From: Toth-Allen, Jean
Sent: Thursday, September 14, 2006 1:18 PM
To: [purged]
Cc: [purged]
Subject: RE: Research question, from [purged] IRB

Dear Ms. [purged]:

Since the main purpose of your e-mail was to forward me a copy of your generic ICF used in pre-screening, I can only assume your formatting is incompatible with ours as I did not receive the attachment. However, please do not attempt to send it again as we are not the appropriate group to review it. If you believe you need FDA's review/comments on this specific document, I suggest you forward it to a reviewing division responsible for one of the studies presently active at your Center for which the ICF is/was employed. If you have received [purged] IRB's approval for use of the document for pre-screening clinical trial subjects, however, I personally would not be concerned with its contents, assuming of course that it was used for prescreening activities that were appropriately covered in the document.

In response to Dr. [purged] questions in his e-mail below, yes, this ICF should be included with study materials submitted to an IRB for review and approval if the study in question is to employ prescreening with the use of this document. Since the document has had an IRB review and was found acceptable, I would not be overly concerned with being considered non-compliant in this regard for on-going studies that employed the document without such study-specific IRB review. However, you should consider including it with the next progress report to the IRB, particularly if the study is still recruiting subjects through prescreening that includes use of the document.

The rationale behind including this document in the original study package submitted to an IRB for a new study is twofold: 1) to ensure the IRB is aware of the prescreening procedure you intend to employ for the study so that they can determine if it is appropriate to recruit subjects in that manner for the particular study and 2) to give the IRB the opportunity to determine if the generic ICF is sufficient for prescreening activities for the specific study or instead needs amending with more study-specific information. With regard to the second reason, an example would be if screening with regard to specific inclusion/exclusion criteria would require a diagnostic test for which a potential subject would need more specific information.

Hope this information is useful.

If you need further information and/or have additional questions, please submit them once again to the official GCP mailbox, gcpquestions@oc.fda.gov, in lieu of responding to my personal e-mail address.
Sincerely yours,
Jean Toth-Allen, Ph.D.
Good Clinical Practices Program
OSHC, Office of the Commissioner, US FDA

This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: [purged]
Sent: Wednesday, September 13, 2006 5:51 PM
To: Toth-Allen, Jean
Subject: FW: Research question, from Sterling IRB

Jean,

Per Dr. [purged] request, I am attaching the generic ICF used at [purged] so that you can look through it.

Thank you,
[purged]

-----Original Message-----
From: [purged]
Sent: Wednesday, September 13, 2006 12:50 PM
To: 'Toth-Allen, Jean'; '[purged] 'OC GCP Questions';
'gcpquestions@oc.fda.gov'
Cc: [purged]
Subject: RE: Research question, from [purged] IRB

Dear Dr. Toth-Allen,

The gereic ICF we use to pre screen subjects was approved by [purged] IRB. May I fax this to you?

At the time of pre-screening a subject, we do not know whether or which study for which a subject may qualify to screen.

Are you suggesting that we submit this [purged]-approved generic ICF to any and all IRB's for any and all our studies? If so, this is the first time we have had such a suggestion, but we shall happily comply; however, are we in violation for not having done so in the past? I am very careful to follow GCP--hence my voluntary adoption of a generic ICF which I have had [purged] (and before that [purged] approved)--so I want to be clear what I must do.

If you have a moment, would you agree to discussing further by phone?

Thank you!
[purged]

From: Toth-Allen, Jean [mailto:jean.toth-allen@fda.hhs.gov]
Sent: Wednesday, September 13, 2006 9:06 AM
To: [purged]
Cc: [purged]
Subject: RE: Research question, from [purged] IRB

Dear Dr. [purged]:

Unless I am missing something, I do not believe you attached the ICF in question. In any case, this form should be submitted to the specific reviewing division, as review of any and all informed consent documents proposed for a given study is part of the IND and IDE review process. If this study has already been reviewed and approved to start, you may want to call the reviewer and determine if he/she could review this ICF if sent electronically or by FAX and/or if an official IND or IDE supplement is required. For future studies, such screening ICFs, even if written generically, should be included with the initial study application if it is determined that such will be needed for the specific study.

Hope this information is useful.
If you need further information and/or have additional questions, please submit them once again to the official GCP mailbox, gcpquestions@oc.fda.gov, in lieu of responding to my personal e-mail address.

Sincerely yours,
Jean Toth-Allen, Ph.D.
Good Clinical Practices Program
OSHC, Office of the Commissioner, US FDA
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From: [purged]
Sent: Thursday, September 07, 2006 2:41 PM
To: [purged] OC GCP Questions
Cc: [purged]
Subject: RE: Research question, from Sterling IRB
Importance: High

Dear Dr [purged],

I REALLY appreciate your diligence in getting clarification. I email you and the others above with a copy of the generic [purged]-approved ICF we use for pre-screening purposes. While I beleive this does cover what Dr. Toth-Allen recommends, I'd appreciate your opinions.

Thanks!
[purged]

From: [purged]
Sent: Thursday, August 10, 2006 1:52 PM
To: [purged]
Subject: Research question, from [purged]IRB

Dr. [purged],
Here is the response from the FDA regarding your question. I hope that it is helpful. If it isn't, I'll be in the office on Monday and we can speak about it by phone. Email me the best phone number for Monday if you would like me to give you a call. [purged]

-----Original Message-----
From: Toth-Allen, Jean [mailto:jean.toth-allen@fda.hhs.gov]
Sent: Monday, August 07, 2006 12:53 PM
To: [purged]
Subject: RE: Quest ion - Using protocol specific I/E documents prior to

Dear Ms. [purged]:

Thank you for your inquiry regarding screening and informed consent.

While FDA does state that no procedure that is study-specific can occur prior to receiving informed consent (see guidance in this regard at http://www.fda.gov/oc/ohrt/irbs/toc4.html#screening), even specific study screening can be accomplished with the use of a screening informed consent rather than a consent that describes the entire study. I would agree that the purpose of screening is to determine whether a potential study subject meets study-specific inclusion/exclusion criteria. Therefore, the study-specific inclusion/exclusion criteria document needs to be used for the screening. The site should be able to write a screening informed consent document in such a way as to notify potential study subjects that the questions asked and procedures done will be r elevant to a specific study they may then be asked to participate in. It is possible, however, that a generic informed consent document may not be appropriate for all studies, with some studies requiring more study-specific information to be included. The completed inclusion/exclusion document - which will obviously be study-specific - along with the informed consent document the individual signed in agreeing to be screened would then become part of the files of all screened individuals, whether or not they qualify for the study and even become study subjects. That is, the signed screening informed consent document will always be associated with the completed inclusion/exclusion document to provide evidence that the subject consented to be screened.

Hope this information is useful.
If you need further information and/or have additional questions, please submit them once again to the official GCP mailbox, gcpquestions@oc.fda.gov, in lieu of responding to my personal e-mail address.
Sincerely yours,
Jean Toth-Allen, Ph.D.
Good Clinical Practices Program
OSHC, Office of the Commissioner, US FDA
This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which

represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

From: [purged]
Sent: Wednesday, August 02, 2006 3:33 PM
To: OC GCP Questions
Subject: Question - Using protocol specific I/E documents prior to
To whom it may concern:

The following situation and question has been posed to us by one of the investigators under our review:

Situation:
A CRO site monitor stated that doing anything on the study Inclusion/Exclusion list is, by definition, a "protocol procedure" and should not be done until the subject has signed the study ICF.

The principal investigator disagreed, because in order to consent eligible subjects (based upon information available before study-specific procedures) one must, by definition, make sure the subject meets the I/E criteria assessable at the time prior to study enrollment. Not to do so would create a "catch 22", and one would either never consent a subject or consent everyone then screen fails many for prima facia reasons. The investigators stated that by writing on the I/E sheet before the consent, he was simply documenting (including initials and date) that pre-study-ICF evaluation and data.
All subjects are pre-screened before they are screened for a study using a generic ICF, approved by an IRB, in which the subject allows the site to take demographics, medical history, vitals, BMI, collect lab samples, perform procedures (e.g., DXA, EKG) to provide information before they are consented for a particular study.
Once a subject is identified as possibly qualifying for a particular study, a copy is made of the protocol's I/E pages, the subject's initials are written and the clinic #, and indicated on the page--by "yes/no", color highlight, or other means, which of the items they meet or do not meet, with the data available at that time. No study-specific procedures are performed at this point.
If the subject meets pre-screen protocol I/E criteria, the study specific ICF process begins prior to any study-specific procedures.

Question:

Do the regulations permit the use of a protocol specific I/E document to be used to note information about a prospective subject that was gained through an IRB approved generic consent document, prior to the subject signing consent for the specific study?

Thank you for your time in this matter.

Best regards,
[purged]