Fall 2012

Remember to train new workers and add them to your protocols before they handle hazardous materials (biohazards, chemical hazards, radioactive materials, etc.), before they work with animals, or before they become involved with research involving humans. In addition, as the University of Cincinnati continues its remodeling efforts, many researchers are moving laboratories. When preparing for a move, contact the appropriate safety office well in advance so any regulatory requirements, inspections, and/or surveys are completed beforehand in order to minimize downtime.

Check out the CCTST-sponsored training opportunities. The CCTST will sponsor forums as long as we have topics that you want discussed, so please let us know if there are topics of particular interest to you.

Let us know what you do/don’t find helpful; what you want to see/learn more about. If you have a suggestion that will help us to help you, please contact us at research.compliance@uc.edu.

Jane Strasser, PhD
Director, UC Office of Research Integrity
Research Compliance Officer
Research Integrity Officer

IN THIS ISSUE:

IACUC News
IRB News/New or Updated HRP Policies and Procedures
Quality Improvement Tips for Investigators
Biosafety News
Educational Opportunities

IACUC NEWS

AAALAC Site Visit Spring 2013

The Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC) will be inspecting UC early next year. While they will be scrutinizing all aspects of our animal care and use program, they are monitoring compliance with regulations that are always in place. Based on our experience, here are some common pitfalls to avoid:

- **Drug Storage**: Drugs, especially controlled substances, must be secured and accessible only to authorized personnel.
Concerns include:
- Placing a small moveable lock box in a room which is locked but accessible to unauthorized users (e.g., LAMS, IACUC, and Facilities Management staff). In this case access to drugs is not restricted to authorized users, and the lock box could easily be carried off and opened elsewhere.
- “Hiding” keys in the area the drugs are stored.

- **Expired Materials and Supplies:** Drugs, solutions, and food must be in date and properly labeled. Sterile surgical/procedure packs and implantable devices must be labeled with the date the pack was sterilized and must be discarded or re-sterilized after six months.
- **PI Delegated Husbandry Logs:** When performing delegated husbandry, you must complete and record all husbandry activities.
- **Cage Transportation:** When transporting cages through common areas cages must be completely covered; recycled disposable lab coats generally do not provide adequate coverage. Contact LAMS for the location of appropriate draping material in your facility.
- **Anesthesia Scavenging Systems:** Anesthesia machines using passive collection systems must be fitted with charcoal canisters or be directly vented from the building. Canisters must be weighed initially and should be weighed prior to each use to ensure personnel safety. Most canisters are not effective after a 50-gram increase in weight and should be discarded.
- **Cluttered Animal Procedure Area:** Benches used for animal procedures should always be clean and free of clutter of any kind; remember these areas are intended to be dedicated for animal use.

The PI and all personnel on a protocol must:
- Read and be familiar with the currently approved IACUC protocol(s).
- Perform research that is consistent with the approved IACUC protocol.
- Be trained on the techniques that they are performing with live animals. You can review the training responsibilities at [http://researchcompliance.uc.edu/IACUC/TrainingAndPersonnel.aspx](http://researchcompliance.uc.edu/IACUC/TrainingAndPersonnel.aspx).
- Be familiar with the IACUC policies (available at [http://researchcompliance.uc.edu/IACUC/Policies1.aspx](http://researchcompliance.uc.edu/IACUC/Policies1.aspx)).

As your research evolves you may need to amend your protocol; modifications can be submitted to the IACUC Office via email to [IACUC@ucmail.uc.edu](mailto:IACUC@ucmail.uc.edu) and must be approved by the IACUC prior to implementing changes.

We will continue to send out updates as we get closer to the site visit. If you have any questions please do not hesitate to contact the IACUC Office at [IACUC@ucmail.uc.edu](mailto:IACUC@ucmail.uc.edu) or 513-558-5187.

- **IRB NEWS/NEW OR UPDATED HRP POLICIES AND PROCEDURES**

**Chart Reviews Are Not Risk Free**
Per HHS and FDA Regulations, the IRB shall determine that where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain confidentiality of data in order to approve human subjects research. Privacy is:

- About people
- A sense of being in control of access that others have to ourselves
- A right to be protected
- Is in the eye of the participant, not the researcher or the IRB
What is Confidentiality?
Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others without permission in ways that are inconsistent with the understanding of the original disclosure.

The IRB must consider the sensitivity of the information collected and the protections offered the subjects. The IRB’s main concern with chart reviews for research is the possible invasion of privacy and the use of confidential and privileged data or information. Studies, which involve only chart or medical record review sometimes, can pose significant risk to subjects. The most common risks are a loss of privacy and breach of confidentiality without the knowledge or consent of the subject.

Protocols should be designed to minimize the need to collect and maintain identifiable information about research subjects. If possible, collect the data anonymously or remove and destroy the identifiers as soon as possible. When it is necessary to collect and maintain identifiable data, the IRB will ensure that the protocol includes the necessary safeguards to maintain confidentiality of identifiable data and data security appropriate to the degree of risk from disclosure.

HIPAA and the Common Rule
Unauthorized disclosures of identifiable health information from investigators occur due to inadequate data security; increasingly standardized data protections are seen as a better method for informational risk reduction. HHS has suggested harmonization of the HIPAA Security Rule with the Common Rule which regulates human subjects’ research. Two of the changes that HHS has proposed to the Common Rule relate to privacy protections: First, the use of an individual’s genetic information, biospecimens, medical records, and administrative claims data. The use of this type of data has changed the risk/benefit analysis for the individual from physical risk to informational risk. The HIPAA privacy rules address the risk by restricting the disclosure for research and imposing requirements for authorization or IRB waiver of authorization. The HIPAA Security Rule adds protection through the requirement for administrative, physical, and technical safeguards for electronic protected health information (EPHI). Second, the application of inconsistent requirements of the Privacy Rule and the Common Rule result in variability in interpretation and implementation.

HHS has proposed the establishment of mandatory data security and information protection standards for all studies that involve identifiable or potentially identifiable data. HHS is considering the use of data security standards modeled on the HIPAA Security Rule, that, for example, require encryption, along with implementation of standards to protect paper PHI and implementation of audit trails and access controls. Also, under consideration is the requirement for researchers to conform to the breach notification standards of the Health Information Technology for Economic and Clinical Health Act (HITECH) for breaches of individually identifiable health information. HHS also suggests strengthening enforcement mechanisms using periodic random audits and additional tools. With the proliferation of electronic medical records and creation of large research repositories, the additional protections would reassure individuals that their information is adequately protected. This may be the perfect time for researchers to assess the protections they are giving to PHI and to assure that the protections are adequate. Loss of identifiable data can harm the individual and have serious repercussions.

Research Registries
Investigators often believe that clinical registries have less regulatory burden than research registries. However, if data are being collected for the purposes of providing clinical care then the information is in fact not a registry, but a medical record. This has major implications for how the data are secured, managed and accessed. Importantly, those data may be of importance to CMS, insurance providers, and even for medico-legal purposes. The data must be managed in compliance with all local, state and national regulations governing the electronic medical record and access to the medical record. We strongly advise you to work with your clinical site’s administration to ensure that you are in compliance with those rules and regulations.
If you think you might be doing some research with the data, talk to the IRB about protocol and consent requirements before you start entering information into your registry. It is not possible for the IRB to approve research in retrospect and could prevent publication and/or use of the data. You should also make sure that you maintain the data according to the research regulations. Failure to do either could place you at risk.

If your research falls into the grey zone and you are collecting supplementary data about patients and patient course for quality improvement purposes, then it can be difficult to decide whether to manage the information as clinical data or research data. We strongly advise you review the project with both the IRB and your clinical site’s administration to make a determination on where the data should reside and how they will be managed. If it is decided that the project is not research, then if you do happen across something worthy of presentation and publication, it is a significant advantage for you to approach the journal with a documented statement from your IRB that says the project did not meet the criteria for IRB oversight.

ePAS Updates
- Please note that protocols expiring from Nov. 1, 2012 onward must be converted into ePAS prior to review/approval of progress report/continuing review.
- Studies that are being closed may submit a paper progress report.
- Conflict of Interest (COI) forms remain unchanged while we build the interface between ePAS and Outside Activity Reporting (OAR).
- For UC studies requesting reliance on the Cincinnati Children’s IRB, please submit the protocol, Informed Consent, and Cincinnati Children’s approval letter to anthony.gardner@uc.edu to receive a reliance letter (the reliance piece of ePAS is being tested and will automate this process soon).
- To streamline conversions, please note, the following are the areas that most often cause delays:
  - Study staff: Please ensure the study staff matches what is currently in Researcher’s Gateway. Modifications to study staff should occur as modifications.
  - Consent Document: Please ensure you are using the ePAS macro consents for all consent uploads; they can be found here.
  - Sponsor: Please ensure you have entered the correct sponsor.

For help getting started in the system, we encourage you to come to our outreach/office hours.

- Thursdays between 1:00 - 4:00 PM in Room 439 of Teachers College
- Fridays between 1:00- 4:00 PM in Room 101 of the French East building on UC’s Medical Campus

Hours are also held at the Cincinnati Department of Veterans Affairs Medical Center on Friday mornings from 8:00- 10:00 AM in Room E425. Additional trainings and demonstrations will be announced online and by email. If you would like to set up a training for a group of researchers, we will try to coordinate a time.

Please refer any questions about ePAS to Anthony Gardner in the IRB office at 513-558-5105 or anthony.gardner@uc.edu.

UC Health SOPs
The following approved UC Health SOPs are currently located on the IRB website:

- ADM-009-01 UC Health Commercially Sponsored Clinical Trials Process SOP
- ADM-010-01 UC Health Delegation of Authority SOP
• ADM-011-01 UC Health Epic Research SOP

The Commercially Sponsored Clinical Trials Process SOP includes an updated UC Health CTO Cover Sheet. A Web-based version of this cover sheet is currently being developed. In the interim please feel free to use the updated Cover Sheet. If you have any questions or concerns please contact Jason Johnson at 513-245-3095 or jason.johnson2@ucphysicians.com.

- back to top -

QUALITY IMPROVEMENT TIPS FOR INVESTIGATORS

Research Tips

• As recently as 2010, FDA sent a clinical investigator a notice of noncompliance with FDA promotion regulations. Clinical investigators must work closely with study sponsors, UC Office of Research Integrity, and Office of General Counsel to ensure that statements regarding clinical study findings do not constitute the unapproved promotion of a drug, biologic or medical device indication as safe or effective or as superior to an approved product. To do so would be a violation of the FDA regulations (21 CFR Part 312.7(a)).

• Ensure that the source documents (i.e., case history) for each participant adequately demonstrates that informed consent was obtained prior to the start of study procedures. This does not necessitate adding the time of day on the informed consent form (it may not provide sufficient verification in instances when the time of day the first study procedure was undertaken was not recorded by the clinician’s progress note, case report form, or other study records). In those cases, research teams should consider summarizing the sequence of events to establish that informed consent was obtained prior to the start of study procedures (i.e., note when informed consent was obtained and when the first study procedure was performed). [http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/ucm119049.htm](http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/ucm119049.htm).

• The Principal Investigator (PI) is responsible for formally delegating study duties and responsibilities to qualified members (i.e., applicable licenses, certifications, credentialing is in place and current) of the research team and providing the appropriate training for conducting those tasks (HRPP Policy IV.01). This may be hampered by a number of factors such as inexperienced personnel, demanding workloads on the part of the PI and/or study personnel, complex and/or high enrolling protocols, or conducting multiple studies at the same time. To ensure appropriate supervision, PIs are advised to have routine meetings with study personnel to review study progress, identify and implement procedures (e.g., checklists) to help ensure the completion of required study procedures as well as an internal check to verify that delegated tasks are being performed in an appropriate and timely manner.

- back to top -

BIOSAFETY NEWS

UV Light & Biosafety Cabinets (BSC):

“I left the UV of my BSC on overnight. Why should I still disinfect my cabinet before I start my experiments on the following day?”

The NIH does not recommend or support the use of ultraviolet (UV) radiation in laboratories. Although UV is effective against microbes, it requires an understanding of its abilities and limitations.

• Penetration: UV light is not penetrating. Microorganisms beneath dust particles or beneath the work surface are not affected by the UV irradiation. UV irradiation can damage both the skin and cornea; eyes and skin are primarily involved because UV does not penetrate deeply into
tissue. UV lights should be cleaned weekly with an alcohol and water mixture as dust and dirt can block the germicidal effectiveness of the ultraviolet lights.

- **Age**: The amount of germicidal wavelength light emitted from these bulbs decreases with age, and bulb ratings (hours of use) may vary by manufacturer. Emissions below the germicidal range remain hazardous to the worker (skin and cornea burn, potential for mercury exposure). UV lamps should be checked periodically (approximately every six months) to ensure the appropriate intensity of UV light is being emitted for germicidal activity (~254 nm - UV C). Note that during BSC certification UV emission is not measured even when UV bulbs are replaced.

- **Relative Humidity** - Humidity adversely affects the effectiveness of UV. Above 70% relatively humidity, the germicidal effect drops off precipitously.

- **Temperature and Air Movement** - Optimum temperature for output is 77-80°F. Temperatures below this optimum temperature result in reduced output of the germicidal wavelength. Moving air tends to cool the lamp below its optimum operating temperature and therefore results in reduced output.

For these reasons, the decontamination of the interior work surface of a BSC should not rely on the use of UV light. Proper decontamination should be based on the use of adequate chemical disinfectants, instead.

---

**EDUCATIONAL OPPORTUNITIES**

**Electronic Submissions for INDs and IDEs**

CCTST is sponsoring RAPS Virtual Program "Electronic Submissions for INDs and IDEs". This series is an ideal avenue for learning the very latest regulatory electronic compliance information coming out of FDA. RAPS Electronic Submissions for INDs and IDEs Virtual Program Series will instruct us on the standards, groundwork, expertise and technology required to submit compliant electronic submissions to FDA.

All webinars are from 12:00-1:00PM

- **Nov. 5, 2012**, Medical Sciences Building (MSB) E351: INDs + IDEs Electronic Submission Requirements for CDER, CBER and CDRH
- **Dec. 3, 2012**, Stetson 2111: INDs + IDEs Using MS Word to Create PDF Files for Electronic Submissions
- **Jan. 7, 2013**, Medical Sciences Building (MSB) E351: INDs + IDEs Creating, Checking and Fixing PDF Files
- **Feb. 4, 2013**, Medical Sciences Building (MSB) E351: INDs eCTD Compilation and Validation
- **March 4, 2013**, Medical Sciences Building (MSB) E351: IDE Electronic Copy Compilation and Validation

**How Not to Lose Your Grant Funding**

CCTST is sponsoring “How not to lose your grant funding, avoid a fine and remain eligible to publish: navigating clinicaltrials.gov.” ClinicalTrials.gov is a mandatory registration system of clinical trials. Registration must happen at the start of the study and results must be updated regularly; failure to do so can result in FDA sanctions, civil penalties, withholding of federal funds, and the inability to publish. The goals of clinicaltrials.gov are helping potential participants find trials, improving transparency for the public and researchers, and reducing duplication of effort.

The presentation will take place from 9 to 11 a.m., Monday, Nov. 5, in the Cincinnati Children’s Hospital Medical Center Research Auditorium, Location R, Rooms 3381-3383.
The forum will address:
What is ClinicalTrials.gov? What studies must be registered in ClinicalTrials.gov? Why must studies be registered and what are the consequences if a study is not registered? How are studies registered?

For a full list of presenters, visit http://cctst.uc.edu/node/6972.

-back to top-