CLINICAL RESEARCH CENTER
ADVISORY COMMITTEE MEETING
MINUTES

Thursday, November 18, 2004

The following Advisory Committee members and CRC staff were present: [redacted]

The meeting was called to order at 3:10 p.m. by [redacted], Acting Chair.

The minutes of the Thursday, October 21, 2004 meeting were approved as submitted.

Program Director/Administrative Announcements

[details on other protocols redacted]

Review of New Protocols

Protocol #13472A – *Gonadotropin Releasing Hormone (GnRH) Agonist Test in Disorders of Puberty*
PI: Robert Rosenfield, MD
Reviewers: [names redacted]

Abstract: This is a new protocol that is a simplified merger of two former protocols, #6585 and #9214. It proposes to test the overall hypothesis that the hormonal responses to injection of a challenge dose of GnRH agonist (GnRHag) will distinguish among disorders of puberty as well as a sleep test. Specifically, we will test the hypothesis that the response to injection of the GnRH agonist leuprolide acetate will distinguish among the causes of precocious puberty and among the causes of delayed puberty.

Discussion: [name redacted] introduced the discussion of this protocol by reading his description of the protocol along with his strong and weak points. This is a merger of two previously approved CRC protocols (#6585 and #9214). The general hypothesis is that hormonal responses to injection of a challenge dose of GnRH agonist (GnRHag) will distinguish, i.e., provide diagnostic discrimination, among disorders of puberty, and that this challenge test will perform as well as the more costly sleep test, which involves frequent blood drawing over a 12-hour period. A total of 240 subjects with incomplete precocity, idiopathic complete precocity, gonadotropin-independent precocious pseudopuberty, gonadotropin deficiency, and constitutional delay of puberty, as well as healthy prepubertal and pubertal controls will be enrolled. Continuous responses will be compared among different groups using analysis of variance. Fifth and 95^{th} percentiles of hormonal responses in controls will be determined, and the sensitivity of the GnRHag test will be estimated by determining the fraction of subjects with values below (above) the 5^{th} (95^{th}) percentile. Sensitivity of the GnRHag and sleep tests will also be compared using McNemar's test.

[name redacted] added that he thinks that there should be a better response regarding dropouts in the DSMP. He also commented about whether a IND is necessary and whether this is a feasible study.

[name redacted] proceeded to read [name redacted] description of the protocol and his strong and weak points. There is concern about sample size and whether this population is seen enough here to adequately enroll to the study. Should the study be expanded to more centers? [name redacted] clarified that 12 of 80 normal controls have been enrolled to the previously approved studies.

A discussion about IRB and Federal approval of studying normal children followed.

[name redacted] continued by reading [name redacted] description of the study as well as her strong and weak points.

[name redacted] added that he was concerned about breach of confidentiality but Dr. Rosenfield has agreed to use an ID number identifier for the blood samples taken for future use.

[name redacted] asked [name redacted] if it would be worthwhile to do the study without using normal subjects and he replied that the normal controls are needed. He also stated that accrual numbers should be reviewed annually. The Committee went on to discuss related issues at some length. [name redacted] asked if the other older protocols included normal children. [name redacted] replied that this was not an issue previously because Federal approval was not necessary. He also added that the IRB will not give full approval until Federal approval is secured. A discussion about the feasibility of deferring this protocol until Federal approval was granted continued.

After further discussion, [name redacted] proposed that the study be approved pending revisions and that the investigator should be reminded that IRB approval needs to be in place before the study may begin.

[name redacted] made a motion to approve pending revisions and the committee unanimously agreed.
Score - Science:200 Need:166.66