DEPARTMENT OF HEALTH & HUMAN SERVICES

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Office of Public Health and Science

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January 26, 2001

Bruce G. Lindsey, Ph.D.
Interim Vice President for Research
Office of Research
University of South Florida
4202 East Fowler Avenue, ADM 200
Tampa, Florida 33620-5950

RE: Human Research Subject Protections Under Multiple Project Assurance (MPA) M-1284

Dear Dr. Lindsey:

The Office for Human Research Protections (OHRP), formerly the Office for Protection from Research Risks (OPRR), has reviewed Dr. George Newkome's September 23, 1999 report which was submitted in response to the concerns raised in OPRR's July 21, 1999 letter about the University of South Florida's (USF's) system for protecting human subjects. OHRP has also reviewed the extensive correspondence between USF and the Food and Drug Administration (FDA) that occurred during 1999 and 2000, including Dr. Newkome's reports to the FDA dated October 1, October 18 and December 2, 1999, and February 25 and April 21, 2000.

Based upon its review of the above referenced reports, OHRP has determined that USF has adequately addressed the concerns regarding USF's system for protecting human subjects that were raised by OPRR in its July 21, 1999 letter. Furthermore, OHRP finds that USF has significantly enhanced its system for the protection of human subjects. Among the many enhancements noted by OHRP are the following:

(1) USF has implemented a multifaceted education program to ensure that all Institutional Review Board (IRB) members, all IRB staff, and all research investigators are educated on an ongoing basis about the ethical principles and regulatory requirements for the protection of human subjects.

(2) USF has expanded the number of IRBs designated under the USF MPA, resulting in a reduction in the volume of research protocols reviewed and overseen by each IRB.

(3) USF has expanded the professional and administrative staff that support the USF IRBs.

(4) USF has extensively revised and upgraded its IRB policies and procedures.

As a result of the above determinations, 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.

Please note that OHRP has two additional compliance oversight investigations involving specific research projects that were conducted by USF investigators. These investigations remain open and are not affected by the above determinations.

At this time, OHRP provides the following additional guidance:

(1) HHS regulations at 45 CFR 46.103(f) require that an institution with an approved assurance shall certify that each *application* for research has been reviewed and approved by the IRB. At a minimum, the IRB member serving as primary reviewer for a particular research project should receive a complete copy of the applicable grant application or proposal. Please see OHRP's website at http://ohrp.osophs.dhhs.gov/humansubjects/guidance/aplrev.htm for additional guidance regarding this matter.

(2) Where HHS regulations require specific findings on the part of the IRB, such as (a) approving a procedure which alters or waives the requirements for informed consent [see 45 CFR 46.116(d)]; (b) approving a procedure which waives the requirement for obtaining a signed consent form [see 45 CFR 46.117(c)]; (c) approving research involving prisoners (see 45 CFR 46.305-306); or (d) approving research involving children (see 45 CFR 46.404-407), the IRB should document such findings. OHRP strongly recommends that all required findings be fully documented in the IRB minutes, including protocol-specific information justifying each IRB finding.

(3) For many protocols approved by the USF IRBs, OHRP notes in the minutes of IRB meetings frequent references to required changes to the informed consent documents without such changes being specified in the minutes.

Please note that HHS regulations at 45 CFR 46.115(a)(2) require that minutes of IRB meetings document the basis for requiring changes in research. As such, any changes to the protocol or informed consent document that are required by the IRB as a condition of approval, and the basis for requiring such changes, should be documented fully in the minutes.

(4) Regarding IRB protocol number 5490 that was approved by the USF IRB under an expedited review procedure on August 27, 1999, OHRP notes the description of a variety of x-rays, CT scans, and radio nuclide scans. Please note that if any of these procedures are being performed for the purposes of a research protocol, the protocol would not be eligible for an expedited review procedure.

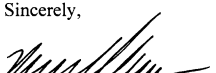
(5) OHRP recommends that the USF written IRB policies and procedures be expanded to include additional operational details of the following procedures:

(a) The procedures which the IRBs follow for determining which projects need verification from sources other than the investigators that no material changes have occurred since previous IRB review.

(b) The procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, any Department or Agency head, and OHRP of (i) any unanticipated problems involving risks to subjects or others or any serious or continuing noncompliance with 45 CFR Part 46 or the requirements or determinations of the IRB; and (ii) any suspension or termination of IRB approval.

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,



Michael A. Carome, M.D.
Director, Division of Compliance Oversight

cc: Dr. Barry B. Bercu, Chairperson, IRB-01/02, USF
Dr. Martin Klemperer, Chairperson, IRB-03, USF
Dr. William B. Webster, Chairperson, IRB-04, USF
Commissioner, FDA
Dr. David Lepay, FDA
Dr. James F. McCormack, FDA
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