

Minutes
CRU October 28, 2013 meeting
4 PM

Attendees

D Barboriak, B Driehuys, KR Choudhury, S Shipes, J Lo, J MacFall, W Freeland, M Bashir, G Janas, B Prince, B Chin

I. Introduction

- Activity Summary – 195 open protocols approved by the IRB (41 full IRB committee review)
- Patient safety update (Priscilla)—[There were none](#)
- Approval of 9/30/2013 minutes—[with minor changes \(concerning Provenzale’s study, Pro00039982, Dan B. made comments in eIRB instead of email Provenzale\)](#)

II. Review of Approved projects (no seed fund requests or issues)

- M Bashir, Pro00049309, Comparison effect of differences in determining threshold growth between LI-RADS and OPTN systems in hepatocellular carcinoma, retrospective
- B Patel, Pro00049092, Outcomes in patients with necrotizing pancreatitis managed by percutaneous intervention, retrospective

III. Prospective Studies for Discussion and Vote

- J Provenzale, Pro00039982, Comparison of Power Injection versus Hand Injection of Administering Contrast Media in MR Perfusion Imaging (Bayer), waiting for response from study team
 - [May be an issue to have phone consent without documentation](#)
 - [So if CRC needs to be more involved in consent process \(i.e. going out to Lennox Baker\), there may be budgetary issues](#)
- D Boll, Pro00048275, Comparison of high iodine concentration contrast material (Isovue 370) vs. standard protocol (Isovue 300) in thoracoabdominal aortic Computed Tomographic Angiography (CTA) for radiation dose reduction (Bracco Diagnostics), Dr. Lo reviewer, Dr. MacFall IRB specialist
 - [Patient feasibility: seem to get fair amount of patients on Fridays and some during the other days of the week. Should be able to get the number needed](#)
 - [Financial: Bracco will pay for CRC, will not pay for scans. Business Office presumes that we will make not lose money on study; should at least break even.](#)
 - [Scientific Approval: pending Barbara Kurth’s review of wording on consent \(Research vs. Clinical imaging\). Also, need to the mAs to make sure it reference mAs, and not fixed, otherwise, this could be a billing concern.](#)

IV. Seed fund projects for Discussion and Vote

- C Spritzer, Pro00048132, Effects of Daily Living Activities on Cartilage and Meniscus Morphology and Composition, prospective. Drs. Bashir and Lo reviewers, Dr. Boll IRB specialist
 - Financial: Budget clarification becomes important for CRU approval. Need to figure out how CAMRD 10 “free” scans and seed funds interact—are they separate entities? (**This is an action item; may also need to consider 3rd Seed Funding reviewer)
 - Scientific Approval: 1) Statistical Analysis needs to be reviewed
 - 2) 2 scans x 45minutes ≠ 1 hour of scan time
 - 3) Study only works as is if 10 scans “given” by CAMRD
 - 4) Alternative funding needed to get to 30 subjects--study will be more feasible once budget is complete

V. **Seed funds general discussion**

- CAMRD scans / seed funds relationship—This will need to be sorted out and decided upon
- Change maximum amount?
 - Might be more beneficial to separate 15% fee from seed fund amount, since it lowers usable study funds
 - \$15,000 may be better than \$10,000 (could help cover fee)
 - If amount is increased may need to be more restrictive with review process
- Extension and progress report forms will be sent to seed fund project PIs by George Curnow
- Discuss the seed fund review process since Barbara Croft has left
 - Barbara Kurth may take her place
 - All CRU members may be able to contribute to this

VI. **Compliance issues**

Billing of research studies—Skip since Barbara Kurth not here
Performance of protocols – violations, deviations, notes to file

VII. **Centralized database for IRB protocols in Radiology**

Progress report

--Steve uses form

- 1) hoping to integrate into website
- 2) not many changes will be made
- 3) handled by administrative assistant ultimate goal

VIII. **Quick updates**

- Reports of research patients in EPIC from DOCR--Nothing new to report
- Statistical support-case controlled studies
 - Kingshuk will review
 - Hoping to come up with better match techniques for case control/retrospective studies with EPIC/DEDUCE
 - Once figured out, will do education for department

- Identification of physician leadership for CT—Will be discussing with Erik Paulson to see if any progress has been made
- Feasibility check list for Radiology studies prior to CRU approval
- New financial policies regarding residuals
 - Possible 10% to pay for CRU, DOCR to hold off on this for now (hopefully Susan will know more about this)

IX. New Business

- CRU meeting in November should be fine, but December's meeting will fall on the 23rd. The meeting will be moved to December 17th.
- Will CRU meeting time be better for attendance if changed from 4pm to 12pm? May be a challenge for some clinical faculty, but may be feasible. Change would occur in 2014.