DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Memorandum

Date August 19, 2022

From Jerrell Little
IRB Administrator
Human Research Protection Office

Subject IRB Approval of Amendment to CDC Protocol 2087, "The National Birth Defects Prevention Study" (Expedited)

To Elizabeth Ailes, PhD
NCCBDDD/DCDD

CDC's IRB-Committee 2 has reviewed and approved your administrative request to amend protocol 2087, "The National Birth Defects Prevention Study". These changes included the following:

Modification 1: *MA Center Medication Validation Protocol.*
The MA CBDRP will use a triangulation approach to validating reported medication use in the BD-STEPS I interviews by using three semi-independent data sources: 1. Abstracted medical records; 2. Pharmacy claims data via the All-Payer Claims Data (APCD); and 3. Prospective medication use collection via the Ovia Pregnancy app. The use of multiple sources will allow MA CBDRP to validate the reporting of prescription medications (all sources), over-the-counter medications (medical records and Ovia Pregnancy app), and medications obtained from other sources (i.e., "medication sharing") that were used during pregnancy and the periconceptional period. We will be able to evaluate the prescription and/or use of a prescribed medication (medical records), whether a prescription was filled (APCD), and the use of prescribed, over-the-counter, or otherwise obtained medications (Ovia pregnancy App). ***AttMA62_BD-STEPS Medication Validation Protocol_Final_4.13.2022*** *(New)*

The MA CBDRP is adding a questionnaire/medication validation consent for its medication validation project protocol. This consent will be sent to eligible women and ask them if they used the Ovia pregnancy App. If they answer yes, they will be asked to read and sign the consent form that allows Ovia Health to share their medication information with the MA Center. If they answer no, they are asked to still return the first page with their questionnaire answer in the postage paid envelope. ***AttMA62A_MA OviaConsentForm_Final_4.14.2022*** *(New)*

For their medication validation project protocol, the MA Center is adding two new study materials: a medication validation intro letter and a thank you letter. The intro letter will be sent to the eligible study participants to introduce them to this study component. It will be sent with the questionnaire/consent form mentioned above. The medication validation TY letter will be sent with a $10 gift card when the study subject returns the questionnaire (alone) or the questionnaire/consent (together).

AttMA62B_MA IntroductoryLettertoOviaInformedConsentFinal_4.13.2022 *(New)*
AttMA62C_MA Ovia_InformedConsentThankyouLetter_Final_4.13.2022 *(New)*

Modification 2*: The North Carolina (NC) Center has received approval from the NC Division of Public Health (DPH) to extend the expiration date on the NC DPH Written Consent EDSS Release Form one year post signature date to "conclusion of the BD-STEPS study." As a result of the initial one-year expiration, some NC participants' NC DPH Written Consent EDSS Release Form have expired. NC CBDRP plans to recontact participants with expired forms to provide the updated form. For North Carolina (NC), the NC DPH Written Consent EDSS Release Form (Att NC6) has been revised with minor changes to update the expiration section. NC has also provided documents related to recontacting NC participants for whom the initial signed NC DPH Written Consent EDSS Release Form has expired. Attached are English versions of the following documents:*
1) Attachment NC1 - revised NC DPH Written Consent EDSS Release Form (track 1-4; clean 1-3)
2) Attachment NC6 - revised NC DPH Written Consent EDSS Release Form (page 1 - track/clean)
3) Attachment NC9 -NC DPH EDSS Release Form Cover letter (New)
4) Attachment NC10 - NC DPH Communicable Disease Branch Release Form Email Text and Telephone Scripts (New)
5) Attachment NC11 - NC DPH Written Consent EDSS Release Form Thank You Letter (New)

Modification 3*: After discussion with the CDC leadership team, the NYCBDRP has decided to conclude the texting pilot. This modification affects the following attachments: Att_NY3 Pre-Intro Letter_NY; Att_NY8 NY_Texting Pilot_Proposal; Att_NY9, NY_Texting Pilot_AddCorectForm; and Att_NY10, NY_Texting Pilot_Scripts. Att_NY8, Att_NY9, and Att_NY10 will no longer be used, and Att_NY3 was modified to remove all references to the texting pilot. The clean and tracked versions of this document are attached. Also, NYCBDRP will be reverting back to the CDC-approved address correction form, Att11_ENG_AddCorrectForm_Mar24_2015, which does not have any references to the NY texting pilot. There are no changes to the protocol, as the texting pilot was described in Att_NY8, the texting pilot proposal. Att_NY3 Pre-Intro Letter_NY (page 1, track and clean)*
Remove:
AttNY8, Texting Pilot_Proposal_01.28.2020
AttNY9_Texting Pilot_AddCorrectForm_01.28.2020
AttNY10_Texting Pilot_Text Scripts_01.28.2020

Modification 4*: The NYCBDRP has also decided to conclude the Language Pilot after discussions with the CDC leadership team. Att_NY1_ and Att_NY2 will no longer be used. No other documents are affected by this change or require modification. There are no changes to the protocol for this modification.*
Remove:
AttNY1_NY_Language ID Sheet_downstate_1-17-18
AttNY2_NY_Language ID Sheet_western_1-17-18

***Modification 5**: AR Infectious Disease Informed Consent*
*The AR site is requesting to add the following section: RELEASE OF REPORTABLE HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFORMATION on **Att47_Infectious Disease Consent** (pages 4-5/track and clean). The inclusion of this additional section in the consent form is asking participants to submit their names to the Arkansas Department of Health (ADH's) infectious disease monitoring program. Specifically, it will allow for us to consent BDSTEPS participants so that ADH may release HIV reported information. It further explains how, when, and where the collected information will be used and stored. These changes were requested and approved by ADH.*

***Modification 6:** BDSTEPS Stillbirth COVID Protocol.*
The proposed modifications to the BDSTEPS Stillbirth Protocol are being submitted as an addendum to the current protocol. They consist of one-time changes that will not impact all study participants. The BDSTEPS Stillbirth Study is collaborating with the CDC COVID-19 Stillbirth Project to better understand the impact of SARS-CoV-2 acute infection in pregnancy on stillbirth, with special attention to the pathological findings that might contribute to our understanding of the mechanisms involved.
The BDSTEPS Stillbirth Study will provide a comparison group consisting of stillborn infants delivered between January 1, 2017 and October 31, 2019 who have placental and fetal tissue samples available for testing.
Three sites that are part of the Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET) will participate in this project: Arkansas, Massachusetts, and Tennessee. These jurisdictions have already been identifying stillbirths among women with laboratory-confirmed SARS-CoV-2 infection in pregnancy. Arkansas and Massachusetts also participate in the stillbirth component of BD-STEPS and will provide a COVID-19-unexposed comparison group.
Total sample size goals across all sites are to have 90 stillbirths from pregnancies exposed to SARS-CoV-2 (30 stillbirths from each trimester of SARS-CoV-2 infection) plus 30 stillbirths from pregnancies not exposed to SARS-CoV-2 (Pre-COVID BDSTEPS Comparison Stillbirths) for a total of 120 stillbirths.
The BD-STEPS Stillbirth COVID Protocol is described in detail in Att55_BDSTEPS_Stillbirth_COVID_Protocol (new) and include:

1. The development of four new forms, two study introduction letters and two consent forms for participant signature that will be mailed to participants inviting them to participate in the CDC COVID-19 Stillbirth Study.
2. The methods and process for selecting which participants are potentially eligible for the CDC COVID-19 Stillbirth Study are described beginning on Page 2 of the addendum.
3. Participants who were interviewed will be sent:
a. Att55A_BDSTEPS_Stillbirth_COVID_IntroLetter_Interviewed (new)
b. Att55B_BDSTEPS_Stillbirth_COVID_Consent_Interviewed (new)
4. Participants who were not interviewed will be sent:
a. Att55C_BDSTEPS_Stillbirth_COVID_IntroLetter_NotInterviewed (new)
b. Att55D_BDSTEPS_Stillbirth_COVID_Consent_NotInterviewed (new)

Modification 7: *Change in CDC Key Personnel.*
The Primary Contact in Question 2 above has changed from Brandi Martell to Mary Jenkins.

These actions were reviewed in accordance with the expedited review process outlined in 45CFR 46.110 (b) (2) categories 3, 5, and 7, minor changes to previously approved research during the period of one year for which approval is authorized.

Reminder: IRB approval of protocol #2087 will still expire on 1/29/2023.

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.