DEPARTMENT OF HEALTH & HUMAN SERVICES



Office for Human Research Protections The Tower Building 1101 Wootton Parkway, Suite 200 Rockville, Maryland 20852

> Telephone: 301-435-8072 FAX: 301-402-2071 E-mail:kborror@osophs.dhhs.gov

May 15, 2003

Michael M. Gottesman, M.D. Deputy Director for Intramural Research National Institutes of Health Building 1, Room 114 Bethesda, MD 20892

RE: Human Research Subject Protections Under Multiple Project Assurance (MPA) M-1000

Research Project: Positron Emission Tomographic (PET) Scanning of Sympathetic Innervation and Function in Patients with Neurocardiologic Disorders Project Number: 94N-0186 Principal Investigator: David S. Goldstein, M.D., Ph.D.

Dear Dr. Gottesman:

The Office for Human Research Protections (OHRP) has reviewed the National Institute of Neurological Disorders and Stroke (NINDS)/National Institutes of Health's (NIH) April 28, 2003 report regarding the above-referenced research that was submitted in response to OHRP's March 17, 2003 letter to NIH.

OHRP has determined that the corrective actions summarized below appropriately address the findings made in OHRP's March 17, 2003 letter:

(1) Department of Health and Human Services (HHS) regulations at 45 CFR 46.116 require that informed consent information be in language understandable to the subject or the subject's legally authorized representative. OHRP found that the informed consent documents approved by the NINDS institutional review board (IRB) for this study included complex language that would not be understandable to all subjects. For example, the informed consent documents include undefined words such as vascular, untoward, contraindicated, vanishingly, auspices, pharmacological, adverse, and evoke.

Page 2 of 3 Michael M. Gottesman, M.D.– National Institutes of Health May 15, 2003

<u>Corrective Action</u>: OHRP acknowledges that the NIH Office of Human Subjects Research offers guidance to investigators on the preparation of simple, easy to read and understand informed consent documents, and expects its IRBs to ensure that such documents are prepared at a reading level that will be understood by study participants. In addition, the NIH Clinical Center will soon offer the use of an electronic aid in the development of protocols and informed consent documents, which includes examples of simplified language for clinical research terminology and procedures. OHRP strongly recommends that the informed consent document for the above-referenced research be revised to simplify the language if the research is still enrolling new subjects.

(2) OHRP found that prior to January 2003 the NINDS did not have written IRB procedures that adequately describe the following activities, as required by HHS regulations at 45 CFR 46.103(b)(4): The procedures which the IRB will follow for ensuring prompt reporting to the IRB of proposed changes in a research activity, and for ensuring that such changes in approved research, during the period for which IRB approval has already been given, may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to the subject.

<u>Corrective Action:</u> OHRP acknowledges that the most current NIH IRB written procedures address this required element.

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

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,

Kristina C. Borror, Ph.D. Director Division of Compliance Oversight

cc: Dr. David S. Goldstein, NINDS Dr. Alan L. Sandler, Director, OHSR, NIH Commissioner, FDA Dr. David Lepay, FDA Dr. Bernard Schwetz, OHRP Dr. Melody Lin, OHRP Dr. Michael Carome, OHRP Page 3 of 3 Michael M. Gottesman, M.D.– National Institutes of Health May 15, 2003

> Mr. George Gasparis, OHRP Ms. Shirley Hicks, OHRP Dr. Harold Blatt, OHRP Ms. Patricia El-Hinnawy, OHRP Ms. Melinda Hill, OHRP