

Attachment 5

Anniston Community Health Survey: Follow-up Study and Dioxin Analyses

**Institutional Review Board Approvals**



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**Memorandum**

**Date** February 21<sup>st</sup>, 2013

**From** James Peterson, PhD  
IRB-C Administrator, Human Research Protection Office

**Subject** IRB Approval of New CDC Protocol #6323.0, "Anniston Community Health Survey: Follow up and Dioxin Analyses" (Convened)

**To** Marian Pavuk, MD, PhD  
ATSDR/DTHHS

CDC's IRB C has reviewed the request for approval of new protocol #6323.0, "Anniston Community Health Survey: Follow up and Dioxin Analyses" and has approved the protocol for the maximum allowable period of one year. **CDC IRB approval will expire on 12/9/2013.** The protocol was reviewed in accordance with the convened review process outlined in 45 CFR 46.109. The IRB determined that the study poses no greater than minimal risk to subjects and approved the inclusion of pregnant women under 45 CFR 46.404.

If other institutions involved in this protocol are being awarded CDC funds through the CDC Procurement and Grants Office (PGO), you are required to send a copy of this IRB approval to the CDC PGO award specialist handling the award. You are also required to verify with the award specialist that the awardee has provided PGO with the required documentation and has approval to begin or continue research involving human subjects as described in this protocol.

As a reminder, the IRB must review and approve all human subjects research protocols at intervals appropriate to the degree of risk, but not less than once per year. There is no grace period beyond one year from the last IRB approval date. It is ultimately your responsibility to submit your research protocol for continuation review and approval by the IRB along with available IRB approvals from all collaborators. Please keep this approval in your protocol file as proof of IRB approval and as a reminder of the expiration date. **To avoid lapses in approval of your research and the possible suspension of subject enrollment and/or termination of the protocol, please submit your continuation request along with all completed supporting documentation at least six weeks before the protocol's expiration date of 12/9/2013.**

**Any problems of a serious nature must be brought to the immediate attention of the CDC IRB, and any proposed changes to the protocol should be submitted as an amendment to the protocol for CDC IRB approval before they are implemented.**

If you have any questions, please contact your National Center Human Subjects Contact or the CDC Human Research Protection Office (404) 639-7570 or e-mail: [huma@cdc.gov](mailto:huma@cdc.gov).

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control  
and Prevention (CDC)

cc:

NCEH/ATSDR Human Subjects

Amy Sandul

Laura Youngblood

## 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.

1. Request Type <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CONTINUATION <input type="checkbox"/> EXEMPTION	2. Type of Mechanism <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> CONTRACT <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> COOPERATIVE AGREEMENT <input type="checkbox"/> OTHER: _____	3. Name of Federal Department or Agency and, if known, Application or Proposal Identification No.
4. Title of Application or Activity Anniston Community Health Survey (ACHS): Follow up Study and Dioxin Analyses		5. Name of Principal Investigator, Program Director, Fellow, or Other MENNEMEYER, STEPHEN T

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. FWA00005960, the expiration date 01/24/2017 IRB Registration No. IRB00000196
- This Assurance, on file with (*agency/dept*) \_\_\_\_\_, covers this activity.  
 Assurance No. \_\_\_\_\_, the expiration date \_\_\_\_\_ IRB Registration/Identification No. \_\_\_\_\_ (*if applicable*)
- No assurance has been filed for this institution. This institution declares that it will provide an Assurance and Certification of IRB review and approval upon request.
- 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 on (date of IRB meeting) 10/31/2012 or  Expedited Review on (date) \_\_\_\_\_  
 If less than one year approval, provide expiration date \_\_\_\_\_
- 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 Protocol subject to Annual continuing review.	Title    F120626005 Anniston Community Health Survey (ACHS): Follow up Study and Dioxin Analyses
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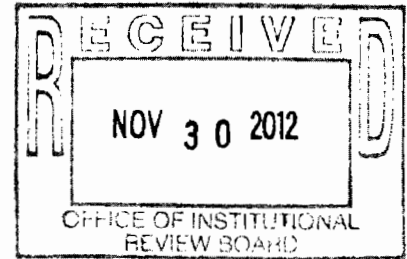
IRB Approval Issued: 12-13-12

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  University of Alabama at Birmingham 701 20th Street South Birmingham, AL 35294
11. Phone No. ( <i>with area code</i> )    (205) 934-3789  12. Fax No. ( <i>with area code</i> )        (205) 934-1301  13. Email:                                    irb@uab.edu	15. Title Chairman, IRB
14. Name of Official Ferdinand Urthaler, M.D.	17. Date <u>12-13-12</u>
16. Signature <u>Ferdinand Urthaler, MD/RC</u>	

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**Memorandum**



**TO:** Leslie Cooper, CIP

**From:** *Stephen T. Mennemeyer*  
Stephen T, Mennemeyer Ph.D., Principle Investigator

**Date:** November 28, 2012

**RE:** Response to IRB November 9, 2012 (Revised) F120626005 Anniston Community Health Survey( ACHS):Follow up Study and Dioxin Analyses

The following is an item by item response to points in your Memorandum of November 9.

"1. Submit one copy of the IRB approval from the Centers for Disease Control and Prevention"

Response: The CDC IRB is still in the process of approval. The CDC IRB approval will be submitted separately with a Revision/Amendment Form when it becomes available.

"2. Revise the protocol title in the Humans Subjects Protocol (HSP) Item 1 to match the grant title: 'Anniston Community Health Survey (ACHS): Follow up Study and Dioxin Analyses"

Response: This revision has been made on the revised HSP.

"3. Per HSP Item 2.g, survey interviewers will be hired by UAB for this research. Please note you will need to submit a Project Revision/Amendment Form adding the survey interviewers to the protocol before they can conduct any research-related activities"

RESPONSE: We will submit the Amendment/Revision Form as instructed and we have noted this on the revised HSP.

4. As the UAB School of Public Health is not a covered entity under HIPAA regulations, delete the answer for HSP Item 12.e.

Response: We have unchecked the box for 12.e and highlighted this change.

"5. The IRB reviewed HSP Item 15.f regarding the Calhoun County Health Department (CCHD) and confirmed the CCHD is not engaged in research"

RESPONSE: We believe this statement contains a typo and the reference is to HSP Item 5f.

"6. Expand the HSP Item 15.g to clarify whether participants enrolled in the original ACHS study agreed to be contacted for future studies"

RESPONSE: The Informed Consent to the original study (see attached versions of 2005 and revised version of 2007) contains several statements that the participant would or might be contacted in regard to laboratory test results, data verification and other significant findings. Subsequent analyses of the original samples have shown elevated risks for hypertension and diabetes related to PCB exposure. (Silverstone et al. 2012; Goncharov et al. 2011) A recent NIH study (Louis et al. 2012) on another population has found that PCB exposure carries a heightened risk for male infertility. Re-contacting the participants falls under the assurance given to them that they would be re-contacted in regard to significant findings. The original ACHS has re-contacted participants in the past. In 2007, participants were re-contacted and asked to give permission for their stored blood samples to be used for "possible genetic testing in a future study" with an explanation of that these further tests were for research purposes only; the genetic tests had not been included under the original protocol. A subsample of these participants were specifically asked to give an additional 5ml blood sample; the rest were not asked for the additional sample. In 2010 a set of 80 participants with the highest PCB levels were re-contacted and asked if they would consent to allow their contact information to be furnished to Cincinnati Children's Hospital Medical Center so that it could contact them to ask if they wished to participate in a randomized control study to determine if potato chips cooked with Olestra cooking oil would reduce PBC levels in the body. Both of these re-contacts were authorized by the UAB IRB upon review of Revision/Amendment requests. ✓ Fu

Silverstone, A.E., Rosenbaum, P.F., Weinstock, R.S., Bartell, S.M., Foushee, H.R., Shelton, C., Pavuk, M., For the Anniston Environmental Health Research Consortium, 2012. Polychlorinated biphenyl (PCB) exposure and diabetes: Results from the anniston community health survey. Environmental Health Perspectives 120, 727-732.

Goncharov, A., Pavuk, M., Foushee, H.R., Carpenter, D.O., 2011. Blood pressure in relation to concentrations of PCB congeners and chlorinated pesticides. Environmental Health Perspectives 119 (3), 319.

Louis, G.M.B., Sundaram, R., Schisterman, E.F., Sweeney, A.M., Lynch, C.D., Gore-Langton, R.E., Maisog, J., Kim, S., Chen, Z., Barr, D.B., 2012. Persistent environmental pollutants and couple fecundity: The life study. Environmental HEALTH Perspectives Online 14 November <http://dx.doi.org/10.1289/ehp.1205301>.

Approved  
*[Signature]*  
IRB Chairman

Dec 12, 2012

\*Issued  
12/13/12 AC

"7. When the modifications described above are made to the HSP, you will need to submit a revised HSP—with all changes highlighted—for IRB review. This revised HSP should include a revision date on the bottom of each page and should be used when submitting materials for continuing IRB review"

RESPONSE: The revised HSP is attached with the changes required.

8-20 "...The following information refers to the consent form..."

RESPONSE: A revised Informed Consent is attached. Please note that regarding instruction 14 "Complete the PRA number in the box at the bottom of page 1 (0923-xxxx)." The Office of Management and Budget will issue the xxxx suffix upon its review. We will send the UAB IRB a Revision/Amendment form when the suffix becomes available.

**Informed Consent Form**

**TITLE OF RESEARCH:** Anniston Community Health Survey (ACHS): Follow-up Study and Dioxin Analyses

**UAB INVESTIGATOR:** Dr. Stephen Mennemeyer

**INVESTIGATOR:** Dr. Marian Pavuk

**SPONSOR:** National Institute of Health, Agency for Toxic Substances and Disease Registry

**UAB IRB PROTOCOL #:** F120626005

**CDC IRB PROTOCOL #:** 6323

**Study Overview/Purpose** – You were part of the Anniston Community Health Survey few years ago. That survey gave us useful research data about polychlorinated biphenyls (PCB) levels in Anniston. We now know more about health problems, like high blood pressure and diabetes. Many questions remain. We are doing a follow-up research study to answer some of those questions. We want you to be part of the Anniston Follow-up Study. Your taking part will help us learn how PCB levels change over time. We also want to see how changes in PCBs affect health among Anniston residents.

Researchers from the Agency for Toxic Substances and Disease Registry (ATSDR), the National Institutes of Health (NIH), and the University of Alabama at Birmingham (UAB) are conducting this study. The Calhoun County Health Department (CCHD) is helping with key parts of this study. The NIH and ATSDR are funding this study.

**What to Expect at Your Appointment** – The study visit will take about two hours. We will ask your name, address, and date of birth. This is to make sure we are talking with the right person. We will measure your weight, height, and blood pressure. We will have you complete a questionnaire. One of our staff will interview you. Lastly, trained staff will take 125-mL (about 10 tablespoons) of blood from a vein in your arm. If you are currently pregnant or in jail (including house arrest) you cannot participate in the study.

Public reporting burden of this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).

**UAB IRB**

**Date of Approval** 12-13-12

**Not Valid On** 10-31-13



If you have medical conditions that might interfere with taking blood or doing the lab tests, you may not be able provide blood sample for the study. However, you can still take part in the study doing an interview and have your weight, height, waist and blood pressure measured.

You are asked to fast for at least eight hours before you give blood.

If you are a diabetic taking medications or insulin, take them as usual. If you are diabetic, fast only if doing so fits your meal and medication plan. If you do eat, a fat-free or low-fat meal is best for the blood tests.

**Payment for Participation** - We would like to thank you for volunteering for this study. You will be compensated via gift cards when you exit today as follows:

- If you complete all parts of the study visit, we will give you a \$200 gift card.
- If you only answer the questionnaire, we will give you a \$100 gift card.
- If you only donate blood, we will give you a \$100 gift card.

**Payment for Research-Related Injury** - UAB, the National Institute of Health, and the Agency for Toxic Substances and Disease Registry have not provided for any payment if you are harmed as a result of taking part in this study. If such harm occurs, treatment will be provided; however, this payment will not be provided free of charge.

**Significant New Findings** - You will be told by the study staff if new information becomes available and might affect your choice to stay in the study.

**Questions Asked** - We will ask about your health in general and since the last study. We will also ask about your family health history. We will ask about ways people may be exposed to chemicals. These are things like diet, jobs, and hobbies. We will also ask about health behaviors, like exercise and use of alcohol or tobacco. If you do not know or do not remember an answer, you can simply say so. If you want to skip some questions, you may.

**PCBs Measured in Blood** – We will test your blood for the same PCBs we measured before. We want to see if they have changed. We will also measure other PCBs we didn't look at before. We will let you know what your levels are.

**Other Chemicals Measurements** – We will test for other chemicals often found with PCBs. These include dioxins, pesticides, metals, and other related chemicals.

**Other Blood Tests** – We will test your blood for health markers like cholesterol, insulin, and thyroid hormones. Most of these markers are things your doctor might look at, too. These markers will help us learn more about how PCBs affect health.

**Learning about Test Results** – We will send you a letter with your test results. We think we will finish all of the tests by about October 2015. If your test result suggests a health problem, we will contact you shortly after we get your lab results.

**Storage of Specimens (Blood) for Future Use** - After we test your blood, there may be some left over. We would like to save this leftover blood for other research projects about PCBs or Anniston. You can decide whether we keep your blood for other projects about PCBs or Anniston, or not. We would need to re-contact you to get your permission for tests not related to PCBs or Anniston. These samples will be stored only with the study number. ATSDR will keep a separate dataset that can link your study number with your name. If you change your mind later on and wish to remove the samples from the storage you can do so by contacting us. We do not expect the results of these other tests to be clinically meaningful, but if we learn something that is important to your health we will notify you.

Please initial your choice below:

\_\_\_\_\_ I agree to allow my samples to be kept and used for future research about PCBs or Anniston only.

\_\_\_\_\_ I agree to allow my samples to be kept and used for future research about PCBs or Anniston, and UAB or ATSDR may contact in the future to get my permission to use my samples for other tests not related to PCBs or Anniston.

\_\_\_\_\_ I do not agree to allow my samples to be kept and used for future research.

**Costs** – You do not have to pay to be part of this study. The blood tests are done at no charge to you.

**Risks** - We think the only risks to you from this project are possible problems from having your blood taken. It may hurt a little when the blood is drawn. You may have some bruising or slight bleeding afterward. Some people faint after having blood taken. We will take steps to avoid these problems.

**Benefits** - We will provide the results of clinical test that may be clinically meaningful to your health and of some benefit to you. The benefit(s) may be limited by the fact that you are likely to receive the results with at least several months delay after you provide a blood sample. We do think that the project will help the Anniston community better understand the connection between PCBs and health over time.

**Alternatives** – The alternative is to not participate in this study.

**It Is Your Decision** - You can choose whether to be part of this study, or not. During your appointment, you can stop at any time by telling the study staff that you do not want to go on.

You can refuse to answer questions or to give a blood sample. There is no penalty for refusal or withdrawal from the study [45 CFR 46.116(a)(8)].

**Confidentiality** – Information obtained about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with the UAB Institutional Review Board (IRB) and others who are responsible for ensuring compliance with laws and regulations related to research, including people on behalf of Centers for Disease Control (CDC), the National Institutes of Health (NIH) and the Office for Human Research Protections (OHRP). The results of the treatment may be published for scientific purposes. These results could include your lab tests. However, your identity will not be given out.

**Use of Collected Information** - We will write reports or scientific articles about the study results. We will combine everyone's responses to get a picture of the health issues of people in Anniston as they relate to PCBs. These reports or articles will be available to the public after the study is finished. The results in the reports will be shown in a way that individuals cannot be identified.

#### **Questions/Contact Persons**

If you have any questions about the study, or you decide that you do not want to participate later on, please contact:

Calhoun County Health Department

Ms. Lori Bell

3400 McClellan Blvd

Anniston, AL 36201

Phone: (256) 237-7523 or toll-free at (855) 822-1778

OR

Stephen T. Mennemeyer Ph.D.

University of Alabama at Birmingham

School of Public Health

1720 2nd Avenue South 330 RPHB

Birmingham, AL 35294-0022

Phone: (205) 975-8965 FAX (205) 934-3347

OR

Marian Pavuk Ph.D

Division of Toxicology and Human Health Sciences

Agency for Toxic Substances and Disease Registry

Center for Disease Control and Prevention

4770 Buford Highway, Mail Stop F-58, Atlanta, GA 30341

Phone: (770) 488-3671 Fax: (770) 488-1537

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the Office of the Institutional Review Board for Human Use (OIRB) at (205) 934-3789 or 1-800-822-8816. If calling the toll-free number, press the option for an operator/attendance and ask for extension 4-3789. Regular hours for the Office of the IRB (OIRB) ARE 8:00 a.m. to 5:00 p.m. CT, Monday through Friday. You may also call this number in the event the research staff cannot be reached or you wish to talk to some else.

If you feel you have been harmed by this study, please contact:

Stephen T. Mennemeyer Ph.D.  
Phone: (205) 975-8965  
Email: smenneme@uab.edu

If you do not understand what we are asking you to do, feel free to ask questions now. If you have no further questions and agree to be in this study, please sign the consent form below.

**Legal Rights** – You are not waiving any of your legal rights by signing this informed consent document.

**Participant Consent**

I have read and/or have been told about the purpose of the study. I have been given a chance to ask questions and my questions have been answered. I have been given a copy of this form. I choose to take part in the study. By signing this consent form, I agree to take part in the *Anniston Community Health Survey: Follow-up Study and Dioxin Analyses*.

\_\_\_\_\_

Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Person Obtaining Informed Consent

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

**Authorization Agreement between**  
**THE NATIONAL INSTITUTES OF HEALTH**  
**And**  
**THE CENTERS FOR DISEASE CONTROL AND PREVENTION**

**To Rely on the Centers for Disease Control and Prevention IRB**

Pursuant to 45 C.F.R. 46.114, the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention are entering into this agreement for the Centers for Disease Control and Prevention to conduct Institutional Review Board (IRB) review of the research protocol or activities identified below, which are jointly conducted by NIH and the Centers for Disease Control and Prevention.

**Name of Institution Providing IRB Review (Institution A):** Centers for Disease Control and Prevention  
FWA # 00001413 expiration date 10/19/13  
IRB # at Institution A: 00000185

**Name of Institution Relying on the Designated IRB (Institution B):**  
National Institutes of Health  
Federal Wide Assurance (FWA) #: 00005897, expiration date 2/25/2014

NIH will rely on the IRB of Institution A for review and continuing oversight of its human subjects research described below. This agreement is limited to the following specific protocol(s) or research activity:

Name of Research Project/Activity: Anniston Community Health Survey: Follow-up Study and Dioxin Analyses (ACHS II)  
Protocol Number(s): CDC 6323.0  
Name of Principal Investigator (Institution A): Marian Pavuk, M.D., Ph.D.  
Name of Principal Investigator (Institution B): Linda S. Birnbaum, Ph.D.  
Name of NIH Principal Investigator's Institute or Center: NIEHS and NCI

The review performed by Institution A's IRB will meet the human subject protection requirements of NIH's OHRP-approved FWA. The protocol(s) reviewed by Institution A's IRB must include a description of the research to be conducted by NIH. The extent to which NIH may rely upon the review by Institution A's IRB is limited to the description of those research activities in the protocol. Institution A's IRB will follow written procedures for reporting its findings and actions to appropriate officials at NIH. Relevant minutes of IRB meetings will be made available to NIH upon request. NIH remains responsible for ensuring compliance with the reviewing IRB's determinations and with the terms of its OHRP-approved FWA.

Both Institutions will maintain current copies of the IRB- approved protocol. NIH will conduct its portion of this joint research in accord with the terms and conditions of its

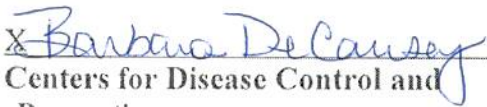
OHRP-approved FWA. Institution A will conduct its portion of this joint research in accord with the terms and conditions of its OHRP-approved FWA. This Agreement will be kept on file at both Institutions and will be available to OHRP upon request.

Institution A's IRB retains responsibility for compliance with regulatory requirements under 45 C.F.R. Part 46 and 21 C.F.R. 56 (as applicable) related to the administration and operation of the IRB. These include, for example, following written procedures and maintaining records in accord with 45 C.F.R. parts 46.103 and 115, respectively. NIH agrees that Institution A's IRB may suspend or terminate approval of research that is not conducted in accordance with its requirements or that is associated with unexpected serious harm to subjects pursuant to 45 C.F.R. 46.113.

NIH will ensure that before implementing a change to Institution A's IRB-approved protocol its investigator will obtain Institution A's IRB approval for the change (unless the change is designed to eliminate an apparent immediate hazard to subjects), pursuant to 45 C.F.R. 46.103. NIH retains responsibility, pursuant to 45 C.F.R. Part 46, including subsections 103 and 113, to report promptly to Institution A's IRB, appropriate institutional officials, and the HHS or NIH agency head any unanticipated risks to subjects or others, and any serious or continuing noncompliance with 45 C.F.R. Part 46 or the IRB's requirements or determinations. Institution A's IRB may also make these reports, but doing so does not relieve Institution A of the obligation to report to its institutional officials and HHS or NIH officials.


This Agreement is effective on the date that the last official signs and may be terminated by either party at any time. If the Agreement is terminated prior to the completion of the research, NIH will need to obtain alternative IRB review.

Signatory Officials:

X   
Centers for Disease Control and  
Prevention

Barbara DeCausey, MPH, MBA  
Chief, Human Research Protection Office  
Office of Scientific Integrity  
Office of the Associate Director for Science  
Office of the Director  
Centers for Disease Control and Prevention  
1600 Clifton Road, MailStop D-73  
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Phone: 404-639-4291  
Fax: 404-639-3249  
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Date: 2/20/2013

X   
National Institutes of Health

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Date: 2/13/13