DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary
Office of Public Health and Science

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October 19, 2000

Stewart O. Hughes
Managing Director
Research Foundation for Mental Hygiene, Inc.
44 Holland Avenue
Albany, New York 12229

James L. Stone
Commissioner
New York State Office of Mental Hygiene
44 Holland Avenue
Albany, New York 12229

RE: Human Research Subject Protections Under Multiple Project Assurance (MPA) M-1376

Research Project: Evaluation of the Use of an Academic Outreach Program to Increase Clozapine Utilization in Patients with Treatment-Resistant Schizophrenia in State Hospitals
Principal Investigator: Dr. Alan Mendelowitz

Dear Mr. Hughes and Mr. Stone:

The Office for Human Research Protections (OHRP) has reviewed your October 12, 2000 report responding to allegations of noncompliance with Department of Health and Human Services (HHS) regulations for protection of human subjects involving the above referenced research project.

Based upon its review of your report and relevant Institutional Review Board (IRB) records, OHRP makes the following determinations regarding the above referenced research:

(1) HHS regulations at 45 CFR 46.102(f) define a human subject as a living individual about whom an investigator conducting research obtains either data through intervention or interaction with the individual or identifiable private information.

OHRP finds that only physicians, and not patients with schizophrenia, are subjects of this research.

(2) OHRP finds that informed consent of the physician subjects is being obtained in accordance with the requirements of HHS regulations at 45 CFR 46.116.

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

OHRP highly commends the Pilgrim Psychiatric Center (PPC) for the detailed content of the minutes of its IRB meetings, especially with regards to the documentation of continuing review of research protocols and the justification of required IRB findings. The minutes are indicative of a continuing review process that is clearly substantive and meaningful and should contribute significantly to the protection of human subjects.

At this time, OHRP would like to provide the following guidance regarding the PPC's written IRB policies and procedures:

(1) The IRB policies and procedures should be expanded to include additional operational details for each of the following procedures:

(a) The procedures which the IRB follows for conducting its initial and continuing review of research.

(b) The procedures which the IRB follows for determining which projects require review more often than annually.

(2) The IRB policies and procedures should specify the following:

(a) Whether primary reviewers are used for initial or continuing review.

(b) The documents and materials that are provided to primary reviewers (if any) and all other IRB members prior to the IRB meetings for protocols undergoing initial or continuing review.

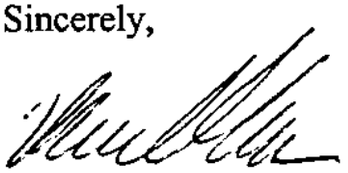
(3) In conducting continuing review of research not eligible for expedited review, all IRB members should at least receive and review a protocol summary and a status report on the progress of the research, including (a) the number of subjects accrued; (b) a description of any adverse events or unanticipated problems involving risks to subjects or others and of any withdrawal of subjects from the research or complaints about the research; (c) a summary of any recent literature, findings obtained thus far, amendments or modifications to the research since the last review, reports on multi-center trials and any other relevant information, especially information about risks associated with the

research; and (d) a copy of the current informed consent document. Primary reviewer systems may be employed, so long as the full IRB receives the above information. Primary reviewers should also receive a copy of the complete protocol including any modifications previously approved by the IRB

(4) The list of categories of research that are eligible for an expedited review procedure should be updated in accordance with the current categories published at 63 FR 60364.

OHRP appreciates the continued commitment of your institutions to the protection of human subjects. Please feel free to contact me if you have any questions regarding this matter.

Sincerely,



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

cc: Ms. Susan Delano, Clinical Research Coordinator, Research Foundation for Mental Hygiene
Commissioner Thomas A. Maul, New York State Office of Mental Retardation and Developmental Disabilities
Commissioner Jean Somers Miller, New York State Office of Alcoholism and Substance Abuse Services
Dr. Judy Pietropinto, Chair, Institutional Review Board, Pilgrim Psychiatric Center
Commissioner, FDA
Dr. David Lepay, FDA
Dr. James F. McCormack, FDA
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Mr. Barry Bowman, OHRP