PRC Steering Committee Administrative Meeting Minutes
Friday, December 1, 2017
1:00 PM- 4:00 PM
Location: Saint Peter's University Hospital

Present
Columbia: Ron Wapner, Michelle DiVito, Sabine Bousleiman, Mary Talucci, , Cande Ananth, Kirsten Cleary, Alex Friedman, Stephanie Lynch, Vilmarie Carmona
Christiana: Matt Hoffman, Kelly Ruhstaller, Carrie Kitto
Drexel: Lauren Plante, Cheryl Tocci, Brandy Leopanto, Sravani Meka
NYP-Queens: Dan Skupski, Jessica Scholl,
Rutgers: Todd Rosen, Shama Khan, Christina Duzyj Buniak, Imene Beche, Mayra Cruz-Ithier, Shauna Williams, Joseph Apuzzio, Matthew Romagano, Krunal Patel, Stacy Yadava, Haylea Sweat-Patrick
Saint Peter's: Kristy Palomares, Shoan Davis, Ed Guzman, Hemangi Bandekar, Michele Falk -phone
Virtua: Mojisola Otegbeye
Winthrop: Jolene Muscat, Kim Byrnes-phone
Temple: Sarmina Hassan -phone
Not present: Cynthia Gyamfi-Bannerman, Ron Librizzi, Shailen Shah, Damien Croft, Tony Sciscione, Laura Goetzl, Wadia Mulla, Wendy Kinzler

I. Administrative

Agenda Topic	Discussion- Actions- Next Steps
Approval of 9/8/2017 Meeting Minutes and Revised By-laws	1. 9/8/2017 meeting minutes approved. 2. 8/28/2017 PRC By-laws revisions approved.
Finance Committee Update Stephanie Lynch	1. Invoices were sent on 8/15/17 for the FY18 membership fee. -Payments have been received from the following sites: Columbia, NYP/Q, Christiana, Winthrop, Virtua and Temple. All other sites have confirmed they are currently processing the invoice. 2. FOC call was held on 9/22/17: -It was determined that there are no refunds for FY17. -FOC approved the Rutgers membership increase for Rutgers-NJMS site. **ACTION:** If you have not already, please process payments for FY18 as soon as possible.
Central IRB Working Group Update Stephanie Lynch/Michelle Divito	1. We need the costs of the local context reviews at each site for Industry projects so we can budget for it when we negotiate contracts. As of now this is what we have been told by sites: -Sites that will charge a fee: -Rutgers $750 -CCHS – no fee determined yet -St. Peter's – no fee determined yet -Sites that have confirmed they will not charge a fee: -Drexel -Temple -Winthrop -NYP/Queens -Virtua 2. Central IRB manuscript writing group – We had a call with Rutgers months ago and the idea of writing a paper about the PRC CIRB process was mentioned by Rutgers. We are in the process of forming this group and will reach out to the IRB's at each site to see if anyone is interested in participating. We also plan to ask the PI's that were more involved in the process at their site to contribute. **ACTION:** Please inform Stephanie of your local context review fee as soon as possible.
Data Repository Committee Update Matt Hoffman	1. A Pilot Project has been identified: 'A Re-evaluation of Traditional Post-Partum Hemorrhage Risk Factors'. -Data will be collected from CUMC, CCHS and Rutgers. -This is IRB approved for Columbia and has been submitted for 'PRC Master' approval. Work

	orders and local context review will follow. 2. Planning to use REDCap as the data repository and currently working on data dictionary/definitions. **ACTION:** Once IRB approved, local context reviews and work orders will be sent to Rutgers and CCHS.
Additional Sites/Geisinger Discussion Ron Wapner	1. We have been approached by Dr. Mackeen at Geisinger for participation in the PRC. She was referred to the PRC by Tony Sciscione. -Ron, Michelle and Stephanie had a call with Dr. Mackeen to discuss her interest. -Dr. Mackeen has been involved in several research projects and has the support and commitment from her department/Geisinger. -Will turn this over to the Strategic Growth Committee for discussion and a recommendation for the Steering Committee. 2. Michelle noted that we need to discuss a RFA and that it has been determined that 9 sites is sufficient for the PRC. We would need to re-evaluate if we plan to add a 10th. **ACTION:** Schedule a Strategic Growth Committee call to discuss the possibility of adding a 10th site.

II. Study Updates

Agenda Item	Discussion- Actions- Next Steps
Illumina Update Stephanie Lynch	1. Reviewed final enrollment numbers: CUMC: 19 CCHS: 21 Rutgers: 15 St. Peter's: 9 Winthrop: 15 NYP/Q: 6 2. Invoicing - please send invoices once patients have delivered and been monitored. **ACTION:** Send invoices.
MOMPOD Update Michelle Divito	1. Following sites are participating: CUMC, St. Peter's, Rutgers and Temple. 2. St. Peter's, Rutgers and Temple are all working on their local IRB submissions. 3. Certification materials will be sent to each site by UNC next week. 4. Sites must be screening and enrolling no later than 3/1/2018. **ACTION:** Submit for IRB approval and complete certification/start-up requirements.
Progenity Update Stephanie Lynch	1. CUMC and CCHS participating. -CUMC - 4 enrolled -CCHS - 2 enrolled 2. Cheryl Tocci asked about possibly participating. Drexel did not think they could participate because they do not have many eligible patients but would like to look into it now. **ACTION:** Check with the Sponsor to see if Drexel can be added as a site.
Inpress Technologies Stephanie Lynch	1. A Study of the Investigational InPress Device for the Treatment of Postpartum Hemorrhage. -Sites interested: -CUMC, NYP/Q, CCHS, Virtua and Rutgers 2. Submitted to the IRB 11/30/17. 3. Discussed staffing plans and on-call/24 hour coverage: if patients are enrolled prior to L&D then research staff will need to be at the hospital 24/7 in case of a PPH, if enrolled on L&D research staff will need to be there as well. Research staff on-call would not be able to get to the hospital in time to record all the times, etc needed for the data forms for the study. **ACTION:** Schedule calls with the Sponsor for sites interested. Review the budget and staffing for 24 hour coverage.

III. The administrative component of the meeting was adjourned. Next meeting is on February 9, 2018 at Columbia University.

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

Location: Columbia University

I. Presentations

Study	Discussion and Comments
Update: "The AWARE RCT: Activity in women at Risk for Early Delivery and Neonatal Morbidities" Michelle Divito for Tony Sciscione	1. This was approved by MFMU to be submitted as an ancillary to the TOPS Trial. 2. This was not funded by NINR. 3. Mixed comments from reviewers over the last 10 years: RCT not feasible, RCT needed, RCT not feasible, RCT needed. **ACTION:** None at this time. A call is being scheduled to discuss next steps.
Update: " Vaginal Progesterone to decrease recurrent preterm delivery in women on 17-OHPC" Cynthia Gyamfi	1. This was not funded by NICHD. 2. Plan is to submit again as a 'new application'. 3. Reviewers want to see more preliminary data. 4. Will possibly submit again June/Fall 2018. **ACTION:** None at this time.
IGNITE and Microarray Grant Update Ron Wapner	1. Ron thanked everyone for submitting the NHGRI IGNITE grant. -Purpose is to perform randomized pragmatic trials to evaluate the efficacy of sequencing. -This was submitted on 11/3/17. 2. Microarray grant renewal due 12/15/17: -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.
CHAP Study Update Kirsten Cleary and Mary Talucci	1. Mild Chronic HTN Pragmatic RCT. 2. Sample size 4700. 3. Reviewed PRC screening/randomization numbers. -915 total overall enrolled as of last report. -reviewed PRC monthly enrollment 1/17-11/17. 4. New HTN guidelines reviewed: - lower the threshold for diagnosing chronic hypertension from 140/90 to 130/80 but do not appear to directly impact CHAP. 5. 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. 6. Recruitment efforts include: expansion of new sites, yearly re-education of all providers and a CHAP Facebook page-received IRB approval at CUMC. 7. UAB has asked sites to submit ancillary proposals: PRC CHAP ancillary study working group has its first call scheduled. **ACTION:** PRC Ancillary working group call on 12/6/17. If anyone else is

	interested in attending the call please let Stephanie know.
Fetal Neuronal Exosomes: CMV/Zika Project Laura Goetzl, MD	1. March of Dimes application is pending. 2. Pilot data CMV: -Maternal blood samples -Inoculation -Fetal harvest -CMV could be detected in 6 of 10 fetal brains -No gross pathology or ultrasound changes were noted 3. Pilot data Zika: none. 4. CMV/Zika study proposal: (this protocol was emailed to all for review) -CMV Inclusion criteria: -Gestational age ≤ 28 0/7 weeks; singleton pregnancy. -Ultrasound marker(s) consistent with CMV infection. -Diagnosis of primary maternal CMV infection by one of the following: A positive CMV IgM antibody (≥ 1.00 Index) and low-avidity maternal CMV IgG antibody screen (< 50.0%). -Evidence of maternal seroconversion with development of CMV IgG antibody following a prior negative CMV screen. -Zika Inclusion criteria: -A positive NAT result on both serum and urine, regardless of IgM results -A positive NAT result on either serum or urine, in conjunction with a positive Zika IgM -A positive NAT result in urine or serum only but negative IgM with repeat testing at ≥ 2 weeks that indicates either -Repeat positive NAT in urine OR -Repeat IgM is positive -Non-negative Zika virus IgM test with confirmatory neutralizing antibody titers (PRNT) that are ≥10 for Zika AND with dengue virus neutralizing antibody titers <10. -Controls exclusion criteria: Ultrasound abnormality at enrollment and/or evidence of CMV or Zika infection at birth by culture or PCR; failed hearing test, microcephaly, abnormal head ultrasound or other imaging. -Sample Collection: one sample at diagnosis or serial blood samples. *All PRC PI's in the room are in favor of one sample at diagnosis only.* -Ten ml of venous blood will be drawn into 1 ml of saline with EDTA or heparin, incubated for 10 min at room temperature and centrifuged for 15 min. -Plasma will be stored in 0.5 ml aliquots at -80C (minimum total 4 aliquots per patient). -Batches of 0.5 ml aliquots will be shipped on dry ice by FedEx from the PRC sites to Temple University. -Data collection – at enrollment and after delivery. -Clinical endpoints, data analysis and sample size reviewed. -66 subjects per group (estimated final sample with 5% fetal loss, 5% loss to follow-up). Stratified analyses will be performed in males and females to consider gender differences in the response to infection and brain injury. The expected samples size of 32 cases/ controls per sex should still be sufficient. 5. This protocol was already voted on at the last meeting and approved to move ahead. We will submit for IRB approval and start enrolling patients prior to hearing back regarding the March of Dimes application. **ACTION:** Review the protocol and provide any feedback. Submit to Central IRB for approval.

Presentation: "Opportunities to improve venous thromboembolism prophylaxis: an observational cohort" Alexander Friedman, MD, MPH	1. Grant concept for an observational study on thromboembolism prophylaxis (VTE). 2. Reviewed VTE epidemiology and risk factors. -CDC data for thrombotic embolism: delivery hospitalizations 71.8% increase 1998-2009; postpartum readmission hospitalizations 168.6% increase from 1998-2009. -Prophylaxis strategies – 4 time periods during pregnancy: antepartum outpatient, antepartum hospitalization, delivery hospitalization, d/c home. - ACOG, RCOG, ACCP, NPMS in agreement on management for highest risk patients only. -Patients with history of prior VTE events and/or thrombophilia generally warrant UFH/LMWH heparin. -Antepartum outpatient -Discharge home -Recommendations for prophylaxis vary for antepartum hospitalizations, postpartum cesarean delivery hospitalizations and postpartum vaginal delivery hospitalizations. -More research is needed on VTE outcomes and prophylaxis. 3. Grant concept - practice patterns in flux, outcomes with varying strategies aren't well defined and there is an opportunity to evaluate risk in the setting of varying prophylaxis strategies. -Observational study: evaluate hospitalizations for acute VTE occurring during antepartum, delivery, and postpartum hospitalizations. -4-5 years prospective data -10 years of retrospective data -15 years x 40,000 deliveries ~ 600,000 deliveries -Anticipate 300-1200 VTE events -Purpose would be to characterize: -When risk is highest -Under what circumstance prophylaxis fails -What are best opportunities for reducing events 4. Discussion: identifying patients could be difficult – would have to use ICD-9 code; St. Peter's and Rutger's both said that capturing these institutionally is difficult; Matt Hoffman stated he has 5-6 years of data that he can share; perhaps a case/control comparison would be needed – Ananth mentioned there could be false negatives. **VOTE:** Steering Committee voted in favor of proceeding with this concept. **ACTION:** Present more detailed implementation plans and budget at the next PRC meeting.
Presentation: "Morbidly Adherent Placenta: A Retrospective Cohort Study" Dan Skupski	1. Reviewed the MAP study instruction sheet: -All multiparous pregnant women who had transabdominal or endovaginal ultrasound scans showing low lying placenta or placenta previa in the mid-trimester who also subsequently had a third trimester endovaginal scan (between 28 weeks 0 days and 36 weeks 6 days). -Send only one scan per patient, the one performed at the latest gestational age with endovaginal images (not beyond 36 weeks 6 days). -Find parity and do not send scans from nulliparous women. -Assign each patient a unique ID number that includes knowledge that the patient was from your site. Use the screening log that has been sent to your site with every sites unique code. -Start from the most recent dates you desire and work backward in time until Trice will not allow you to upload anymore images. Record the last date allowed. -After review by the three MFM's scoring the images, we will send

	each site a file showing which patients we need to obtain clinical information. We will send the excel file showing the data points needed. 2. Trice agreement has been signed and emails have been sent to every site. Please accept the Trice email invitation, if you have not yet, and install Trice. **ACTION:** Email the MAP study instruction sheet to all sites. All sites must install Trice to be able to upload images for review. Contact Stephanie if you are having trouble with the install.
"A placebo-controlled randomized controlled trial to prevent preterm birth in women with a high risk IBP4/SHBG test" Todd Rosen, MD and Haylea Sweat, MD	Sulfasalazine to Prevent Preterm Birth – A Phase II Randomized Controlled Trial. 1. Reviewed background information including some evidence that sulfasalazine may prevent preterm birth. -Hypothesis: Sulfasalazine will decrease the incidence of preterm birth in a group of high risk women as assessed by the PreTRM test. (IBP4/SHBG (PreTRM) Test) - Women with high risk IBP4/SHBG test will be randomized to sulfasalazine or placebo. 2. Sulfasalazine Advantages: Target upstream from progesterone US FDA pregnancy category: B Oral administration Not a substrate of placental transporters Not toxic to the placenta in vitro Inexpensive -Sulfasalazine Disadvantages: Displaces bilirubin from albumin Folic acid inhibitor BID to QID dosing 3. Inclusion/Exclusion Criteria: Inclusion: No hx of prior PTD, GA between 19^0-20^6, dating U/S. Exclusion: CL < 25 mm, multiple gestation, subjects < 18 yo. 4. Randomization: 22-24 weeks GA. 5. Study Outcome: Primary: sPTB < 37 weeks Secondary Outcomes: sPTB < 35 weeks, miPTB < 37 weeks, CRH level in maternal serum at 32 weeks, cervical exam at 36 weeks, cord blood collection at delivery. 6. Sample size calculations reviewed. Preferred: 90% power, 40% effect size: group size 270, screen size 5.2k. 7. Feasibility: 44,343 deliveries in the Perinatal Regional Consortium in 2016 At least half of women will be eligible for enrollment – 22,000, 25% of women will consent to study- 5,500, expect to be able to finish recruitment in one year. 8. Reviewed draft budget information: approx. $961 per patient for capitation. 9. Currently exploring grant opportunities and Industry funding. Working with Sera Prognostics. **VOTE:** Steering Committee voted in favor of proceeding with this concept. **ACTION:** Rutgers will continue to develop this project, meet with Sera Prognostics and follow-up next PRC meeting.
Presentation: "Does the cerebroplacental ratio predict adverse obstetrical outcomes in low risk	1. Participating sites: Rutgers, Winthrop, Virtua, St. Peter's, NYP-Q and Columbia. 2. Sites actively enrolling: Rutgers/RWJMS, Winthrop, NYP/Queens and St. Peter's. Not enrolling: CUMC and Virtua. Current enrollment:

pregnancies?" (CPR Study) **Mayra Cruz-Ithier**	NYP/Queens: Screened: 101 Enrolled: 22 Rutgers/RWJMS: Screened: 109 Enrolled: 28 Winthrop: Screened: 167 Enrolled: 31 St. Peter's: Screened: unknown at this time Enrolled: approx.12 3. Reviewed exclusions: -By our definition, AC< 5th%le are FGR. Exclude the AC < 5th percentile patients. -Fetus with any of these minor anomalies (if normal karyotype) meet inclusion criteria Pyelectasis < 10 mm. 2 vessel cord Echogenic bowel Echogenic cardiac focus Mild ventriculomegaly (< 12 mm) Chroroid plexus cyst Cleft lip/palate Small VSD 4. The enrollment goal is 3,000. 81 enrolled to date. Discussed difficulty with recruitment: possibly expand to include multiparous patients in the study. All sites seemed agreeable to the change. 5. Clarified that pre-existing diabetes is not an exclusion. **ACTION**: Please send completed data sheets to Dr. Cruz-Ithier. Follow-up regarding the change to the inclusion criteria to include multiparous patients. CUMC and Virtua start enrollment.
Brainstorming Grant Ideas Christina Duzyj Buniak	1. Last meeting Christina created the Facebook private group: PRC Braintrust. Everyone is not on Facebook so this is only helpful with discussion with those on Facebook. It was decided to keep this and use it as needed. 2. Discussed how to best make a brainstorming session work: -Need to have a leader for the discussion. -Concept in mind prior to the meeting. -Sites can sign-up for topics. -Include fellows, faculty members, etc. 3. Hold this session during lunch and extend lunch to one hour, i.e. 11:30-12:30. 4. Christina will run these sessions for the PRC.

II. Scientific meeting was adjourned. Next meeting February 9, 2018 at Columbia University.