

**Minutes**  
**CRU February 25, 2014 meeting**  
**12 PM**

**Attendees**

D Barboriak, B Kurth, S Hall, KR Choudhury, S Shipes, J Lo, C Spritzer, C Kim, D  
Boll, J MacFall, B Prince, W Freeland, G Janas

**I. Introduction**

- Activity Summary – 205 open protocols approved by the IRB (43 full IRB committee review; 146 expedited; 16 exempt)
- Patient safety update – *none*
- Approval of 1/28/2014 minutes – *approved with modification (took out seed fund scores)*

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

M Mazurowski, Pro00051652, Analysis of brain tumor images for survival prognosis, prediction of response to therapy and genomic/pathology correlation, retrospective

J Hoang, Pro00050951, Imaging parathyroid adenomas, retrospective

J Voyvodic, Pro00050696, Generation of digital reference objects for fMRI, retrospective

S Borges-Neto, Pro00052343, Ischemia by Electrocardiography vs Nuclear Imaging, retrospective

*No issues*

**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 Bayer – new Bayer cost system being installed

*Wendy will follow up on the time line for Bayer's new cost system instillation.*

R Gupta, Pro00051412, Quantitative Dynamic Contrast-Enhanced Magnetic Resonance Imaging (DCE-MRI) of bone marrow in Acute Myeloid Leukemia: Correlation of perfusion parameters and bone marrow biopsy, prospective, Bayer Healthcare

*Provisional approval based on rewording in eIRB and use of CAMRD which does have the injector he needs. Susan Hall must sign off on this for approval.*

#### IV. **Seed Fund Requests**

J Hoang, Pro00052156, Parathyroid Adenoma Imaging Registry, retrospective

*Approved*

T Yoshizumi, Pro00048517, Radiation Dose to the Lens of the Eye from Pediatric Head CT Scans and Radiation Induced Cataract, retrospective

*Approved pending a discussion with Dr. Samei about potential use of his database so that a CRC would not be necessary. A data manager would be better suited to this task. If he can use the database, Susan will create an MOU. The MOU could be used for all such situations.*

J Lo, Pro00052706, A New Generation of Breast Imaging Phantoms, exempt

*Approved*

J Petrella, Pro00043560, Detection of Subconcussive Brain Injury in High School Football Players Utilizing Diffusion Tensor Imaging, prospective

*Dr. Barboriak will speak to Dr. Petrella. We have no process in place to ask for more money. Dan Barboriak will discuss this with Erik Paulson. The cost of the increase in indirects will be covered by the CRU. If the 10% CRU fee was included in an original budget, the extra 5% will be covered. For original budgets that had neither 10% or 15% additional fee, the entire 15% will be covered.*

#### V. **Quick updates**

- Statistical support-case controlled studies – Kingshuk Roy Choudhury *ongoing; will be released to the department and put on the Radiology website*
- Identification of physician leadership for CT *ongoing*

#### VI. **New Business *Tabled***

- RDSP & electronic data storage
  1. Private ([\\duhsnas-pri\duhs\\_radiology](#)) (level 1)
  2. Ticket into ServiceNow requesting a folder to be created in share drive under (your name) and name of people/person other than yourself to have access. (level 2)
  3. Once the folder is on your computer, those with access permission can map it to their own computer.

4. Within the folder you should have file folders named (protocol number?) with access by key personnel. This requires a
5. ServiceNow ticket request for each protocol so that only authorized access can see data within the 3<sup>rd</sup> level file folder.

*Other:*

*The flow chart for investigators applying for seed funding has been sent to Tracy Jaffe.*

*Susan will email the residual policy to investigators after the next FPM meeting.*

*Wiki page- 4 personnel roles will have separate line items for what they specifically need to know in a research study/protocol so each one will not need to go through the entire entry; because there is no way to see the IRB # in MaestroCare technologists not on key personnel, wiki page progress will be held up.*