PRC Steering Committee Administrative Meeting Minutes
Friday, February 9, 2018
1:00 PM- 4:00 PM
Location: Columbia University

Present
Columbia: Ron Wapner, Michelle DiVito, Sabine Bousleiman, Mary Talucci, Cynthia Gyamfi-Bannerman, Cande Ananth, Kirsten Cleary, Alex Friedman, Stephanie Lynch, Vilmarie Carmona, Shiney Kunjukutty, Luiza Kalemi
Christiana: Matt Hoffman, Tony Sciscione, Carrie Kitto
Drexel: Cheryl Tocci, Lauren Plante-phone, Brandy Leopanto-phone, Marge Sherwood-phone
NYP-Queens: Dan Skupski, Jessica Scholl, Armin Razavi, Rosalyn Chan, Ajini Cherian, Susan Ingenito, Tina Dardac
Rutgers: Todd Rosen, Shama Khan, Christina Duzyj Buniak, Imene Beche, Mayra Cruz-Ithier, Haylea Sweat-Patrick, Yanille Taveras
Saint Peter's: Kristy Palomares, Shoan Davis, Hemangi Bandekar, Michele Falk
Virtua:
Winthrop: Wendy Kinzler, Jolene Muscat, Kim Byrnes-phone
Temple: Laura Goetzl
Not present: Ron Librizzi, Shailen Shah, Damien Croft, Wadia Mulla, Ed Guzman, Lauren Plante

I. Administrative

Agenda Topic	Discussion- Actions- Next Steps
Approval of 12/1/2017 Meeting Minutes	1. 12/1/2017 meeting minutes 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, Temple, Drexel and Rutgers. St. Peter's confirmed they are currently processing the invoice. **ACTION:** None at this time.
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 – $1,500 Industry and Federal -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 – A call is scheduled for 2/12/18 to discuss this paper. This is a group of representatives from IRB offices and 2 PI's: Dr. Rosen and Hoffman. Stephanie and Sabine are leading the group. **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 the 'PRC Master' is approved. CCHS local context review has been received, waiting for Rutgers. Work orders have been sent to both sites. Rutgers has returned it with some edits. 2. Planning to use REDCap as the data repository and currently working on data dictionary/definitions. **ACTION:** Submit CCHS and Rutgers local context reviews to the IRB once Rutgers is received. Process each work order once they are received from each site.

Strategic Growth Committee Update (SGC) Ron Wapner	1. We had a call with the SGC to discuss adding another site since we were approached by Dr. Mackeen at Geisinger for participation in the PRC. She was referred to the PRC by Tony Sciscione. Ron Wapner spoke to Dr. Mackeen at SMFM. They are very interested in participating. -Pros and cons were discussed on the call: -Pros: -If they bring good ideas why would we not want to do it? -Additional funding -Cons: -More QA work -Would it be too much to control everything with another site? -CUMC department staff contributes in-kind resources to the PRC. -Previously it was decided that 9 sites was sufficient and we would send a RFA out when we want to add more sites/replace a site. 2. Decision was to discuss with the Finance Committee Chair the overall financial implications. -Michelle, Stephanie and Tony Sciscione had a call to discuss adding a 10th site and how it financially impacts the PRC. Michelle is working on a document to show the financial pros and cons of adding a site for the SGC to review. Adding a site is not just a financial decision, it causes a strain on the systems set-up and the CUMC resources that are not billed for. 3. Discussion regarding adding a site and the financial implications started a conversation on philanthropy and other sources of revenue. A gift account could be set up but many acknowledged that no one has this kind of experience. Ron W. said he would look into it. **ACTION:** Michelle will put together a document detailing the financial implications of adding a 10th site for the SGC. Ron Wapner will look into philanthropy and other sources of revenue.

II. Study Updates

Agenda Item	Discussion- Actions- Next Steps
Illumina Update Stephanie Lynch	1. Reviewed close-out status per site: -The following have finished all monitor visits except the close-out visit and can send invoices for all enrolled subjects: -CUMC -CCHS – invoice received -St. Peters -Winthrop -The following have monitor visits still outstanding: -Rutgers – 3/9/18 -NYPQ – 2/20/18 2. Invoicing - please send final invoices once patients have delivered and been monitored. **ACTION:** Send final invoices.
MOMPOD Update Michelle Divito	1. Following sites are participating: CUMC, St. Peter's, Rutgers and Temple. 2. St. Peter's, Rutgers and Temple must all start by 3/2018 or pay UNC. 3. St. Peter's has IRB approval. 4. Each site is working on IRB approval and certification. **ACTION:** Rutgers and Temple need IRB approval and all sites must complete certification/start-up requirements by 3/1/18.
Progenity Update Stephanie Lynch	1. CUMC and CCHS participating. -CUMC - 4 enrolled -CCHS - 2 enrolled 2. At the last meeting Drexel was interested in participating but the Sponsor is no longer accepting sites that do not have a larger number of possible patients for enrollment. **ACTION:** None at this time.
Inpress Technologies Stephanie Lynch	1. A Study of the Investigational InPress Device for the Treatment of Postpartum Hemorrhage. -Sites interested: -CUMC, NYP/Q and Rutgers

	2. Master CIRB submission is approved. -Local context reviews will be sent next week. 3. CUMC central office is working on the contract and budget. Each site may have different budget needs. 4. Discussed staffing plans and on-call/24 hour coverage. Michelle met with the Sponsor at SMFM to discuss the budget. The Sponsor is supportive of funding an off hours position. We will touch base with each site to see how you plan to staff the study to ensure we include this in the budget. **ACTION:** Send local context reviews to the NYP/Q and Rutgers, work with each site on budget needs.

III. The administrative component of the meeting was adjourned. Next meeting is on May 4, 2018 at Drexel University.

PRC Science Meeting Minutes
February 9, 2018
1:00 PM- 4:00 PM

Location: Columbia University

I. Presentations

Study	Discussion and Comments
Brainstorming Grant Ideas Christina Duzyj Buniak	1. Christina presented concept development ideas for the PRC: -Review Investigator Initiated Concept Presentations since 2014. -Review what determinants led to study success. -Develop a roster of sites willing to develop concepts. -Boost PRC visibility at SMFM. 2. The review of Investigator Initiated Concept presentations since 2014 revealed the following: -Publications and studies that have moved forward have all been unfunded studies. -Successful proposals are distributed across our sites. -Trainee studies got more traction and discussion. -Ultrasound studies move very slowly. -Lab studies move even more slowly ($ dependent). -Us approaching industry rather than industry approaching us didn't work very well. -We usually have one best "concept" meeting per year, and other meetings are catch up. 3. Discussion: -MAP and CPR will hopefully go to SMFM 2019. -There are 3 more meetings this year to work with trainees on study concepts for the Spring, Fall and Winter. -Laura Goetzl has been approached by a company with an iPad app measuring blood loss. Discussion regarding the right outcomes, how quantitative it is; all seemed to agree it is a good idea. Laura will ask if they can present at the next meeting to learn more. -Tony Sciscione had two ideas: -Arrive study looks like it will impact clinical care. Looking at induction of labor (IOL)would be desirable. How do these studies translate into care? -Glucose buddy which is an app for blood sugars -obtaining more data on how this works and if it works would be interesting. -There was an interest in IOL and how the ARRIVE study will impact clinical care. Looking at NICU admissions, etc how do these studies translate into the real world, how does this translate to the multiparous patients with unfavorable cervix -Generalizability at different sites with varying delivery volumes- smaller site may have patients labor for 2 days, etc -Cynthia suggested we submit a secondary analysis for ARRIVE. 4. Sign up by institution for a working group: -Blood Loss working group -IOL working group- Tony Sciscione, Mary Talucci and Laura Goetzl volunteered. 5. Tony Sciscione also brought up Sage Therapeutics – report in the Lancet regarding postpartum depression using an IV drug. Tony has a meeting with them and will let us know if they are interested in a study. -Christina said a mental health group would be good. We will

	look at mental health topics at the fall meeting. 6. Christina would like to see more PRC papers/presentations on the PRC website. She will discuss with Stephanie. 7. Laura Goetzl mentioned a recent newsletter stating 1 out of 10 births have Fetal Alcohol syndrome. Discussed alcohol and marijuana use in pregnancy and potential studies. This may be of interest in the future. Ron brought up a nausea and vomiting scale and marijuana use. **ACTION:** Stephanie will send an email to ask for volunteers/trainees to join the blood loss and IOL working groups. Review the PRC website to make sure presentations are up to date.
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. -Tracy Manuck at UNC and CUMC working on obtaining this data. 4. Will possibly submit again June/Fall 2018. **ACTION:** None at this time.
IGNITE 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 will be reviewed 3/14/18.
CHAP Study Update Kirsten Cleary and Mary Talucci	1. Mild Chronic HTN Pragmatic RCT. 2. Sample size 4700. 3. Reviewed PRC screening/randomization numbers. -1,013 total overall enrolled as of last report. -Reviewed PRC enrollment – 233 randomized to date. 4. Reviewed some exclusions that are more frequent than anticipated at some sites: -Renal disease: 4% overall -Some sites as high as 20% -evaluate to ensure correct exclusions -1+proteinuria should be followed by p/c ratio or quantitative urine before excluding -BP too high: 3% overall -8 to 10% at some sites -Diabetes exclusions: 2% overall -are up to 15% for some sites compared to 2% -White's class D or those with end-organ issues 5. Reviewed overall PRC CHAP screening/enrollment -Drexel has a very low decline rate (6% overall) 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. Awaiting final information. (We have heard approximately 2,500) 7. Recruitment efforts include: expansion of new sites, yearly re-education of all providers and a CHAP Facebook page-received IRB approval at CUMC. 8. CHAP will distribute a list of studies that allow co-enrollment: -CHAP and MOMPOD can co-enroll 9. Adjudication process is ongoing: -Todd Rosen – reported UAB has sent new defined criteria for adjudication review. 10. UAB has asked sites to submit ancillary proposals: PRC CHAP ancillary

	study working group had its first call. We are waiting for those with proposals to complete the UAB form. Once completed we will review on a call with the group. If anyone has any ideas please let us know. **ACTION:** Waiting for ancillary proposals from Kirsten Cleary and Todd Rosen.
Fetal Neuronal Exosomes: CMV/Zika Project Laura Goetzl, MD	1. March of Dimes application is pending. 2. Samples from Israel – they are willing to share samples 3. Pilot data CMV: Columbia CIRB approved -Next steps: -Local context reviews -Consent/assent: ages 12-50 -Consents will be translated into Spanish for sites that need it 4. CMV Inclusion criteria reviewed: -Gestational age ≤ 28 0/7 weeks; Ultrasound findings 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 -Evidence of CMV by PCR in amniotic fluid or products of Conception -CMV Exclusion criteria: (Participation in MFMU CMV study is not an exclusion) -Age 12-17 without a parent to sign the consent - Known fetal chromosomal abnormality or specific genetic diagnosis associated with brain injury -Decline consent 5. Zika Inclusion criteria: -Gestational age: 16-24 weeks if diagnosis made before 24 weeks; >24 weeks if diagnosis made after 24 weeks, U/S findings are not required -Diagnosed by: 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: 1) repeat positive NAT in urine OR 2) 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. 6. Reviewed the Case Report Forms / Intake Data Sheets for the study: -Scan and send by encrypted email (no data entry at the sites). -Sites can send entire U/S report if needed (no images). 7. Sample Collection: -Collected at enrollment visit. -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. 8. Data collection – at enrollment and after delivery. 9. Concern was raised regarding enrolling <18 years old. There is no reason not to enroll <18 years old. This can be reviewed by each IRB during the local context review. **ACTION:** Local context review documents to be sent to all sites next week

	followed by the work orders.
Presentation: "Morbidly Adherent Placenta: A Retrospective Cohort Study" Dan Skupski	1. Christina Duzyj, Jessica Scholl and myself are reviewing all the images centrally. The reviewers will grade the images for the subtle signs of morbidly adherent placenta and a list will be sent to the sites for patients that need clinical chart abstraction. 2. Priority now: a) Make sure the person who will be doing the uploading of images at each site has the Trice system installed and can log in; b) Make sure you have the information on how to identify the appropriate cases for the study: 3rd trimester scan having a previa, need the vaginal U/S and the closest one to delivery as possible. 3. Trice is allowing us 500 patients per site to be uploaded. 4. This study is a 2 step process –not sure we can send in SMFM abstract this year – 6 months as of this week. Status by Site: -CUMC has Trice installed / working on identifying patients -CCHS currently uploading images -Drexel currently uploading images -Rutgers has Trice installed and starting to upload -St. Peter's have not installed Trice yet/working with IT -Winthrop have Trice installed -Virtua has Trice installed but need the anonymizer installed/working with IT -Temple working on installing Trice – cannot upload images until work order signed 5. CCHS reported uploading the images is time consuming. 6. Thank you to everyone because this is taking longer than expected. 7. Tony Sciscione asked a few questions from an AIUM Committee call: -How many people look for accreta or MAP on all women with a hx of c-Section? Some sites reported only if they have a previa, some said both previa and c-section. -There was criteria outlined in an SMFM paper to identify these patients – Regarding using color Doppler to identify patients. If you do, what is the average time it adds to the exam? Some sites reported 10 minutes or less. 8. Make sure all sites are using the screening log and tracking the patients at the site so when we ask for the clinical information you will know which patient. 9. Deadline for when images can be uploaded: March 1st. **ACTION:** If sites have not installed Trice please do so asap. Contact Stephanie if you are having trouble with the install. All sites upload images by March 1st. Send Temple the MAP work order.
"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. In a previous study, there were no preterm births before 34 weeks in 281 pregnant women receiving sulfasalazine. 2. New report published: Screening a small molecule library to identify inhibitors of NF- kB inducing kinase and pro-labor genes in human placenta. 3. Reviewed: Rates of PTB in women treated with low dose aspirin versus placebo: Beyond preeclampsia: low does aspirin reduces spontaneous preterm birth. 3. Inclusion/Exclusion Criteria for women with high risk IBP4/SHBG test: 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. Met with Sera Prognostics: - They want to power the study to evaluate serum biomarkers and only move on to clinical outcomes study if this first study is positive: CRH and Proteomics. 6. Next steps before the May PRC meeting: -New power analysis to determine sample size for the biomarker study. -Submit for IND to FDA once protocol is finalized. -FDA has 30 days to responds once we file the proposal. -Secure funding from industry to run the smaller biomarker study. -Monkey hook-up (monkey testing.) 7. Steps before the September PRC Meeting: - NIH Grant Proposal to fund the larger RCT to study clinical outcomes ready for submission. -Monkey placental transfections complete. - Pray that length of rhesus monkey pregnancies extends significantly past 168 days. 8. Placenta collection was discussed –they do not need many for the study, if any. Once site could collect placentas if needed. **ACTION:** Rutgers will continue to develop this project and follow-up at the next PRC meeting.
Presentation: "Does the cerebroplacental ratio predict adverse obstetrical outcomes in low risk pregnancies?" (CPR Study) **Mayra Cruz-Ithier**	1. Study summary: 2. Participating sites: Rutgers, Winthrop, Virtua, St. Peter's, NYP-Q and Columbia. 3. Sites actively enrolling: Rutgers/RWJMS, Winthrop, NYP/Queens and St. Peter's. Not enrolling: CUMC and Virtua. -Completed training today with CUMC – hopefully they start enrolling. -We are willing to come to sites to train sonographers, research staff, etc. Contact us if needed. -111 patients enrolled so far. -The enrollment goal is 3,000 total. 4. Including multiparous patients now. 5. Discussion: Mayra has spent a lot of time on this study. Heartfelt plea to get the study going and enroll patients. We understand it is unfunded and appreciate those that agreed to do the study. Last meeting we had approximately 87 enrolled (2 months ago). It does not take that much additional time to enroll a patient, 15-20 minutes. Prescreening to find eligible patients may be helpful, possibly a flyer in the U/S unit. Reminder if there is an abnormal CPR - this is for research only and do not report it, if a serious issue is found and clinically significant tell the physician. **ACTION**: Please send completed data sheets to Dr. Cruz-Ithier. Follow-up with CUMC and Virtua regarding starting enrollment.

II. Scientific meeting was adjourned. Next meeting is May 4, 2018 at Drexel University.