

Nemours Oncology IRB

MEETING MINUTES

September 3, 2008

Videoconference

The meeting was called to order on September 3, 2008 at 8:05 AM and a quorum was present.

ATTENDANCE

Voting Members Present:

[REDACTED]	Community Member, Non-Affiliated, Non-Scientific
[REDACTED]	Co-Chair, Scientific
[REDACTED]	Non-Scientific
[REDACTED]	Scientific
[REDACTED]	Scientific, Physician
[REDACTED]	Scientific
[REDACTED]	Scientific, Community Member
[REDACTED]	Scientific, Physician
[REDACTED]	Scientific
Tim Wysocki	Chair, Scientific

Non-Voting Attendees, Staff and Guests Present:

[REDACTED]	Institutional Official
[REDACTED]	IRB Assistant

Recording:

[REDACTED]	IRB Coordinator
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ITEMS

1 Welcome and Opening Remarks

All members received the review material before the meeting, had time for adequate review and had adequate access to the material for the meeting.

The votes reflect 10 members were present for all items. [REDACTED] left the room while Study 9346 was discussed and voted on. [REDACTED] left the meeting before the last study (ASCT0631) was discussed and voted on.

The Chair thanked the members who were able to participate in the re-convened meeting in August.

Dawn Cook was welcomed as a new member to the IRB.

2 Next Meeting Date and General Announcements: The next meeting is scheduled for October 1 2008

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3 Review of Previous Minutes: Minutes from the July 2 2007 and the August 12 2008 Meeting

Review of Previous Minutes: Minutes from the July 2 2008 and the August 12 2008 Meeting were approved.

4 Continuing Education

4.1 Most recent issue of the Human Research Report.

5 Conflict of Interest

The IRB Chair reminded the Committee about the need for confidentiality and to disclose any conflict of interest. There were no disclosures.

6 Renewals

6.1 [83158-3] ANBL0531: Response and biology-based therapy for intermediate-risk Neuroblastoma

PI: [REDACTED]
IRB Number: 08-001
Sponsor: Children's Oncology Group
Submission Type: Continuing Review/Renewal

Action: Modifications Required
Effective Date: September 3, 2008
Expiration Date: September 2, 2009
Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;
Primary Reviewer: [REDACTED]
Secondary Reviewer: [REDACTED]

Discussion and Remarks:

The overall study is for children diagnosed with intermediate risk neuroblastoma, ages 12 and younger. The purpose of the study is to determine if patients with intermediate risk neuroblastoma can receive less chemotherapy than previously thought necessary without lowering the chances of survival. Children will be placed into the specific study groups based upon the stage of the tumor, patient's age at diagnosis, and specific biologic features of the tumor. This study also will perform blood, bone marrow and tumor tissue studies to determine if new markers or biologic features of intermediate risk neuroblastoma tumors may be identified.

This is a continuing review for a study that doesn't expire until 1/1/2009. 2 participants are receiving treatment (1 each NCCJ, NCCP). There have been no reportable events in this reporting period. COG opened this study in 10/2007. As of 11/07, the cut-off date for the progress report, 4 patients had been enrolled. It is too soon for any results.

There are separate PPFs for the 4 groups in this study.

Motion:

The study is approved, with modifications, for a period of one year per Subpart D of 45CFR56/405 and 21CFR50/52, pending a satisfactory response from the investigator.

A copy of the signed PPF/ICF and research data must be included in the Nemours' electronic medical record (EMR).

Group 4 does not require assent as it is for children 18 months and younger.

Modifications required are:

Assent is not required because of the complexity of the study and the condition of the children. Assent may be sought at the discretion of the investigator. The investigator may choose to obtain assent if the child is determined to be capable. The investigator will be reminded that if he or she chooses to obtain assent, that the assent or dissent of the child must be honored

The required changes for the Treatment for residual or recurrent, localized Neuroblastoma PPF are noted in the attached ICF/PPF with tracked changes.

Groups 1, 2 and Assent Forms: 4th bullet under What Will Happen To Me?: Separate the pregnancy information. Suggest a more developmentally appropriate statement. Require a separate heading called "Children of Child Bearing Age".

6.2 **[82558-2] ACNS0334: A Phase III Randomized Trial for the Treatment of Newly Diagnosed Supratentorial PNET and High Risk Medulloblastoma in Children < 36 Months Old with Intensive Induction Chemotherapy with Methotrexate Followed by Consolidation with Stem Cell Rescue vs. the Same Therapy without Methotrexate**

PI: [REDACTED]
IRB Number: 07-143
Sponsor: Children's Oncology Group
Submission Type: Continuing Review/Renewal

Action: Modifications Required
Effective Date: September 3, 2008
Expiration Date: October 2, 2008
Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This study compares two experimental treatment regimens for primitive neuroectodermal tumor (PNET). The difference in the regimens is the addition of methotrexate in the induction phase. Participants will be randomized 1:1 into one of the two regimens. Researchers are also going to measure quality of life and development of patients. The study was initially approved with minor stipulations in October 07. There were a few administrative amendments. The study has not recruited at Nemours yet. Nationally, the report submitted to us from COG on 7/23 shows after 4 months from opening (most of the time used for IRB approval at the 45 institutions) to have recruited 2 patients (rate 0.5/month). Expected recruitment 3/month. No remarkable AEs, no amendments.

Motion:

The study is approved with modifications, for a period of one year under Subpart D of 45 CFR 46.405, and 21CFR50.52, pending a satisfactory response from the investigator.

A copy of the signed PPF/ICF and research data must be included in the Nemours' electronic medical record (EMR).

Modifications required are:

Section 8, Page 6 - Table Regimen B: Add that Etoposide, Cyclophosphamide and MESNA, Cisplatin and Filgrastim(G-CSF) are to be given as on Regimen A once the methotrexate is cleared from the body, *which may take several days*. This change should be made to both instances of the above sentence.

6.3 **[82422-2] ARST0332: Risk-Based Treatment for Pediatric Non-Rhabdomyosarcoma Soft Tissue Sarcomas (NRSTS)**

PI: [REDACTED]
IRB Number: 07-041
Sponsor: Children's Oncology Group
Submission Type: Continuing Review/Renewal

Action: Modifications Required
Effective Date: September 3, 2008
Expiration Date: September 2, 2009
Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This is a study originally opened in 2007, with the most recent approval dated 1/08, that evaluates a new treatment plan for children with non-rhabdomyosarcoma soft tissue sarcomas. It outlines 4 different treatment arms based on size and extent of tumor, with goals of limiting toxicity for low risk patients and maximizing efficacy for intermediate and high risk. Arm 1 utilizes surgery and observation only, Arm 2 utilizes surgery and radiation therapy, Arm 3 utilizes surgery followed by chemotherapy and radiation therapy, and Arm 4 utilizes chemotherapy followed by surgery and radiation therapy. The study also evaluated prognostic factors and all participants have also been previously enrolled in a biology study. A DSMC report dated 4/08 suggests the study continue as planned. A Study Committee Report dated 2/08 indicated 43 total participants and suggests that amendments were planned to improve enrollment. These amendments would

include allowing enrollment prior to pathology confirmation, plus some minor treatment clarifications. There was no reported unexpected toxicity or adverse events. The study is open in Jax, Pensacola and Del, but there is only one patient in Jax currently enrolled.

Selection of participants equitable: Although the progress report suggests enrollment has been weighted toward the high risk groups, there were plans to address this with an amendment.

Motion:

The study is approved, with modifications, for a period of one year, per Subpart D of 45 CFR 46.405, 21 CFR405/52, pending a satisfactory response from the investigator.

Assent is required for 7-11 and 12-17.

A copy of the signed PPF/ICF and research data must be included in the Nemours' electronic medical record (EMR).

Modifications required are:

Continuing Review Form: The Continuing Review form indicates that "This study was granted a waiver of the consent process and/or documentation." This is not the case. Please remove that wording from the continuing review form. In addition, there are highlighted words on both assents and the parental consent, suggesting changes to the forms, while the Continuing Review form states there are no changes. This needs to be corrected on the CR form.

The investigator should indicate whether the amendments suggested in the Study Committee Review have occurred or are still anticipated. They likely would not result in changes to the consent, however.

Consent Form:

Please change "subjects" to "participants" or "children" throughout the study.

7-11 Assent: This assent mentions only surgery and chemo as treatments. Radiation therapy should be added.

6.4 **[82338-3] AALL02P2: Treatment of Late Isolated Extramedullary Relapse from Acute Lymphoblastic Leukemia (ALL) (Initial CR1 > 18 months)**

PI: [REDACTED]

IRB Number: 06-181

Sponsor: Children's Oncology Group

Submission Type: Continuing Review/Renewal

Action: Information Required

Effective Date: September 3, 2008

Expiration Date: September 2, 2009

Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;

Primary Reviewer: [REDACTED]

Discussion and Remarks:

The Continuing Review Application states that the study has been closed to accrual temporarily by COG due to elevated risk of osteonecrosis in the Dexamethasone arm. Two participants, one each at JAX and PNS enrolled. An amendment will be submitted to resume accrual and the parents of enrolled participants will be notified of the elevated risk of osteonecrosis in one study arm.

Motion: To approve the continuing review under Subpart D, section 405 and section 50/52 for 1 year. Informed Consent/Parental Permission (ICF/PPF) and Assent forms were not submitted because an amendment is forthcoming and at that time the ICF/PPF and assents will be submitted. Cannot enroll until the IRB reviews and approves the amendment.

To approve the amendment to add the Delaware site to this protocol is approved.

Question to be answered: Please clarify if either of the patients are in the Dexamethasone arm of the study.

6.5 **[82572-2] PBMTC: ONC 032: High Dose Temozolomide, Thiotepa, and Carboplatin with Autologous Stem Cell Rescue (ASCR) followed by Continuation Therapy with 13-cis-retinoic acid in Patients with Recurrent/Refractory Malignant Brain Tumors.**

PI: [REDACTED]

IRB Number: 07-160

Sponsor: PBMTC

Submission Type: Continuing Review/Renewal

Action: Approved

Effective Date: September 3, 2008

Expiration Date: September 2, 2009

Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;

Primary Reviewer: [REDACTED]

Discussion and Remarks:

This is a phase II study of temozolomide, thiotepa and carboplatin with ASCR followed by continuation therapy with 13-cis retinoic acid in patients with recurrent or refractory brain tumors with minimal residual disease. The purposes include: establish what effects treatment with high dose temozolomide, thiotepa and carboplatin with a stem cell rescue followed by 13-cis retinoic acid has on children and adolescents with recurrent/refractory brain tumors, determine how the body uses 13-cis retinoic acid by studying the patient's blood levels and proteins in the blood that break down the 13-cis retinoic acid, and examine how well 13-cis retinoic acid penetrates into the spinal fluid. The protocol calls for 50 patients to enroll in this trial, 2-3 at this particular site. To date no subjects have been enrolled in this study at the Jacksonville site.

No issues were found with the ICF/PPF or assent forms.

Motion: The approval criteria are met. The study is approved for a period of one year under Subpart D of 45CFR46/405 and 21CFR50/52.

A copy of the signed PPF/ICF and research data must be included in the Nemours' electronic medical record (EMR).

6.6 **[82225-2] 9346: Hepatoblastoma Biology Study and Tissue Bank**

PI: [REDACTED]
IRB Number: 06-060
Sponsor: Children's Oncology Group
Submission Type: Continuing Review/Renewal

Action: Modifications Required
Effective Date: September 3, 2008
Expiration Date: September 2, 2009
Vote: Total = 10; For = 9; Opposed = 0; Abstained = 1;
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This is a continuing review of a bio-molecular epidemiologic study sponsored by the Children's Oncology Group (COG) to determine the genetic risk factors in hepatoblastoma in children, as well as to establish Hepatoblastoma Tissue Bank as a central repository of biologic materials for the investigation of etiologic factors and biologic properties of this malignancy. The study has accrued 248 children since its inception in 1996, and has presented preliminary findings that provide some important information on familial basis of this rare embryonal tumor of the liver. The investigators estimated a sample size of 400 children for adequate genetic risk characterization. This study is currently active in Nemours Jax and Pensacola. The purpose of this submission for continuing review is to add Nemours Delaware to the study site, thus increasing the sample size and providing the investigators with the statistical power to characterize these genetic risk and predisposing factors.

The protocol amendment had been correctly prepared and submitted by using appropriate form to add the investigators and study team members to the Delaware site. Second, both the parental permission and the children assent forms are adequate except for an unexplained abbreviation "APC" (Adenomatous Polyposis Coli), which mutation is implicated in this rare malignancy of the liver, a primary basis for this genetic risk characterization.

Motion: The amendment is approved, pending a satisfactory response from the investigator.

The Committee also voted unanimously to move all further reviews including continuing, amendments and adverse events to the expedited track as it meets the criteria for category #9.

[REDACTED] left the room while this was discussed and voted on.

The research does not meet the criteria for including a copy of the PPF/ICF and research data in the Nemours' medical record.

Suggested change:

- 1) Abbreviation, APC should be explained in the parental permission form - page 2, line 10
- 2.) DNA could be simplified in the parental permission form on page 3, line 4.

7 Deferred

7.1 [87152-2] ASCT0631(PBMTC SCT051) A Phase III Randomized Trial of G-CSF Stimulated Bone Marrow vs. Conventional Bone Marrow as a Stem Cell Source In Matched Sibling Donor Transplantation

PI: Eric Sandler, MD

IRB Number: 08-119

Sponsor: COG

Submission Type: New Study

Action: Deferred

Effective Date: September 3, 2008

Vote: Total = 9; For = 9; Opposed = 0; Abstained = 0;

Primary Reviewer: [REDACTED]

Discussion and Remarks:

This study was deferred by the convened Nemours Oncology IRB at the July meeting because the initially submitted protocol did not include sufficient information to enable a careful determination of the potential risks and benefits affecting healthy sibling donors of children with cancer requiring bone marrow transplantation. The investigators were asked to submit such information, including if possible a summary of the COG Central IRB's approval of the study.

In their response, the researchers submitted several journal articles and documents from the PedCIRB related to the CIRB approval of this study. The COG CIRB approved the study under Subpart D, Section 406. This means that administering G-CSF constitutes no more than a minor increase over minimal risk and that the donors have a "condition" that could be improved by getting G-CSF. The argument is that their condition is that of being a bone marrow donor.

Discussion.

The IRB discussed the SubPart D determination at length. The key issue in determining the approvability of this study rested with the assessment of whether the administration of G-CSF to the donor cohort constitutes more than a minor increase over minimal risk. Because the IRB determined that there is no prospect of direct benefit to the donors, the IRB must also determine that the intervention constitutes no more than a minor (or slight) increase over minimal risk in order to approve the study as a 406 / 53.

Issue of minimal risk: Standard - level of risk encountered by normal healthy children in the course of routine, physical and psychological exams. Because the donors in this study are matched siblings of the patients with leukemia, medical experts on the IRB expressed concern of the potential for an increased risk of the development of the disease in genetically related donors receiving G-CSF. In addition to this theoretical risk, the journal articles that were submitted indicated that G-CSF has demonstrable risks of splenic enlargement and injury, elevated liver enzymes, bone pain, and fever. Based upon these sources of information, the IRB voted unanimously that the donor intervention constituted more than a minor increase over minimal risk. Therefore, the study must either be referred for a national review upon the determination that the study, if undertaken is likely to yield vital information related to the disorder or condition, or disapprove the study at Nemours.

██████████ left the meeting before this was discussed and voted on.

Motion: The study intervention for the donor group constitutes more than a minor increase over minimal risk, with the likelihood that if done, it would yield vital information about the disorder or condition being studied. Therefore, the IRB determined that this is research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of children per 45CFR46.407 and 21CFR50.54. The IRB will refer this study to the FDA via appropriate procedure for determination as to whether or not the study is approvable.

The study is categorized as "deferred" by the Nemours Oncology IRB until a formal determination is received from FDA.

Notification of the determination will be simultaneously communicated to FDA and COG. The IRB will seek the advice of FDA regarding proper procedure for completing this process.

8 Amendments

8.1 [82590-10] ADVL0525: A Phase II Study of Pemetrexed in Children with Recurrent Malignancies

PI: ██████████
IRB Number: 07-174
Sponsor: Children's Oncology Group
Submission Type: Modification/Amendment

Action: Modifications Required
Effective Date: September 3, 2008
Expiration Date: November 6, 2008
Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;
Primary Reviewer: ██████████

Discussion and Remarks:

COG summary:

Amendment #2 of ADVL0525 is the result of a PedCIRB request to include "laryngeal edema (or swelling of the voice box)" in the pemetrexed consent monograph in response to the Adverse Event #BE200803004329.

They have also taken advantage of this opportunity to clarify patient eligibility and drug doses for children less than 12 months of age. Participants must be greater than or equal to 6 months of age (specific doses / kg for children less than 12 months).

The safety report that the PedCIRB referenced (attached as a board document) was not submitted to the Nemours IRB because it met the criteria for external safety reports that did not require IRB review. After reviewing the report, the IRB would have agreed with this assessment. The Ped CIRB has chosen to add these risks to the protocol and consent.

Pemetrexed risks: Esophagitis and inflammation of the lining of the stomach (less likely) and swelling of voicebox (rare) were added to risk section.

Dexamethasone: kidney stones (less likely) was added to risks section.

Motion: Approve, with modifications, pending a satisfactory response from the investigator.

- Current participants should be given this information verbally and it should be documented in the medical record.

Modifications required are:

PPF/ICF: Section 14 (page 11) list of reasons a child may be removed from study. Change 'you' to your child.

Signature section: update to current template.

8.2 **[82240-4] AREN03B2, Renal Tumors Classification, Biology and Banking Study**

PI: [REDACTED]
IRB Number: 06-077
Sponsor: Children's Oncology Group
Submission Type: Modification/Amendment

Action: Approved
Effective Date: September 3, 2008
Expiration Date: March 4, 2009
Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;
Primary Reviewer: [REDACTED]

Discussion and Remarks:

The purpose of this study is:

- To find out information about your child's tumor to help the study doctor know which is the best treatment for your child's tumor with the least side effects.

- To study kidney tumors so that we may learn more about them and find out more about how to treat patients who have these tumors. We hope that as more information is learned, we can continue to improve treatments.
- To store tumor tissue, samples of blood and urine from patients with kidney tumors so that researchers can do more studies in the future.

Motion:

The amendment is approved.

The Committee also voted unanimously to move all further reviews including continuing, amendments and adverse events to the expedited track as it meets the criteria for category #9.

8.3 **[80139-9] A Study to Determine the Activity of SCH 717454 in Subjects with Osteosarcoma or Ewing's Sarcoma That has Relapsed After Standard Systemic Therapy**

PI: [REDACTED]
IRB Number: 08-022
Sponsor: Schering-Plough
Submission Type: Modification/Amendment

Action: Modifications Required
Effective Date: September 3, 2008
Expiration Date: February 5, 2009
Vote: Total = 10; For = 10; Opposed = 0; Abstained = 0;
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This submission is an amendment to the above study. The significant changes with this amendment include:

The definition of response was refined for Groups 2 and 3 because osteosarcoma tumors frequently have significant matrix associated with the tumor. Subjects with evidence of disease after surgery will be allowed to continue treatment after discussion with the sponsor if it is judged likely to be safe and tolerable for them to continue on study drug.

The discussion of sample size was clarified to indicate the target numbers referred to 'evaluatable' subjects, which is more clearly defined.

Exclusion criterion #9 (alopecia) is clarified.

Permissible time frame for trough-level pharmacokinetic sampling is redefined on some doses, and added for others.

Flexibility in permissible time frame for obtaining positron emission tomography (PET)/ computed tomography (CT) scans is added.

Evaluation in a number of lab and electrocardiographic tests obtained prior to consent are permitted to minimize the number of tests performed on subjects.

The period for post treatment observation was expanded to allow for local guidelines or regulations to be observed.

None of the amendment items require any change to the PPFs or assents.

The main PPF and assent and the genetic sub-study PPF and consent have been reviewed. Comments regarding main PPF and assent are below. Sub-study PPF and assent are acceptable with no recommended or required changes.

Motion: Approved, with modifications, pending a satisfactory response from the investigator.

Modifications required are for the Main Parental Permission, Informed Consent and Assent Forms:

For PPF and ICF: Section 10, Page 7, 2nd to last paragraph, 6th line: Change "...with our without spermicidal agent..." to "...with or without spermicidal agent...".

7-11 Assent, 1st page, next to last paragraph, 7th line: Please change "Each time you come to the hospital to receive you study...." to "Each time you come to the hospital to receive your.....".

1st page, last paragraph, 3rd line: Change "...same tests as Group 1 every two week when you came in...." to "...same tests as Group 1 every two weeks when you come in.....".

9 INTERIM ACTIVITY

9.1 [92534-1] HLMCC 0402: Glutamic Acid to Decrease Vincristine Toxicity in Children with Cancer

PI: [REDACTED]
IRB Number: 08-145
Sponsor: NCI - H. Lee Moffitt Cancer Center CCOP Research B
Submission Type: Modification/Amendment

Action: Approved
Effective Date: July 18, 2008
Expiration Date: July 17, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

The amendment to open the study in Pensacola is approved. The NCC-JAX approved PPF-ICF was used and the Pensacola contact information was inserted. This is not a COG study and separate consent documents are needed for each site since there are separate sponsor agreements for each. Future CRs will go to Full Committee for review.

9.2 [82269-2] ANHL0221: A Phase II Study of the Combination of Cyclophosphamide, Prednisone and Rituximab (CPR) in Children, Adolescents and Young Adults with CD20 Positive Post-Transplant Lymphoproliferative Disease (PTLD) following Solid Organ Transplantation (SOT)

PI: [REDACTED]
IRB Number: 06-127
Sponsor: Children's Oncology Group

Submission Type: Close/Final Report

Action: Closed

Effective Date: August 11, 2008

Primary Reviewer: [REDACTED]

Discussion and Remarks:

ANHL0221 has reached accrual goals and was closed to further patient entry as of Thursday, July 3, 2008.

Note: Please ask the COG Coordinators to use the current IRB applications that are in IRBNet.

9.3 **[82313-5] P9851: Osteosarcoma biology protocol: Companion to Intergroup Therapeutic Studies**

PI: [REDACTED]

IRB Number: 06-164

Sponsor: Children's Oncology Group

Submission Type: Close/Final Report

Action: Withdrawn

Effective Date: August 12, 2008

Expiration Date: March 4, 2009

Primary Reviewer: [REDACTED]

Discussion and Remarks:

Withdrawn as LTFU submissions have to be submitted under the LTFU Tool Study (IRBNet ID#83694, IRB# 08-059)

9.4 **[82402-3] ACNS0122: A Phase II Study to Assess the Ability of Neoadjuvant Chemotherapy +/- Second Look Surgery to Eliminate All Measurable Disease Prior to Radiotherapy for NGGCT**

PI: [REDACTED]

IRB Number: 07-024

Sponsor: Children's Oncology Group

Submission Type: Close/Final Report

Action: Closed

Effective Date: August 14, 2008

Primary Reviewer: [REDACTED]

Discussion and Remarks:

This study closed since it met the desired accrual. There were no patients enrolled from any Nemours sites.

The IRB acknowledges this protocol as being completed effective as of 07/11/2008, as stated in your closure form. This study will be removed from the active IRB files.

9.5 **[83694-7] Long Term Follow-Up Tool Study.**

PI: [REDACTED]
IRB Number: 08-059
Submission Type: Modification/Amendment

Action: Approved
Effective Date: August 12, 2008
Expiration Date: August 11, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

P9851(06-061-Jax; 07-079-Pns; 08-040-Wil) is closing to accrual on 7/7/08 and is being replaced with AOST06B1, A Children's Oncology Group Protocol for Collecting and Banking Osteosarcoma Specimens which opened on 2/4/08. Delaware, Jacksonville and Pensacola are moved to the long-term follow-up tool for continuing review.

AEWS02B1 (06-067-Jax; 08-044-Wil) is closed to accrual on 7/7/08 and is being replaced with AEWS07B1, A COG Study for Collecting and Banking Ewing Sarcoma specimens which opened on 2/4/08. Delaware and Jacksonville are moved to the long-term follow-up tool for continuing review.

9.6 **[83249-2] AEWS02B1: A Groupwide Biology and Banking Study for Ewing Sarcoma.**

PI: [REDACTED]
IRB Number: 07-102
Sponsor: Children's Oncology Group
Submission Type: Close/Final Report

Action: Closed
Effective Date: August 12, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This study has been closed to accrual. No participants were enrolled at PNS. Closure approved.

The IRB acknowledges this protocol as being completed effective as of 07/03/2008, as stated in your closure form. This study will be removed from the active IRB files.

9.7 **[82359-8] AALL0331: Standard Risk B-precursor Acute Lymphoblastic Leukemia Part I Induction Therapy**

PI: [REDACTED]
IRB Number: 06-199
Sponsor: Children's Oncology Group
Submission Type: Adverse Event

Action: Acknowledged
Effective Date: August 12, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

A patient's Dexamethasone was held for one week, making it a discontinuous Dexamethasone dosing schedule as is described in the amendment pending with the IRB.
Dr. Assanasen felt this was in the best interest of the patient to prevent harm related to reports of increased incidence of osteonecrosis seen with continuous Dexamethasone. The deviation was reported by telephone on 8/8/08. The report is acknowledged.

9.8 **[82570-3] ACRIN 6660: Whole Body MRI in the Evaluation of Pediatric Malignancies**

PI: [REDACTED]
IRB Number: 07-157
Sponsor: American College of Radiology Imaging Network
Submission Type: Modification/Amendment

Action: Approved
Effective Date: August 18, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

I approve adding Wilson Jativa as the study coordinator.

9.9 **[82572-3] PBMTc: ONC 032: High Dose Temozolomide, Thiotepa, and Carboplatin with Autologous Stem Cell Rescue (ASCR) followed by Continuation Therapy with 13-cis-retinoic acid in Patients with Recurrent/Refractory Malignant Brain Tumors.**

PI: [REDACTED]
IRB Number: 07-160
Sponsor: PBMTc
Submission Type: Modification/Amendment

Action: Approved
Effective Date: August 18, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

I approve the request to change the study coordinator to Wilson Jativa.

9.10 **[82570-2] ACRIN 6660: Whole Body MRI in the Evaluation of Pediatric Malignancies**

PI: [REDACTED]
IRB Number: 07-157
Sponsor: American College of Radiology Imaging Network
Submission Type: Continuing Review/Renewal

Action: Approved
Effective Date: August 19, 2008
Expiration Date: August 18, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

Approved by expedited review for 1 year under Subpart D, Section 404 per Expedited Category 9. No need to place consent documents in the EMR.

9.11 **[82229-3] AEWS02B1: A Groupwide Biology and Banking Study for Ewing Sarcoma.**

PI: [REDACTED]
IRB Number: 06-067
Sponsor: Children's Oncology Group
Submission Type: Close/Final Report

Action: Withdrawn
Effective Date: August 12, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

Withdrawn as LTFU submissions have to be submitted under the LTFU Tool Study (IRBNet ID#83694, IRB# 08-059)

9.12 **[82409-7] AALL0434: Intensified Methotrexate, Nelarabine (Compound 506U78, IND 52611) and Augmented BFM Therapy for Children and Young Adults with Newly Diagnosed T-cell Acute Lymphoblastic Leukemia (ALL)**

PI: [REDACTED]
IRB Number: 07-029
Sponsor: Children's Oncology Group
Submission Type: Modification/Amendment

Action: Modifications Required
Effective Date: August 14, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This amendment to the protocol involves changing the methotrexate administration schedule for children on study during the delayed intensification phase. It also changes methotrexate to prednisone during the maintenance phase. These changes are subsequent to findings of increased osteonecrosis in a similar study. I would suggest 3 changes to the family letter: 1) explain what "discontinuous" means, 2) refer them to the COG website for additional osteonecrosis information, and 3) move the explanation of what suspension of the study means up to the paragraph before the changes are outlined, where it is first mentioned. With these changes, I recommend approving the amendment.

9.13 **[83515-2] ARST0431: Intensive Multi-Agent Therapy, Including Dose-Compressed Cycles of Ifosfamide/Etoposide (IE) and Vincristine/Doxorubicin/Cyclophosphamide (VDC) for Patients with High-Risk Rhabdomyosarcoma**

PI: [REDACTED]
IRB Number: 07-139
Sponsor: Children's Oncology Group
Submission Type: Close/Final Report

Action: Closed
Effective Date: July 24, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

COG has closed this study to enrollment and no patients were ever enrolled at the NCC Pensacola site. This closure report is approved by expedited review and this study will be removed from the active IRB Files.

9.14 **[82324-5] AEPI04C1: Low Birth Weight and Other Risk Factors for Hepatoblastoma**

PI: [REDACTED]
IRB Number: 06-168
Sponsor: Children's Oncology Group
Submission Type: Revision

Action: Modifications Required
Effective Date: July 24, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

A detailed letter has clarified confusion regarding the respective commitments of mothers and fathers in this study. The consent documents have been markedly clarified. One change that needs correction is that the check boxes for participation in optional parts of the study (mothers ICF's) need to follow all of the other required elements of consent. I have attached revised ICF's showing only the additional changes that need to be made. The flow of the consent process is now much clearer.

9.15 **[83694-6] Long Term Follow-Up Tool Study.**

PI: [REDACTED]
IRB Number: 08-059
Submission Type: Continuing Review/Renewal

Action: Approved
Effective Date: July 24, 2008
Expiration Date: July 23, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

COG Protocol ARST0431 meets the criteria for transfer to the Long Term Followup Tool for the Jacksonville site. Henceforth, continuing review of this protocol will occur via the Long Term Followup Tool. This change is approved by expedited review for 1 year expiring July 23, 2009.

9.16 **[82237-4] ARAR0331: Treatment of Childhood Nasopharyngeal Carcinoma with Neoadjuvant Chemotherapy and Concomitant Chemoradiotherapy. A Groupwide Phase III Study.**

PI: [REDACTED]
IRB Number: 06-075
Sponsor: Children's Oncology Group
Submission Type: Modification/Amendment

Action: Approved
Effective Date: July 28, 2008
Expiration Date: March 4, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This amendment corrects an error on page 26 of the protocol regarding the schedule for pre-hydration. The amendment appears to improve patient safety by avoiding a potential error and is approved by expedited review.

9.17 **[82324-6] AEPI04C1: Low Birth Weight and Other Risk Factors for Hepatoblastoma**

PI: [REDACTED]
IRB Number: 06-168
Sponsor: Children's Oncology Group
Submission Type: Continuing Review/Renewal

Action: Approved
Effective Date: July 2, 2008
Expiration Date: July 1, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

The IRB's remaining stipulations for approval have been resolved satisfactorily. The continuing review is approved for 1 year under Subpart D, Section 404 (51). The signed consent does not need to be placed in the patients' medical records.

9.18 **[82397-9] AALL0232: High risk B-precursor acute lymphoblastic leukemia**

PI: [REDACTED]
IRB Number: 07-020
Sponsor: Children's Oncology Group
Submission Type: Modification/Amendment

Action: Approved
Effective Date: July 28, 2008
Expiration Date: July 1, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This submission corrects an error surrounding recent correspondence in which the wrong version of the ICF-PPF documents had been submitted. The current template was used in the forms submitted with this letter and the stipulations raised by the IRB in its recent review have been addressed satisfactorily. The protocol is approved for 1 year under Subpart D, Section 405 (52) and the signed consent should be placed in each patient's medical record.

9.19 **[80141-3] ACCRN07: Protocol for the Enrollment on the Official COG Registry, The Childhood Cancer Research Network (CCRN)**

PI: [REDACTED]
IRB Number: 08-104
Sponsor: Children's Oncology Group
Submission Type: New Study

Action: Approved
Effective Date: August 26, 2008
Expiration Date: June 3, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

I was asked to review the Spanish version of the PPF. The quality of the translation is excellent both in accuracy and in style. I reviewed the information sheets and the reminder memos and they appear to be in perfect order. Like the PPF, superb professional work! Without doubt professional work. Move to approve.
[REDACTED]

9.20 **[82359-7] AALL0331: Standard Risk B-precursor Acute Lymphoblastic Leukemia Part I Induction Therapy**

PI: [REDACTED]
IRB Number: 06-199
Sponsor: Children's Oncology Group
Submission Type: Modification/Amendment

Action: Modifications Required
Effective Date: August 14, 2008
Primary Reviewer: [REDACTED]

Discussion and Remarks:

This amendment to the protocol involves changing the methotrexate administration schedule for children on study during the delayed intensification phase. This change is subsequent to findings of increased osteonecrosis in a similar study. I would suggest 3 changes to the family letter: 1) explain what "discontinuous" means in more detail (and perhaps how this would be expected to prevent the problem), 2) refer them to the COG website for additional osteonecrosis information, and 3) move the explanation of what suspension of the study means up to the paragraph before the change is outlined, where it is first mentioned. With these changes, I recommend approving the amendment.

9.21 **[82416-5] ACNS0232: Radiotherapy Alone vs. Chemotherapy Followed By Response-based Radiotherapy For Newly Diagnosed Primary CNS Germinoma**

PI: [REDACTED]
IRB Number: 07-036
Sponsor: Children's Oncology Group
Submission Type: Modification/Amendment

Action: Approved
Effective Date: August 18, 2008
Expiration Date: July 1, 2009
Primary Reviewer: [REDACTED]

Discussion and Remarks:

I have reviewed Ammendment #1 dated 6/9/08 for ACNS0232 and agree that it meets the requirements for expedited review. The amendment is appropriately reflected in the revised protocol and consent forms. I approve of the continuation of the study with the proposed changes.

9.22 **[89951-4] COG Administrative Documents**

PI: [REDACTED]
IRB Number: 08-125
Sponsor: COG
Submission Type: Other

Action: Acknowledged
Effective Date: August 14, 2008

Expiration Date: August 13, 2009

Discussion and Remarks:

Acknowledged / accepted with the exception of Nicole Sanford's disclosure. The success of this annual disclosure and agreement relies on review of each member of the research team.

Signatures 'on behalf of' an absent member cannot be accepted. Nicole Sanford must review and sign on her own behalf when she returns from leave.

The IRB will track on this to make sure it happens. Also, please remember that any new members of the research team must submit their own disclosure and agreement.

The meeting adjourned on September 3, 2008 at 10:14 AM.