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**RE: Human Research Subject Protections Under Multiple Project Assurance
(MPA) M-1011**

<u>Research Project:</u>	Lead Paint Abatement and Repair and Maintenance Study
<u>RPN Number</u>	91-05-02-01
<u>PI:</u>	Dr. Mark Farfel
<u>Funding Source:</u>	Environmental Protection Agency

Dear Drs. Dang, Klag, and Goldstein:

The Office for Human Research Protections (OHRP) has reviewed your May 8, 2002 report responding to OHRP's letter of March 4, 2002.

OHRP notes that Johns Hopkins University School of Medicine (JHU) and the Kennedy Krieger Institute (KKI) have reaffirmed their commitment to the principles of the Belmont Report and accept the ethical duties and obligations which extend from these principles.

OHRP makes the following determinations regarding the above-referenced research:

(1) At the time the research was approved, Department of Health and Human Services (HHS) regulations at 45 CFR 46.110(b)(1) limited the use of expedited review procedures to (a) research undergoing initial or continuing review by the Institutional Review Board (IRB) that involved specific research categories published in the Federal Register at 46 FR 8392; and (b) minor changes in previously approved research. OHRP notes that the categories listed at 46 FR 8392 allowed for the collection of blood samples by venipuncture, not exceeding 450 milliliters in an eight week period and no more often than two times per week, from subjects 18 years of age or older and who are in good health and not pregnant. OHRP finds that the review and approval by the JHU IRB under an expedited review procedure of the amendment for the inclusion of children to the above-referenced research and the subsequent continuing review of the research did not meet the requirements for expedited review at the time.

Corrective Action: OHRP acknowledges that JHU has changed its procedures to require strict adherence to the requirements for expedited review of protocols. OHRP finds that this corrective action adequately addresses the above finding and is appropriate under the JHU MPA.

(2) HHS regulations at 45 CFR 46.116(a)(1) require that in seeking informed consent, subjects shall be provided with, among other things, a description of the procedures to be followed and identification of any procedures which are experimental. HHS regulations at 45 CFR 46.117(b) stipulate that, unless the requirement for written documentation of informed consent is waived by the IRB, the consent form may be either (i) a written consent document that embodies the elements of informed consent required by 45 CFR 46.116; or (ii) a short form written consent document stating that the elements of informed consent required by 45 CFR 46.116 have been presented orally to the subject or the subject's legally authorized representative. Additionally, when a short form written consent document is used, the IRB shall approve a written summary of what is to be said to the subject or the subject's legally authorized representative.

OHRP finds that the informed consent document for the above-referenced research failed to provide an adequate description of the different levels of repair and maintenance work to be done in the homes under the research protocol. Although it appears that the investigators provided this information orally to the subjects, the JHU IRB did not approve (i) a short written consent document; or (ii) a written summary of the elements of informed consent which were to have been presented orally to the subjects or their legally authorized representatives.

Corrective Action: JHU has acknowledged that the investigators did not have an IRB-approved script which described the different levels of abatement in the home. Furthermore, OHRP acknowledges that JHU has developed new IRB application forms which contain additional questions focusing on the consent process. OHRP finds that this corrective action adequately addresses the above finding and is appropriate under the JHU MPA.

(3) HHS regulations at 45 CFR 46.107 require, among other things, that the IRB possess the professional competence necessary to review specific research activities. OHRP finds that the amendment involving the use of children in the research was not reviewed by an IRB with appropriate expertise. In specific, no member of the IRB which reviewed the above-referenced research had experience in pediatrics.

Corrective Action: OHRP acknowledges that JHU has restructured its IRBs. Each IRB now has at least one pediatrician as a member, and the Johns Hopkins Bayview Medical Center IRB has a pediatrician who serves as a consultant on protocols involving children. OHRP finds that this corrective action adequately addresses the above finding and is appropriate under the JHU MPA.

(4) OHRP finds that JHU and KKI have adequately addressed the additional concerns outlined in OHRP's March 4, 2002 letter.

As a result, there should be no need of further involvement of OHRP in this matter. Of course, OHRP must be notified should new information be identified which might alter these determinations.

OHRP appreciates the continued commitment of your institution to the protection of human research subjects. Please do not hesitate to contact me should you have any questions.

Sincerely,

Patrick J. McNeilly, Ph.D.
Compliance Oversight Coordinator
Division of Compliance Oversight

cc: Mr. Ronald R. Peterson, President, The Johns Hopkins Hospital
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