PRC Steering Committee Administrative Meeting Minutes
Friday, September 8, 2017
1:00 PM- 4:00 PM
Location: Rutgers-RWJMS

Present
Columbia: Ron Wapner, Michelle DiVito, Sabine Bousleiman, Mary Talucci, Cynthia Gyamfi-Bannerman, Cande Ananth, Kirsten Cleary, Alex Friedman, Stephanie Lynch, Vilmarie Carmona – phone
Christiana: Matt Hoffman, Kelly Ruhstaller, Carrie Kitto - phone
Drexel: Lauren Plante, Cheryl Tocci, Kate McCreary, Amber Richardson, Brandy Leopanto-phone, Marge Sherwood-phone
NYP-Queens: Dan Skupski, Rosalyn Chan, Jessica Scholl, Armin Razavi
Rutgers: Todd Rosen, Shama Khan, Christina Duzyj Buniak, Imene Beche, Stacy Yadava, Elena Ashkinadze, Molly Ciarlariello, Jennifer Muhammad
Saint Peter's: Kristy Palomares, Michele Falk, Sol Otarola, Shoan Davis
Virtua: Ron Librizzi, Mojisola Otegbeye
Winthrop: Wendy Kinzler, Jolene Muscat, Kim Byrnes-phone
Temple: Laura Goetzl

Not present: Shailen Shah, Damien Croft, Tony Sciscione, Ed Guzman, Wadia Mulla

I. Administrative

Agenda Topic	Discussion- Actions- Next Steps
Approval of 5/19/2017 Conference Call Minutes	1. 5/19/2017 conference call minutes approved.
Finance Committee Update Stephanie Lynch	1. Invoices were sent on 8/15/17 for the FY18 membership fee. 2. FOC call scheduled for 9/22/17 at 12:00. -Refunds will be determined at that time for FY17. **ACTION:** Let us know if you have not received your invoice for the FY18 membership fee. Process payments for FY18 as soon as possible.
Central IRB Working Group Update Stephanie Lynch/Michelle Divito	1. Ron, Michelle and Stephanie met with the Columbia IRB to discuss the CIRB process and the local context review. -The Columbia CIRB is unable to take on the local review/policy role unless the PRC is willing to fund it. This would require an increase in the membership fee. -Discussed possibly using a Commercial IRB – this will be a possibility in the future. However, it will be challenging to have all sites agree to using a Commercial IRB. -Overall the CIRB process has improved and the majority of sites have completed the local context review in a timely manner. 2. Discussed the possibility of continuing with the current model. -We are able to budget for Central IRB costs in NIH grants. -Need to determine the local context fee at the sites. Email Stephanie the definitive costs. -PI's need to address local issues that arise during the local context review and work order delays. -Matt Hoffman suggested a hybrid model: hire a contractor to take on the responsibility of local reviews. Each site can decide to conduct the review themselves or use the contractor. -Michelle mentioned this could cause a burden and issues with who is doing what. -Ron Wapner stated that each site completes the local context review differently. Each site is only supposed to look at the local laws/policies. He suggested we keep the IRB process with the Columbia Central IRB for now. Sites can work locally on improving the process. Sites agreed to continue with the current model for now. -Discussed reporting AE's to the IRB and the process once sites are IRB approved for a project. -The Columbia CIRB will provide the annual renewal information to the sites to submit to the IRB. **ACTION:** Determine local context review fee for each site.
Data Repository	1. A Pilot Project: 'A Re-evaluation of Traditional Post-Partum Hemorrhage Risk Factors' has been

Committee Update Matt Hoffman	identified. -Data will be collected from CUMC, CCHS and Rutgers. -Need to submit for Central IRB approval once the study design and sample size are determined. 2. Planning to use REDCap as the data dictionary and currently working on data definitions. **ACTION:** Submit the project for CIRB approval.
PA Supreme Court Ruling Discussion	1. Lauren Plante reviewed a new PA Supreme Court Ruling on Informed Consent. -The PA Supreme Court has interpreted a PA statue to mean that a physician's duty to provide information to a patient sufficient to obtain informed consent is non-delegable. -Drexel attorneys have interpreted this to mean the PI must consent research patients but this is a preliminary decision and they are waiting to hear more from legal. -Laura Goetzl reported that Temple is not interpreting the ruling in the same way and they are allowing research staff to continue to consent patients as they are the most knowledgeable about the study. 2. It was recommended to contact PENN to see how they are interpreting the ruling. It was also recommended that Drexel legal department discuss this with Temple's legal department. **ACTION:** Drexel and Temple to touch base about the interpretation of the new PA ruling.

II. Study Updates

Agenda Item	Discussion- Actions- Next Steps
Illumina Update Stephanie Lynch	1. Reviewed current enrollment numbers: CUMC: 10 (6 case/4 controls) need 8 controls CCHS: 12 (5 case/7 controls) need 3 controls Rutgers: 5 (3 case/1 control) need 5 controls St. Peter's: 7 (3 case/4 controls) need 2 controls Winthrop: 10 (5 case/5 controls) need 5 controls NYP/Q: 2 (2 cases/0 controls) need 4 controls Virtua: 0 2. Screening/enrollment was discussed, specifically the enrollment of 'controls'. As of 8/25: 12 PEC affected samples are needed 27 controls needed + 24 for the to-be-enrolled cases 3. Invoicing - please send invoices. Payments will be sent to all sites by next week. **ACTION:** Please send invoices.
GSK Update Stephanie Lynch	1. We have requested invoices from Rutgers and NYP/Queens. -The invoices must be submitted to Stephanie by 9/15/17. **ACTION:** Rutgers and NYP/Queens need to submit administrative start-up invoice to Stephanie by 9/15/17.
MOMPOD Update Michelle Divito	1. UNC has indicated that they are willing to add 2 PRC sites to MOMPOD. 2. Stephanie and Michelle will create an application for sites to complete if they are interested in participating. 2. UNC has indicated that they only have funds for capitation. There will be no start-up or pharmacy costs reimbursed separately. These costs will need to come out of capitation. **ACTION:** The application will be sent to sites to complete and return if interested in participating in MOMPOD.
Progenity Update Stephanie Lynch	1. CUMC and CCHS participating. 2. Work order signed by CCHS the end of August. 3. CCHS SIV to be scheduled week of 9/25. **ACTION:** None at this time.
SMART Study Update Ron Wapner/Stephanie Lynch	1. Natera is looking for more sites to participate. It is required for sites to use the Panorama test clinically and have 60 tests per month. 2. Virtua and NYP/Queens status: -Virtua –waiting to hear back from Natera to see if they meet qualifications to participate. -NYP/Queens will need to switch to using Natera clinically. Dan Skupski is currently looking into see if this is possible and will let us know. **ACTION:** Follow-up with NYP/Queens to see if they are able to participate.

III. The administrative component of the meeting was adjourned. Next meeting is on December 1, 2017 at Saint Peter's University Hospital.

PRC Science Meeting Minutes
September 8, 2017
1:00 PM- 4:00 PM

Location: Rutgers-RWJMS Clinical Academic Building

I. Presentations

Study	Discussion and Comments
Update: " Vaginal Progesterone to decrease recurrent preterm delivery in women on 17-OHPC" Cynthia Gyamfi	1. This is a PRC and NPRC grant submitted on 8/16/17. 2. It was sent to the same study section as last time. 3. Tracy Manuck is multiple PI for this submission. **ACTION:** None at this time.
Update: "The AWARE RCT: Activity in women at Risk for Early Delivery and Neonatal Morbidities" Michelle Divito for Tony Sciscione	1. This has been approved to be submitted as an ancillary to the MFMU TOPS Trial. It is limited to MFMU sites only. 2. This has been submitted to the National Institute of Nursing Research (NINR) for funding on 8/16/17. **ACTION:** None at this time.
CHAP Study Update Kirsten Cleary and Mary Talucci	1. Mild Chronic HTN Pragmatic RCT. 2. Sample size 4700. 3. Reviewed PRC screening/randomization numbers. Drexel and CCHS met their enrollment targets. -786 total overall enrolled as of last report. 4. CHAP clinic at CUMC – patients transfer from low risk clinics and direct referrals from Family Planning. The clinic helps to decrease protocol deviations and enable earlier screening. 5. Recruitment efforts include: expansion of new sites, recruitment of patients delivering outside of the research center, yearly re-education of all providers and a CHAP Facebook page-more details will be shared as we work on the process at CUMC. 6. DSMB updates – UAB updated the draft submitted to NHLBI: reduction in sample size to depend on blinded assessment of events in combined groups. This will be a substantial reduction and there will be new recruitment targets. 7. CHAP QA – Overall sites are doing well and showed improvement. 8. Ancillary proposals – UAB has asked sites to propose ancillary projects. We would like to form a group to work on ideas to submit. **ACTION:** Follow-up with sites regarding ancillary proposals.
Presentation: "Maternal Early Warning Systems and Near Miss Events: A Randomized Trial" Alexander Friedman, MD, MPH	1. Reviewed background: -Maternal death reviews have suggested that in many mortality cases abnormal vital signs are not appreciated and responded to appropriately prior to a maternal death. -Early warning systems have been proposed as a means of reducing maternal risk. -MEOWS Study – Vital Sign triggers, specific parameters of when to alert the physician. -MEWT Study – Sustained parameters and approach based on data from ICU admissions and maternal alert systems. - 2.3% screen positive rate -Significant reduction (18.4%) in maternal morbidity for centers that implemented MEWT before/after

	-MEWS at CUMC -173 patients (34.6%) had an abnormal vital sign parameter and 52 patients (10.4%) had outcome of interest 2. Due to varying data, prospective data collected for research would improve validation. The PRC Study Concept: Determine whether an early warning system reduces maternal risk. -Stepped-wedge, cluster RCT -At each of the 9 randomization time points a center would be randomized to the early warning system -Each randomization will be 5 months apart -5 months per data collection period x 10 data collection periods=50 months for recruitment -Individual patients would not be consented -Preliminary budget reviewed: 50% of a chart abstracter at each site, 3% PI Effort. -Discussion: It took a long time to implement at CUMC – is 5 months long enough to implement at each site; overlap with other centers already implementing this; who is watching for alerts–staff or is it the EMR; could be hard to make happen at some sites. 3. Next steps: Recruit implementation scientist for study, review Columbia data, refine budget, clarify implementation plan, February 2018 R01 submission. **ACTION:** Form a working group to discuss the concerns and study design. Christina Duzyj, Dan Skupski, Sabine Bousleiman volunteered at the meeting.
Update: "Fetal and Neonatal Neuronal Exosomes" Laura Goetzl, MD, MPH	1. Reviewed the Exosome Working Group Priorities from the 8 different topics. CMV is #1. -FNEs to a)diagnose brain infection and b) assess degree of injury in CMV -FNEs with Abnormal Prenatal Head Imaging (Correlate with MRI) -FNEs to a) diagnose brain infection and b) assess degree of injury in ZIKA -FNEs and Markers of Neuronal Injury: Exposure to General Anesthesia In Non-Obstetric Surgery during Pregnancy -NNEs in Hypoxic Ischemic Encephalopathy -FNEs in Congenital Heart Disease: Assessing Prenatal Hypoxia -FNEs in Women using Marijuana - effects on endocannabanoid and serotonin pathways -FNEs in Women Undergoing Opioid Maintenance to predict NAS 2. Submitted a proposal for CMV ancillary analysis in July 2017. -MFMU subcommittee deemed this a secondary analysis and not an ancillary analysis. -MFMU has numerous requests for CMV samples. Working on convening a panel to prioritize requests due to limited sample availability. -Prioritization decisions Winter 2018. 3. March of Dimes (MOD) grant due 9/15/17. -based on abnormal head U/S -$2,000 per sample with chart review of outcomes. -pilot data reviewed -if PRC interested would need LOS and Biosketch's asap **VOTE:** Unanimous vote to proceed with March of Dimes CMV application. 4. Zika – Plan – resubmit R21 with U Puerto Rico. -PRC – Collect samples, obtain Central IRB for rare case for pilot data. 5. HIE - Considerable interest, would require collaboration with neonatologists at each institution, publication with pilot data pending

	sufficient for R21 application if feasible 6. Biomarkers for NAS – R01 application to be submitted 11/15 for city of Philadelphia. Could we add PRC sites? 7. Cannabinoids - Fetal exposure to opiates is associated with up regulation of the cannabinoid CB1 receptor in fetal CNS-derived exosomes (p=0.02). Not prioritized. 8. FNEs in Congenital Heart Disease: Assessing Prenatal Hypoxia – Invited submission to DoD. Due 10/18/17 5. Discussion: PRC sites interested in any/all of the areas presented, new pilot data is needed (specimens with outcomes) before applying for funding. Determine process and next steps on working group calls. **ACTION:** Collect Biosketch's from PI's for the MOD application. Obtain the LOS from Ron Wapner.
Presentation: "The epigenetic impact of in utero opioid exposure on Generation Z" Ruth Landau, MD	1. Reviewed study design and sample collection. -The purpose of this study is to evaluate the impact of opioids prescribed for pain relief during pregnancy and test the hypothesis that in utero opioid exposure results in epigenetic processes (DNA methylation) that may influence neonatal outcomes. -Women on opioids during pregnancy – new inclusion criteria: includes women on methadone and suboxone. 2. Reviewed the study procedures: -20 cases (on opioids) and 20 matched controls needed -saliva, hair and meconium collection -data collection -opiod intake questionnaire 3. Rutgers reports having approximately 1/3rd of clinic patients opioid addicted; Temple sees a lot, CCHS has approximately 240 a year, Virtua approximately 50, Winthrop only a handful. **ACTION:** Sites that have opioid addicted patients and interested in the study can contact Stephanie and/or Dr. Landau to see how they can become an enrollment site for the study.
Presentation: "Brainstorming Grant Ideas" Todd Rosen	1. Todd Rosen led a discussion for new grant ideas. -Ideas were discussed on prevention of preeclampsia-serial placentas for women with preeclampsia and aspirin in a subsequent pregnancy. -Christina Duzyj is creating a Facebook page, for those on Facebook, to brainstorm ideas and share information. 'PRC Braintrust' is the name of the Facebook page. 2. We will continue to have time on the agenda for grant ideas but make it more focused and rotate the speaker.
Presentation: "Does the cerebroplacental ratio predict adverse obstetrical outcomes in low risk pregnancies?" (CPR Study) Mayra Cruz-Ithier	1. Participating sites: Rutgers, Winthrop, Virtua, St. Peter's, NYP-Q and Columbia. 2. Sites actively enrolling: Rutgers/RWJMS, Winthrop and NYP/Queens. Current enrollment: NYP/Queens: Screened: 29 Enrolled: 7 Rutgers/RWJMS Screened: 54 Enrolled:10 Winthrop Screened: 114 Enrolled: 19 3. Dr. Cruz-Ithier provided on-site training at SPUH. 4. Please send completed data sheets to Dr. Cruz-Ithier. 5. Inclusion/exclusion questions were asked: Should we should be including

	fetuses with EFW > 10th percentile but AC < 5th percentile?; Are fetuses with fetal anomalies eligible, i.e., pylectasis? Todd Rosen is going to discuss with Dr. Cruz-Ithier and will follow-up with everyone after the meeting. **ACTION:** Follow-up and send clarification for the questions asked. Other participating sites to start enrollment.
Strategic Growth Committee Update Todd Rosen Kristy Palomares	1. Todd Rosen reviewed his proposal to add the New Jersey Medical School (NJMS) as an additional Rutgers site as part of the PRC. He reviewed that the NJMS would fall under the same administrative oversight of Rutgers-RWJMS as part of Rutgers University and Rutgers Biomedical Health Sciences (RBHS). 2. Some of the differences: they would need to ask for a larger administrative fee to run studies at both sites, drug trials will have two pharmacy fees, additional QA costs. 3. If approved, the Finance committee needs to determine how the annual membership fee needs to be modified. A finance committee call is scheduled for 9/22. 4. The Strategic Growth Committee agreed the proposal could be presented to the Steering Committee for approval with 2 conditions: - The combined RBHS site will be trialed for one year. During this period, RWJMS will continue to have two principal investigators. NJMS faculty and research personnel will attend all PRC meetings. NJMS faculty will not be eligible to participate in committees until the end of the trial period. -RWJMS would be responsible for all activity at NJMS. After year one, RWJMS will determine if NJMS is contributing meaningfully to our mission and will work with the other PRC sites to determine if the combined RBHS site will continue to be part of the PRC. At the end of the one year trial period, the RBHS site would function as described above and outlined in the proposal. 5) Ananth suggested to revise the wording in the second condition to: "The Strategic Growth Committee will determine if NJMS is contributing meaningfully to the PRC . .". The Steering Committee agreed to the wording change. **VOTE:** The vote was in favor to add the NJMS as a site with Rutgers-RWJMS. **ACTION:** Revise the wording in the proposal and have it approved by the Strategic Growth Committee. Present the modified membership fee proposal to the Finance Committee on 9/22.
Presentation: "Morbidly Adherent Placenta: A Retrospective Cohort Study" Dan Skupski	1. Reviewed: -Hypothesis of the study and classic and subtle signs of MAP. -Study criteria reviewed: Previa or marginal previa at 20 weeks, repeat US at 30-32 weeks, vaginal ultrasound, looking for MAP, pathologic confirmation important for any cases where hysterectomy was performed. -Process: Identify images, upload to Trice, central review, patients identified by reviewers will be sent back to the site to obtain outcome data. 2. Acceptable scans: vaginal ultrasound has been performed, lower placental edge is within 4 cm of the cervix, several images of the body of the placenta by vaginal ultrasound-some portion (3 cm ish) of the body of the placenta must be visible. 3. The Trice agreement should be signed by next week. Once signed, we will reach out to sites about the next steps. **ACTION:** All sites need to identify cases for the study. If questions about eligible images contact Dan Skupski. Implement access to Trice at each site.

New Opportunities Ron Wapner	1. Reviewed Microarray renewal specific aims: -To determine the performance of genome-wide sequencing as a clinical diagnostic tool for prenatally identified fetal structural abnormalities and assess its place in the modern continuum of care paradigm from management of affected pregnancies to optimized perinatal and neonatal care of the affected neonates. -To evaluate the educational, counseling and psychosocial implications of whole exome and/or whole genome sequencing as it is introduced into perinatal care. 2. IGNITE grant –NHGRI RFA-this is informational and we will follow-up with more details once it has been decided to submit this grant. Ron Wapner would like the PRC sites to participate. -Purpose is to perform randomized pragmatic trials to evaluate the efficacy of sequencing -U mechanism similar to MFMU -Protocols decided by steering committee -Centers MUST have multiple sites -Sites need to be have diverse levels of expertise -Need to be able to do genetic evaluation/testing/screening in multiple Disciplines **ACTION:** None at this time.

II. Scientific meeting was adjourned. Next meeting December 1, 2017 at Saint Peter's University Hospital.