Attachment 23: Phase IV Health Follow-Up IRB Approval Signature Pages

- 23.1). AHS Health Follow-Up Office of Protocol Services Continuing Review Approval under the AHS AutoImmunell Protocol
- 23.2). AHS Health Follow-Up Copernicus Group IRB Continuing Review Approval under the AHS AutoImmuneII Protocol
- 23.3). AHS Health Follow-Up Office of Protocol Services Amendment Approval under the AHS AutoImmuneII Protocol

PROTOCOL NO.

11-E-N196

PRINCIPAL INVESTIGATOR (NIH Employee Name, Inst/Br, Address, Telephone and email):

Jane A. Hoppin, ScD, NIEHS/EB, 919-541-7622, P.O. Box 12233, RTP, NC 27709, hoppin1@niehs.nih.gov

PROTOCOL TITLE: Agricultural Health Study: Health Followup

| PROTOCOL ST | | | | | ATION USE | (X-rays, e.g., CT; radio | oisotopes, e.g. PET, etc.) check all | | |
|--|--|---|-------------------------------|---|------------------------|--|--|--|--|
| Renew -F | Recruitment of participants has Participants are currently being | g recruited or enrolled. | | that apply: None | | | | | |
| ☐ Renew -No longer recruiting or enrolling participants, subject follow-up only. | | | | ☐ Medically indicated ☐ Research indicated. Since the last review, | | | | | |
| | yses ongoing. suspended. | | | i. Since the last reviev HAS NOT changed. | v, | | | | |
| ☐ Terminate - | | ☐ Research usage HAS changed. (Explain in summary report) | | | | | | | |
| SUMMARY OF | INVESTIGATIONAL NEW DRUG/DEVICE: ☑ None ☐ IND ☐ IDE *If reporting more than one IND/IDE, list on attached sheet. | | | | | | | | |
| coordinating site, p NIH Site | rovide totals and enrollment table f Other Sites Total | or other site. | | FDA N | No | | | | |
| 0 | | Accrual ceiling by IRB | | | | | | | |
| 0 | 903 903 | New subjects accrued s | since last CP | | | | | | |
| 0 | 903 903 | Aggregate total accrued | d | , | | | tity? | | |
| Are you currently | y recruiting healthy volunteers | | | | | | - | | |
| | involve adults unable to give | | | · | | ech Transfer Agreeme | | | |
| Have analyses b Trials as require | oy sex, racial/ethnic subgroup: d? □ No □ Yes (answ | s been conducted for Pha ver a and b) 💆 N/A | se 3 Clinical | Does the protocon receiving payme | | | t may lead to you or the NIH | | |
| | rses been reported? ☐ No (ex ricant differences been found? | | | | (Append a st | atement of disclosure) | | | |
| Have any non-N | IH Investigators or sites been | | ew? | Have there beer □ No | any amend | ments since the last re | view? | | |
| M No □ Yes (Id | lentify the persons or sites and | d describe the collaboration | on in the | Yes (Describe briefly in the attached narrative.) | | | | | |
| • | nmary report) | | | | any change | s in the informed cons | ent process or documentation since | | |
| | IEW, I AM REQUESTING A | | | the last review? | the last review? □ No | | | | |
| ine. Attach sheet it | t/Branch, Telephone, Address, e-n necessary. | nail. Check box if an NIH Emp | loyee and initial | X Yes | (Describe in | Summary report) | | | |
| PRINCIPAL II | NVESTIGATOR: | | | Have there beer | any change | s in the subject popula | ation, recruitment or selection criteria | | |
| Delete: | Delete: | | | | | since the last review? | | | |
| Add*: □ | | | | X☐ No ☐ Yes | (Explain cha | nges in the attached na | arrative.) | | |
| EXTRAMURA | AL ADJUNCT PRINCIPAL INV | ESTIGATOR: | | Have any lineyn | ected compli | ications or side effects | been noted since the last review? | | |
| Delete: | | | | i No No | ected compi | cations of side effects | been noted since the last review: | | |
| Add: | | | | □ Yes | (Identify and | explain in the attached | d narrative.) | | |
| MEDICAL AD | VISORY INVESTIGATOR: | | | Have any subject | cts withdrawn | from this study since | the last IRB approval? | | |
| Delete: | | | | X☐ No ☐ Yes | (Diaguagia ta | a attached namative \ | | | |
| Add*: | | | | | • | ne attached narrative.) | | | |
| LEAD ASSOC | CIATE INVESTIGATOR: | | | | | | volved from this or similar research, nefit analysis of human subjects | | |
| | | | | involved in this protocol? | | | | | |
| Add*: | | | | X No □ Yes | (Discuss in tl | ne attached narrative.) | | | |
| RESEARCH (| CONTACT: | | | Lloo the NULLIDE | , COL Cuida | , haan diatributad ta nay | w NIII Linuxaatimata ra 2 | | |
| Delete: | | | | | | been distributed to nev | | | |
| Add*: □ | | | | Has the NIH IRF | COI Guide | | v Non-NIH investigators? | | |
| ASSOCIATE | INVESTIGATOR(S): | | | □ No | ☐ Yes | ⊠ N/A | | | |
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| Add*: □ | | | | Date submitted t | to IC DEC: 4 | /2/12 Date cle | ared by IC DEC: | | |
| SIGNATURE | Jane A. Hoppin | Jar | ne A. Hoppin | | Date | e-Signed on 4/2/12 11:33 | AM Send to Accountable Investigator | | |
| | Principal Investigator Dale P. Sandler | | Print/Type Name | | | | | | |
| RECOMMENDATION | Accountable Investigator | | le P. Sandler Print/Type Name | • | Date | e-Signed on 4/5/12 12:24 | PMSend to Branch Chief, or CC Dept. Head of Accountable Investigator | | |
| | Dale P. Sandler | Da | ıle P. Sandler | | 5. | e-Signed on 4/5/12 12:24 | · PM | | |
| | Br Chief/CC Dept. Head of Ac | ct. Invest | Print/Type Name | e | Date | | Send to Clinical Director | | |
| APPROVALS | Frederick W. Miller Frederick W. M | | | er, M.D., Ph.D. | Data | e-Signed on 5/4/12 1:41 | PM Send to Chair, Institutional | | |
| AI FINOVALO | Clinical Director Print/T | | Print/Type Name | | Date | · | Review Board | | |
| | | | | k, J.D., Ph.D. | Date | e-Signed on 5/7/12 5:17 | Send to Office of Protocol Services, | | |
| | | | Print/Type Name | | | Protocol & Consent Approved Effective | through IRB Protocol Coordinator | | |
| COMPLETION | C.Bonds-Beeken | Date | 5/11 | 1/12 | | | | | |
| | Protocol Specialist | | | | | | | | |

| | Signature Page | | | | |
|--------------------------------|----------------|--|--|--|--|
| copernicus | Title | | | | |
| group independent review board | Summary | | | | |

| Signed By: | Reason: | Date/Time: |
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Jane Hoppin ScD National Institute of Environmental Health Sciences (NIEHS) 111 T.W. Alexander Drive Research Triangle Park, NC 27709

Re: Protocol #: 11-E-N196

IRB Tracking #: SSS1-11-220

Dear Hoppin,

Enclosed please find an Approval Notice dated June 6, 2012 for the above-mentioned protocol.

This is to inform you that the Copernicus Group IRB has approved the above-referenced study for another year. Please continue to use the latest IRB approved Site-Specific Subject Information and Consent Form(s). Note that any changes in the study must be communicated to the Copernicus Group IRB.

If you have any questions regarding the contents of this letter or your working relationship with Copernicus Group IRB, please do not hesitate to call us at 1-888-303-2224 or email us at irb@cgirb.com. To avoid delay in locating your records we ask that you refer to the IRB Tracking number located in the header of this letter. Send faxes for this project to 1-919-654-7197.

Copernicus Group IRB

cc: Elizabeth Long O'Connell, NIEHS (Web Portal)



IRB APPROVAL DATED:

June 6, 2012

STUDY EXPIRATION DATE: June 5, 2013

Protocol #: 11-E-N196

Investigator: Jane Hoppin ScD

Approval Includes: Re-Approval of Study

Investigator Address: Jane Hoppin ScD

National Institute of Environmental Health Sciences (NIEHS)

111 T.W. Alexander Drive

Research Triangle Park, NC 27709

Sponsor: **NIEHS**

CRO: Social & Scientific Systems, Inc.

Protocol Title: Agricultural Health Study Health Follow Up

Approval is granted subject to the following considerations:

- Responsibilities of the Principal Investigator as found in the Investigator Guidebook
- In the event that non-English speaking subjects are recruited, a certified translation of the informed consent must be approved by the IRB before recruitment.
- If subjects who cannot read are recruited, there should be an impartial witness to attest to the adequacy of the consent process and to the subject's voluntary agreement to be in the study. This witness should also verify the subject's signature or mark on the consent form.
- Please note that if revisions are required for any approved item (particularly advertisements), they must be approved prior to use.
- If pediatric subjects are to be enrolled then they should be re-consented when they become of legal age.
- Please note that CGIRB requires the reporting of any unanticipated problems involving risks to subjects or others as soon as possible, but in all cases within 10 business days in accordance with the applicable regulatory standards and CGIRB requirements.

IF YOU HAVE ANY QUESTIONS, CALL COPERNICUS GROUP IRB AT 1-888-303-2224

This signature certifies that the information contained in this IRB Approval Notice is true and correct as verified by the minutes and records of The Copernicus Group, Inc. It also certifies that The Copernicus Group, Inc. is in full compliance with FDA Code of Federal Regulations (21 CFR Parts 50, 56, 312, and 812 and 45 CFR) and ICH Guidelines.

See appended electronic signature page Signature Authorized Signature

IRB TRACKING # SSS1-11-220

Copernicus Group IRB One Triangle Drive Suite 100 Durham, NC 27713 Mailing Address:

P.O. Box 110605

Experience and Innovation in Ethical Review TM Telephone: 919-465-4310 Toll-Free: 888-303-2224 Fax: 919-465-4311 E-Mail: irb@cgirb.com

Web: www.cgirb.com Research Triangle Park, NC 27709



National Institutes of Health
National Institute of
Environmental Health Sciences
P. O. Box 12233
Research Triangle Park, NC 27709
http://sharepoint.niehs.nih.gov/ohrc/default.aspx

DATE: June28, 2012

TO: NIEHS IRB Chair

Through: The Office of Human Research Compliance

Branch Chief, Dale Sandler, PhD (Acting) Clinical Director, CRP, OCR

FROM: Jane Hoppin, ScD

SUBJECT: Expedited Amendment to Protocol # 11-E-N196 titled "Agricultural Health Study Health

Follow-up"

An expedited review procedure consists of a review of research involving human subjects by the IRB chairperson or by one or more experienced reviewers designated by the chairperson from members of the IRB in accordance with the requirements set forth in 45 CFR 46.110. Additional information on determining the appropriate level of review for a submission can be found at http://ohsr.od.nih.gov/irb/Attachments/Chapter7.htm.

Note: If an NIH investigator is added to the protocol, attach a signed/cleared <u>Personal Financial Holding Clearance</u> form along with an email from the new investigator stating they are aware they are being added to the protocol.

Expedited Amendment Summary and Justification:

We propose to amend the Agricultural Health Sstudy (AHS) Health Follow-up protocol to collect updated information on medical history and other important covariates through follow-up interviews of the cohort. Currently, we plan to contact cohort members to complete follow-up interviews allowing one of three modes of response: self-administered paper questionnaire, self-administered web survey (CAWI), and interviewer-administered telephone interview (CATI). We will contact proxy respondents if the participant is deceased or is unable to provide information. AHS participants were re-interviewed in 1999-2003 (Phase 2 follow-up). AHS farmers and their spouses were contacted again in 2005-2010 (Phase 3 follow-up). The AHS enrollment and previous follow-up questionnaires collected self-reported data on the participants' disease history to identify new cases of disease. Enrollment and subsequent follow-up interviews in the AHS was based on questionnaire return and consent was implied. Consistent with AHS and other cohort studies, additional written consent for this follow-up will not be obtained.

The planned Phase 4 follow up will continue this identification of newly reported non-cancer health outcomes from AHS participants in order to include in current and future validation efforts. Under this protocol, cohort members or their proxies will be re-interviewed in 2013 -2014 (Phase 4 follow-up). Individuals who were eligible for the Phase 3 interview will be contacted to complete Phase 4. The Phase 4 follow up is designed to take approximately 20 minutes to complete. OMB clearance for this follow up questionnaire will be obtained.

Our basic strategy involves: 1) mailing a letter to participants to inform them of the health follow-up; 2) include in the initial mailing a self-administered paper questionnaire; 3) provide a web link and login instructions for those who prefer completing the self-administered questionnaire via CAWI; and 4) contact those who do not respond by mail or web to complete the follow-up by CATI.

This amendment also contains minor changes to the validation effort language, allowing for more flexibility regarding case selection for saliva collection.

The specific requested revisions are detailed below:

I. Protocol

{Page number, section and detailed description of each change, if applicable}

All pages: in footer, protocol version date changed to 6/26/2012

Page 1: date changed from March 2012 to May 2012. Also, Laura Beane Freeman and Michael Alavanja of NCI were added as co-investigators

Page 2, Section A Precis, first paragraph: added language to include the purpose of the Phase 4 follow up

Page 2, Section A Precis, second paragraph: Updated the language regarding collection of saliva to read "We may also collect a saliva or cheek swab sample from cases....." instead of "We will also collect a saliva or cheek swab sample from all cases....." to allow investigators more flexibility in selection of cases for saliva collection.

Page 2, Section B.1 Background: The Agricultural Health Study, first paragraph: Added sentence "Under the current protocol, cohort members or their proxy who were eligible for the Phase 3 interview will be re-interviewed in 2013 -2014 (Phase 4 follow-up)."

Page 3, Section B.1 Background: The Agricultural Health Study, second paragraph, Added missing word from sentence "farming" and added new sentence "Of particular interest are non-cancer outcomes, as there are no formal registries for these important adult chronic diseases."

Page 3, Section B.1 Background: The Agricultural Health Study, third paragraph, last sentence: updated language to read "The AHS will continue to collect data......" instead of "The AHS has collected data......"

Page 3, Section B.1 Background: Validation of Disease Outcomes: Updated section name to "Health Follow-up and Validation of Disease Outcomes"

Page 3, Section B.1 Background: Validation of Disease Outcomes: first paragraph, added second sentence "This protocol will update information on medical history and other important covariates through follow-up interviews of the cohort."

Page 3, Section B.1 Background: Validation of Disease Outcomes: second paragraph, updated first two sentences to read "The Agricultural Health Study enrollment and previous follow-up questionnaires collected self-reported data on the participants' disease history to identify new cases of disease. The planned Phase 4 follow up will continue this identification of new cases of disease."

Page 4, Section C Objectives: Added last sentence "The Phase 4 follow-up will allow us to identify newly reported non-cancer health outcomes among AHS participants in order to include in current and future validation efforts."

Page 5, Section D.1 General Design: added new first paragraph describing the general design of the follow up and added "In addition..." to beginning of second paragraph and "Finall...." to third paragraph.

Page 6, Figure 1: added "for some" to buccal/saliva collection bubble.

Page 7, Section D.1.3 Design: Initial Contact: Added last sentence. "We will receive updated contact information that may be obtained by the outside investigator as well as participation outcomes in order to assist in cohort maintenance."

Page 7, Section D.2 Study Team: Added "co" to co-PI to describe Dr. Hoppin's role on AHS.

Page 8, Section D.2 Study Team: Added "Drs. Alavanja and Beane Freeman of NCI are both co-PIs of the AHS and are the lead investigators on cancer in the cohort.

Page 8, Section D.3 Project Timeline: added last sentence indicating that the Phase 4 follow up would begin in the first quarter of 2013.

Page 8, Section D.4 Population and sampling: added second sentence indicating that the Phase 4 follow up would begin in the first quarter of 2013 and updated third sentence indicating that we plan to use self-reported information from enrollment and all follow-up interviews to identify possible cases for validation.

Page 9, Section D.5 Methods: added new first paragraph to describe the Phase 4 and other subsequent health outcome follow-up efforts.

Page 11, Section E. Inclusion and Exclusion Criteria: Changed first paragraph to read "All members of the AHS cohort who were eligible for the Phase 3 interview will be eligible for the health follow-up and disease validation study. Individuals who only completed the enrollment questionnaire were excluded from Phase 3 eligibility. For individuals who are unable to provide information, we will allow a proxy to provide that information." and clarified that the second paragraph describes criteria for the validation efforts.

Page 11, Section F Montioring Subjects and Criteria for Withdrawal of Subjects from the Study: first sentence added "...health follow-up and...."

Page 11, Section G Analysis of the Study: first sentence, added "....update the medical history and other important covariates, and to....".

Page 11, Section G.1 Statistical Analysis: Added "The health follow-up interviews will aid in the identification of new cases of all diseases, thus increasing the overall power of the AHS to look at incident disease, for both rare and common outcomes."

Page 12, Section Rationale for Subject Selection: added first sentence "For the health follow-up interview, we will conduct the study among all participants who were Phase 3 eligible." and edited following paragraph to refer to validation efforts.

Page 13, Section H.2 Strategies and Procedures for Recruitment: moved sentences 4-6 to paragraph 3, added paragraph 2 to describe strategies and procedures for recruitment for the follow up. Added "For the validation efforts" to the third and fourth paragraphs for clarity.

Page 14, Section H.3 Justification for Exlcusions: second paragraph, added "...into a validation effort" for clarity.

Page 14, Section H.4 IRB Review and Approval: second paragraph, frist sentence, added "Health follow-up and...." Added last sentence "OMB clearance will be sought for the health follow up." and clarified that OMB exemption was obtained for the validation efforts.

Page 15, Section H.6 Consent Processes and Documents: added new first paragraph regarding the health follow up.

Page 15, Section H.6 Consent Processes and Documents: second paragraph, updated second sentence from ".....the telephone recruitment call by...." to ".....all subsequent contacts with....".

Page 15, Section H.6 Consent Processes and Documents: third paragraph, added reference to linkage with National Death Index.

Page 15, Section H.6 Consent Processes and Documents: updated paragraphs 5 and 6 to include reference to the validation efforts.

Page 15, Section H.6 Consent Processes and Documents: added final paragraph "For initial contact efforts, the outside institution conducting the research is responsible for obtaining consent in accordance with their Institutional Review Board."

II. Consent(s)

{Document title, page number, section and detailed description of each change, if applicable}

III. Recruitment Material/Participant Information Sheet

{Document title, page number, section and detailed description of each change, if applicable} Health Follow up Phase 4 initial invitation mailing to participant - new Health Follow up Phase 4 second invitation mailing to participant including website - new Health Follow up Phase 4 invitation mailing to next of kin - new

{Document title, page number, section and detailed description of each change, if applicable} Health Follow up Phase 4 questionnaire - participant - new Health Follow up Phase 4 questionnaire - proxy - new

<u>Jane Hoppin, ScD</u> Principal Investigator, NIEHS

I authorize the above changes to my study and have included updated edited and clean versions of all revised documents as attachments for submission via my NIH e-mail account to the NIEHS Office of Human Research Compliance.

For Approving Official Use Only:

The attached expedited amendment request is a minor change in the research that does not increase risks to subjects or reduce potential benefits and falls within the OHRP Categories of Research that May be Reviewed by the IRB through an expedited review procedure. Approval is hereby granted.

N. Almodovar 8/13/12 F
Protocol Specialist Date Amendment
Office of Protocol Services Letter

Protocol eSign History

Protocol Number: 11-E-N196 Review: Amendment 06/29/2012 (6)

| Date/Time | User | Type | Action |
|---------------------|------------------|-----------------------------|--|
| 06/29/2012 4:02 PM | Jane Hoppin | Electronic signature access | eSignature Verified Principal Investigator |
| 06/29/2012 4:31 PM | Dale Sandler | Electronic signature access | eSignature Verified Accountable Investigator |
| 06/29/2012 4:31 PM | Dale Sandler | Electronic signature access | eSignature Verified Branch Chief |
| 07/15/2012 8:37 PM | Bruce Androphy | Electronic signature access | Date/Time Cleared by IC DEC: Sun Jul 15 20:37:36 EDT 2012 |
| 07/16/2012 11:12 AM | Frederick Miller | Electronic signature access | eSignature Verified Clinical Director |
| 07/17/2012 12:03 PM | David Resnik | Electronic signature access | eSignature Verified IRB Chair |
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