

**Attachment 10: Institutional Review Boards (IRB's) Certifications**



iRIS Reference Number **319990**

Amendment Letter: B  
IRB Number: OH97CN041  
Version Date: 03/23/2012

4/9/2012

**TO:** Robert Hoover

**FROM:** Chairperson, Special Studies Institutional Review Board, NCI

**SUBJECT:** Action on Clinical Research Protocol Amendment

Your amendment to protocol, “Early Marker and Etiologic Studies in the PLCO Trial,” was reviewed by the National Cancer Institute Special Studies Institutional Review Board (NCI-SSIRB) by expedited review.

The SSIRB has taken the following action:

X	Approved as written. Forwarded to the CC OPS for administrative processing.
	Approved with stipulations pending re-review by SSIRB Chair. See review comments.
	Deferred pending response to stipulations and re-review by a subcommittee of the Board. See review comments.
	Tabled pending response to stipulations and re-review by the full SSIRB. See review comments.

## AMENDMENT REVIEW FORM

(TO ADD OR CHANGE PREVIOUSLY APPROVED RESEARCH)

**All changes or new activities for previously approved studies require submission, review, and approval of an Amendment Review Form.** Please complete and submit this form to [irb@westat.com](mailto:irb@westat.com) and attach all necessary materials to be reviewed. Once the request has been reviewed, you will be contacted. If this change or new activity requires a full Board review, those meetings occur on the second Tuesday of every month. To check the date of meetings, please see the [meeting schedule](#) under IRB in WesInfo. Thank you for your cooperation.

<b>1. Today's Date:</b>	04 / 16 / 2012	
<b>Date of Original Approval:</b>	03 / 28 / 2011	
<b>Project Name:</b>	PLCO CDCC	
<b>Westat Project Number:</b>	8906.00.00	
<b>Agency Grant or Contract Number:</b>	HHSN261201100008C	
<b>Project Director:</b>	Barbara O'Brien	Ext. 3965
<b>Unit Ops Number/Study Area:</b>	1121.74	
<b>Area IRB Representative:</b>	Nancy Weinfield	Ext. 2480

**2. Indicate the type of addition or change being requested to a previously approved study.**

*(SELECT ALL THAT APPLY.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Name(s) of investigators<br><input type="checkbox"/> Project number<br><input type="checkbox"/> Introduction of a new IRB or request for Westat to serve as the IRB<br><input checked="" type="checkbox"/> Study design, survey questionnaire, or procedure(s)<br><input type="checkbox"/> Informed consent process, consent form(s), parent permission(s), or assent form(s)<br><input type="checkbox"/> Recruitment materials or strategies<br><input type="checkbox"/> Incentives<br><input type="checkbox"/> Survey instruments<br><input type="checkbox"/> Number or type of populations studied | <input type="checkbox"/> Review of final instrument such as interview questions or data collection sites for a previously approved study<br><input type="checkbox"/> Mode of administration of instruments in your study (e.g., from mail or telephone to web or Internet access)<br><input type="checkbox"/> Data access rights<br><input type="checkbox"/> Any other change in protocol that affects treatment of human subjects:<br><i>(PLEASE SPECIFY)</i><br><div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div> |
|--|--|

3. Please provide a brief summary of your change or addition to previously approved research.

We plan to collect additional exposure data from PLCO participants that may affect cancer risk. We plan to mail a Risk Factor Questionnaire (attached) to all active participants. Our focus is on collecting additional information on medications that are particularly common among older adults including those that have not been assessed in PLCO previously. We are also requesting consent from participants to link to other health databases like Medicare and Medicaid

4. How does each change or addition affect the risks to participants in your study? (SELECT ONLY ONE.)

a.  No change

b.  N/A – no risks

c.  Decreases the risk (SPECIFY):

[Empty text box for specifying risk decrease]

d.  Increases the risk (SPECIFY):

[Empty text box for specifying risk increase]

e.  Adds a new risk (SPECIFY):

[Empty text box for specifying new risk]

FOR HARD-COPY SUBMISSION, PLEASE SIGN HERE:

A signature is not required when you return this form electronically; however, please fill in the date of completion.

The information provided in this request form is complete and correct.

Project Director/  
Principal Investigator:

[Empty signature box]

Date: 04 / 16/ 2012

[Date box containing 04 / 16/ 2012]

Please attach:

- One document that clearly identifies (through track changes, highlights, or italics) the revision in the previously approved submission.
- Another document labeled “corrected version.”

If you have any questions, feel free to contact Sharon Zack, the IRB Administrator, at x8828.

IRB Administration Use Only

Expedited review and approval for the modification(s) on this form:

*Sharon Zack*  
Sharon Zack  
2012/04/25 01:55 PM  
I have reviewed and approve this document

IRB Chair / Associate Chair / Designee

IRB Office Only

- APPROVED – NEXT CONTINUING REVIEW DATE: 03 / 00/ 2013
- CONDITIONAL APPROVAL (PLEASE SEE ATTACHED LETTER)
- DID NOT QUALIFY FOR EXPEDITED REVIEW