

Radiology CRU Meeting

February 25, 2013

Minutes

Attended:

B Kurth, S Shipes, C Kim, K Roy Choudhury, J MacFall, D Barboriak, B Croft, B Prince, A Jarvis, D Frush, P Trotter, C Spritzer, B Driehuys, G Curnow, G Janas, C Roth, M Beutz

- I. Dr. Roth and Mark Beutz from the EPIC team established a dialogue with Radiology research validation people (S Shipes, B Prince, B Kurth) and talked about areas of concern that we have regarding EPIC work flow. Dr. Roth will meet with the validation group periodically. Full Radiology Clinical Research integration into EPIC will not be ready by June 22 go live.

- II. Review of Rendon Nelson/ Ryan Sydnor, Pro00043503, CT Utilization in Haiti, Exempt seed fund request for \$700.00 for a laptop computer was approved

- III. Seed fund issues:

It was established that for 3/2 projects requesting \$1000 or less would be considered individually when the request came in. For 3/2 projects requesting greater than \$1000 consideration would be as a group at the deadline date.

It was reiterated that electronic devices bought with seed funds will be returned to/left at Duke when a 3/2 employee leaves Duke. B Kurth will talk to Kim Greer about the mechanism for this (where do the devices actually reside, can they be repurposed, etc.)

- IV. CRU Directors Meeting Update
 - a. RDSP
 - b. Human Subjects Research training from DOCR
 - c. Poorly accruing studies
 - d. Statistical support
 - e. Triage

Briefly mentioned by Dr. Barboriak

- V. New Directions
 - a. Website / wiki – slowly putting in pages; adding permissions if one tries to log in <https://wiki.duke.edu/dashboard.action> The space is called Radiology CRU

Brief discussion

- b. Checklists

Need a checklist for addressing problems arising from a research scan being done improperly by technologists (e.g. subject being accompanied by CRC; control residents changing a scan protocol without informing anyone)

Discussion about recent but ongoing problems with CT staff and the need for CT oversight by a faculty regarding research scans vs. clinical scans so that the research-specific scans are done according to the research protocol.

- c. Need a policy created specifying that all Radiology personnel on a study team be trained for the designated role (acting as a CRC but untrained).

Brief discussion about what will be coming

- d. Feasibility check list for Radiology studies prior to eIRB submission

Patient population / recruitment

Technology +/- pharmaceutical availability

Commitment to subject follow up

Financial risks / backstopping

Briefly mention points to be carried over to the next meeting.