training  
 Natural History - Disease Progression/ Physiology  
 Natural History - Sample/Data Collection or Analysis (Recruiting Patients)  
 Natural History - Sample/Data Collection or Analysis (Not Recruiting Patients)  
 Pharmacokinetics/Dynamics  
 Clinical Trial: Identify Phase (Check one)  
 Phase 0  Phase 1  Phase 1-2  
 Phase 2  Phase 3  Phase 4

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?  Yes  No  N/A

KEY WORDS (Words or phrase that describe the protocol.)

- 1. Agricultural Health Study
- 2. Multiple myeloma
- 3. MGUS
- 4. Leukemia
- 5. Biorepository

IONIZING RADIATION USE (x-rays, e.g., CT; radioisotopes, e.g., PET; etc.): check all that apply  
 None  Medically indicated  Research indicated

\*Complete NIH-89-23a, and attach to this application. Send a copy of entire protocol and NIH-98-23a to Chsr. Radiation Safety for concurrent review.

INVESTIGATIONAL NEW DRUG/DEVICE:  None  IND  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: \_\_\_\_\_

Does the protocol involve a Tech Transfer Agreement?  Yes  No

Does the protocol involve a drug/device/product that may lead to you or the NIH receiving payment and/or royalties?  
 Yes (Append a statement of disclosure)  
 No

Has the NIH IRP COI Guide been distributed to NIH Investigators?  
 Yes  No

Has the NIH IRP COI Guide been distributed to Non-NIH Investigators?  
 Yes  No  N/A

CONFLICTS OF INTEREST REVIEW:  
Date submitted to IC DEC: 12/9/09 Date cleared by IC DEC: 12/10/09

Is an Extramural Investigator an ADJUNCT PRINCIPAL INVESTIGATOR?  Yes  No  
Name of Adjunct PI: \_\_\_\_\_

MEDICAL ADVISORY INVESTIGATOR (if necessary) Name, Inst/Branch, Telephone, Address, Email and initials line:  
\_\_\_\_\_

LEAD ASSOCIATE INVESTIGATOR - Name, Inst/Branch, Telephone, Address, Email. Check box if an NIH employee and initials line:  
 See attached Olaf Landgren - per PI/PE

RESEARCH CONTACT: Name, Inst/Branch, Telephone, Address, Email. Check box if an NIH employee and initials line:  
 \_\_\_\_\_

ASSOCIATE INVESTIGATOR(S): Name, Institute/Branch, Telephone, Address, Email. Check box if an NIH employee and initials line. Attach list if necessary.

- 1.  See attached
- 2.  \_\_\_\_\_
- 3.  \_\_\_\_\_
- 4.  \_\_\_\_\_
- 5.  \_\_\_\_\_

(Principal Investigator: Be sure to include PRECIS <= 400 words as first section of protocol)

SIGNATURE	<u>Michael Alavanja</u>	Principal Investigator	Print/Type Name	<u>MICHAEL ALAVANJA</u>	Date	<u>1/4/2010</u>	Send to Accountable Investigator
RECOMMENDATION	<u>Michael Alavanja</u>	Accountable Investigator	Print/Type Name	<u>MICHAEL ALAVANJA</u>	Date	<u>1/4/2010</u>	Send to Branch Chief, or CC Dept. Head of Accountable Investigator
APPROVALS	<u>Debra Silverman</u>	Dr. Chief/CC Dept. Head of CCR Invst.	Print/Type Name	<u>Debra Silverman</u>	Date	<u>1/4/10</u>	Send to Institute/Center Scientific Review Committee
	<u>Robert N. Hoover</u>	For Institute/Center Scientific Review Comm.	Print/Type Name	<u>Robert N. Hoover</u>	Date	<u>4/16/10</u>	Send to Clinical Director
	<u>William Du</u>	Clinical Director	Print/Type Name	<u>William Du</u>	Date	<u>4/16/10</u>	Send to Chair, Institutional Review Board
	<u>Nancy Potischman</u>	Chair, For Institutional Review Board	Print/Type Name	<u>NANCY POTISCHMAN</u>	Date	<u>4/14/10</u>	Send to Office of Protocol Services, through IRB Protocol Coordinator
PATIENT SAFETY/ RESOURCE REVIEW	<u>Griffin</u>	Director, Clinical Center	Print/Type Name	<u>Griffin</u>	Date	<u>3/11/10</u>	Return to Office of Protocol Services, (10/15231B)
COMPLETION	<u>Griffin</u>	Protocol Specialist	Date	<u>05/13/10</u>	PROTOCOL NO.	<u>10-C-N106</u>	

"Offsite" - NO PRIA Required.

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

\*  
[Signature]

CLINICAL RESEARCH PROTOCOL  
 INITIAL REVIEW APPLICATION - Page 2 PI: Michael Alavanja, 301-435-4720

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CONDITIONS: Select up to 5 primary diseases or conditions being studied, using NLM Medical Subject Heading (MeSH) controlled vocabulary. The conditions are used to index studies. <http://www.nlm.nih.gov/mesh/MBrowser.html>

1. Multiple myeloma
2. Leukemia
3. MGUS
4. MBL
- 5.

STUDY TYPE: Nature of the investigation. Select Interventional or Observational, in addition to the most appropriate term describing the protocol for each of the corresponding categories.

<input type="checkbox"/> <b>Interventional Studies</b>	<input checked="" type="checkbox"/> <b>Observational Studies</b>
<p><b>Purpose: Reason for the protocol</b></p> <p><input type="checkbox"/> Treatment    <input type="checkbox"/> Prevention    <input type="checkbox"/> Diagnosis  <input type="checkbox"/> Educate/Train</p> <p><b>Study Design: participant selection</b></p> <p><input type="checkbox"/> Randomized Trial    <input type="checkbox"/> Non-randomized Trial</p> <p><b>Masking: knowledge of intervention</b></p> <p><input type="checkbox"/> Open    <input type="checkbox"/> Single Blind    <input type="checkbox"/> Double Blind</p> <p><b>Control: nature of the interventional control</b></p> <p><input type="checkbox"/> Placebo    <input type="checkbox"/> Active    <input type="checkbox"/> Uncontrolled  <input type="checkbox"/> Historical    <input type="checkbox"/> Dose Comparison</p> <p><b>Assignment: intervention groups</b></p> <p><input type="checkbox"/> Single Group    <input type="checkbox"/> Parallel    <input type="checkbox"/> Cross-over  <input type="checkbox"/> Factorial    <input type="checkbox"/> Expanded Access</p> <p><b>Endpoint: primary outcome that the protocol is designed to evaluate</b></p> <p><input type="checkbox"/> Safety    <input type="checkbox"/> Efficacy    <input type="checkbox"/> Safety/Efficacy  <input type="checkbox"/> Bio-equivalence    <input type="checkbox"/> Bio-availability  <input type="checkbox"/> Pharmacokinetics    <input type="checkbox"/> Pharmacodynamics  <input type="checkbox"/> Pharmacokinetics/pharmacodynamics</p>	<p><b>Purpose: reason for the protocol</b></p> <p><input checked="" type="checkbox"/> Natural History    <input type="checkbox"/> Screening    <input type="checkbox"/> Psychosocial</p> <p><b>Duration of Sampling: protocol sample in</b></p> <p><input type="checkbox"/> Longitudinal    <input checked="" type="checkbox"/> Cross-sectional</p> <p><b>Selection Method: sample selection</b></p> <p><input type="checkbox"/> Targeted Population    <input checked="" type="checkbox"/> Random Sample    <input type="checkbox"/> Case Control</p> <p><b>Timing: data collection period</b></p> <p><input checked="" type="checkbox"/> Retrospective    <input type="checkbox"/> Prospective    <input type="checkbox"/> Both</p>

**COMPLETE FOR INTERVENTIONAL STUDIES ONLY**

INTERVENTIONS: Provide up to 10 primary interventions identifying a category for each. Category selections are: Drug, Gene Transfer, Vaccine, Behavior, Device, and Procedure.

Category	Intervention	Category	Intervention
Ex. Drug	AZT	Ex. Behavior	Hypnosis
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

OUTCOME MEASURE(S)/ENDPOINT(S): Examples - changes in cardiac output, changes in cognitive function, changes in drug or antibody.

Primary: main outcome representing a primary study question(s). (limit 250 char)

Secondary: outcome(s) of interest to a study, but not representing the primary study question(s). (limit 250 char)



NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER

Public Health Service

Warren G. Magnuson Clinical Center  
Mark O. Hatfield Clinical Research Center

Building 10, Room 1S231B  
10 Center Drive, MSC 1192  
Bethesda, MD 20892  
Telephone: (301) 496-0744

Date: May 13, 2010

To: Michael Alavanja, Ph.D.  
EPS/8109

From: Cherie Bonds-Beeken, Protocol Specialist  
Office of Protocol Services

Subject: Initial Protocol Approval

Title: Study of Biomarkers of Exposure and Effects in Agriculture

Protocol  
Number: 10-C-N106

The final patient safety and resource review was conducted by John I. Gallin, M.D., Associate Director for Clinical Research of the National Institutes of Health Clinical Center on 05/11/2010. The Office of Protocol Services has assigned your intramural research protocol, number **10-C-N106** which will be due for continuing review on **01/19/2011**.

OPS or your IRB Office will notify you 120 days prior to the review. However, Federal regulation and NIH policy require that you report promptly any unanticipated problems involving risks to subjects or others, or serious harm involving subjects, to your IRB. In addition, substantive changes in research activities, during the period for which IRB approval has been given, may not be initiated by you without prior review and approval by your IRB, except where necessary to eliminate apparent immediate hazard to subjects.


If you have any questions regarding protocol review, approval or reporting procedures, please contact Lynn Sayers, your Protocol Coordinator at (301) 402-7221.

cc: Protocol Coordinator

## Memo

**Date:** April 28, 2010

**To:** Marsha Dunn and Kate Torres, Co-Directors

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

**Subject:** Expedited Approval of “Study of Biomarkers of Exposures and Effects in Agriculture”, Project 8494.28.01  
FWA 0551

As Chair of the Westat Institutional Review Board (IRB), I reviewed the materials submitted for the following: **Biomarkers of Exposures and Effects in Agriculture, Project 8494.28.01**. The Westat IRB reviews all studies involving research on human subjects. This study is being funded by National Cancer Institute and the Environmental Protection Agency. The National Cancer Institute is the proposed IRB with oversight of human subjects protections for this study.

The purpose of this study is to collect questionnaire data and biological specimens from 1,600 pesticide workers (ages 50 and above) to determine if there is an increased risk of cancer associated with exposure to occupational and environmental chemical and substances.

As the study’s Coordinating Center, Westat will be responsible for the following:

- Programming questionnaires
- Documenting study procedures
- Training field staff on data collection procedures
- Processing participant data
- Monitoring activities in the field
- Handling the supply, shipment, tracking and receipt of the biospecimens

Westat will not have access to identifiable data. All data transactions will be completed using a study identification number. Password protected laptops will be used in the field and paper copies stored in securely locked cabinets.

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 and is approved under expedited authority. A request for a waiver of documented informed consent is also approved (45 CFR 46 117) to obtain verbal consent over the telephone and inquire about cancer screening practices. Documented informed consent will be collected at the scheduled home visit.

If activities change, please contact the IRB Office to ensure that the status is accurately reflected in our records. You are required to submit the study for a continuing review on or before April 28, 2011. In the interim, you are responsible for notifying the IRB Office 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

**Protection of Human Subjects  
Assurance Identification/IRB Certification/Declaration of Exemption  
(Common Rule)**

*Policy:* Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or approved in accordance with the Common Rule. See section 101(b) of the Common Rule for exemptions. Institutions submitting applications or proposals for support must submit certification of appropriate Institutional Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule.

Institutions must have an assurance of compliance that applies to the research to be conducted and should submit certification of IRB review and approval with each application or proposal unless otherwise advised by the Department or Agency.

**201002777**

1. Request Type <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CONTINUATION <input type="checkbox"/> EXEMPTION	2. Type of Mechanism <input type="checkbox"/> GRANT <input checked="" type="checkbox"/> CONTRACT <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> COOPERATIVE AGREEMENT <input type="checkbox"/> OTHER: _____	3. Name of Federal Department or Agency, or organization, and, if known, Application or Proposal Identification No. US Department of Health & Human Services, National Institutes of Health HHSN261200455003C Mod 17
4. Title of Application or Activity Biomarkers of Exposures and Effects in Agriculture (BEEA) Study		5. Name of Principal Investigator, Program Director, Fellow, or Other Charles Lynch

6. Assurance Status of this Project (*Respond to one of the following*)

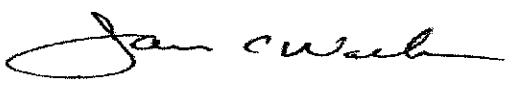
- This Assurance, on file with Department of Health and Human Services, covers this activity:  
Assurance Identification No. FWA00003007, the expiration date 03/30/2013 IRB Registration No. IRB00000099
- Exemption Status: Human subjects are involved, but this activity qualifies for exemption under Section 101(b), paragraph .

7. Certification of IRB Review (*Respond to one of the following IF you have an Assurance on file*)

- This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations.  
by:  Full IRB Review -- date of IRB meeting: \_\_\_\_\_ or  Expedited Review  
Approval Date: 03/29/10  
Expiration Date: 03/29/11
- This activity contains multiple projects, some of which have not been reviewed. The IRB has granted approval on condition that all projects covered by the Common Rule will be reviewed and approved before they are initiated and that appropriate further certification will be submitted.

## 8. Comments

Contract Title: The Agricultural Health Study - Iowa Field Station

9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.	10. Name and Address of Institution The University of Iowa Human Subjects Office Office of the Vice President for Research 340 Medicine Administration Bldg The University of Iowa Iowa City, IA 52242-1101
11. Phone No. ( <i>with area code</i> )      319-335-6564 12. Fax No. ( <i>with area code</i> )        319-335-7310 13. Email:                                  James-walker@uiowa.edu	15. Title Associate Vice President for Research - Regulatory Affairs
14. Name of Official James C Walker, PhD	17. Date 03/29/10
16. Signature 	

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March 10, 2010

Charles E. Knott, MPA, PMP  
Battelle CPHRE  
100 Capitola Drive, Suite 200  
Durham, NC 27713

Dear Mr. Knott:

As Chair of the Battelle/CPHRE Institutional Review Board (IRB) I have reviewed the full study implementation submission dated 3/3/2010 for the study entitled "Study of Biomarkers of Exposures and Effects in Agriculture, AHS Ancillary" (FG004905-Y102) and grant expedited approval to proceed with the study. The study is minimal risk.

As with all Battelle/CPHRE studies, this study will be subject to continuing review next year. The current approval expires 3/9/2011. We will send you notification at the appropriate time. In the meantime, should any changes occur in your protocol, please inform the IRB and submit the changes for review. Similarly, the IRB needs to be notified in the event of any injury or unexpected outcome arising from this study.

Sincerely,



Margaret R. Pennybacker, PhD  
IRB Chair

cc: Brigette Brevard  
Contracts  
Jan Jaeger



**Battelle/Centers for Public Health Research and Evaluation**

100 Capitola Drive, Suite 200

Durham, NC 27713

Federal-wide Assurance No. FWA00004696 (IRB No. 284)

**INSTITUTIONAL REVIEW BOARD NOTICE OF APPROVAL**

PROJECT DIRECTOR: Charles Knott

PROJECT TITLE: Study of Biomarkers of Exposures and Effects in Agriculture, AHS Ancillary

CLIENT: Westat (NCI funding)

PROTOCOL DATE: 3/3/10

BATTELLE PROJECT CODE: FG004905-Y102

or PROPOSAL NUMBER:      (if preaward)

NATURE OF REVIEW: (check one)

- FULL MEETING DATE: \_\_\_\_\_
- EXPEDITED (specify reason): minimal risk
- EXEMPT (specify reason): \_\_\_\_\_

TYPE OF APPROVAL: (check one)

- PRELIMINARY. SCHEDULE NEXT REVIEW PRIOR TO INVOLVEMENT OF HUMAN SUBJECTS.
- PRETEST/PILOT TEST. SCHEDULE NEXT REVIEW PRIOR TO FULL IMPLEMENTATION.
- FULL IMPLEMENTATION.
- RENEWAL/CONTINUING REVIEW.
- AMENDMENT DATED

**Please note the following requirements:**

**PROBLEMS OR ADVERSE REACTIONS:** If any problems in treatment of human subjects or unexpected adverse reactions occur as a result of this study, you must notify the IRB Chairperson immediately, then complete an Adverse Event/Incident Report and forward it to the CPHRE IRB Administrator.

**CHANGES IN PROTOCOL:** If there are any changes in procedures or study protocol, you must notify the IRB Chairperson and submit the revisions for review before they are implemented.

**RENEWAL:** You are required to apply for renewal of approval at least annually for as long as the study is active unless the Board finds it necessary to require more frequent reviews. Your next continuing review date should be on or before 3/9/11.

Margaret Penny Backer  
IRB Chairperson

3/10/10  
Date

Margaret R. Pennybacker, PhD  
Print or Type Name

Copy of approved Informed Consent on file.

cc: Project Director  
IRB Administrator