[redacted]

UNIVERSITY OF CALIFORNIA, SAN DIEGO
HUMAN RESEARCH PROTECTIONS PROGRAM

Date: February 6, 2018
To: [redacted]
Re: Project [redacted]

Dear [redacted]

Although this protocol is a 10-year renewal submission the IRB takes each review opportunity to bring the protocols and consent documents/recruitment materials more closely in line with the current interpretation of regulations and research climate. Therefore, this 10-year submission has been approved at the February 1, 2018 IRB "A" meeting pending receipt of the following:

1. Please revise the Research Plan to address the following:
    a) Item 15. "To minimize disruption of usual clinical procedures which may compromise patient care, and to protect patient confidentiality, the research staff will have no direct contact with the subjects or the subjects' medical records." However item 12 of the Research Plan indicates that research staff might be involved in getting consent from patients. Please revise to reconcile. Also update item 16 since the research staff have access to HIPPA material while taking consent.
2. Please revise the ICF to address the following:
    a) UCSD consent: please add typical risks of blood draw and Pap smear to the UCSD consent form.
    b) Revise to correct the HRPP phone number from 858-657-5100 to 858-246-4777.
    c) Revise "Witness" signature line to state "Person obtaining consent"

The Committee determined that the response may not require review by a convened IRB provided the specified revisions are made as requested.

Please upload your reply in the form of a cover letter that clearly describes, on a point-by-point basis, how the request(s) for clarification/revision were satisfied and two copies of revised study documents (*one copy that clearly and specifically highlights all changes made such as by using the track changes function in Microsoft Word and one clean copy*) to this project number using e-IRB services at https://irb.ucsd.edu. Final approval will be forwarded just as soon as we can determine that your responses are satisfactory.

On behalf of the ESCRO Committee and the UCSD Institutional Review Boards,

[redacted]

[redacted]

From: [redacted] <[redacted]>
Sent: Thursday, February 08, 2018 9:47 AM PST
To: [redacted] <[redacted]>
Subject: FW: Planned Parenthood?
Attachment(s): [redacted]

Hi [redacted]

I am currently working on addressing the issues in the PP IRB letter and was hoping that you might be able to help me with Item #1. I have attached the Research Plan here for your convenience. It looks like in section 15 we say that we will have no contact with patients or patient medical records, which is true for PP but not true for the UCSD site [redacted] In Item #12 "Informed Consent", we break it down between PP and UCSD and it is more clear that we do not have access to patients/records at PP, but at UCSD we would have access, as we would be the ones consenting the patients. They also mention Item #16 "Privacy and Confidentialty Considerations Including Data Access and Management" where we say that "research staff will not have access to patient medical records and no patient identifiable information other than the patients' names on the consent forms". This is true only for PP. My question is how would you like for me to address the access to personal information for the UCSD site in these two sections (#15 and #16)?

For Item #2, I have addressed the issues they mention regarding the consents and have attached the two consent forms here (both tracked and clean versions). I'll work on the cover letter this [redacted] and will plan to submit as soon as all documents are completed.

Thanks in advance for your help!

[redacted]

From: [redacted] gmail.com [redacted] gmail.com] [redacted]
Sent: Thursday, February 08, 2018 5:57 AM
To: [redacted]
Cc: [redacted]
Subject: Re: Planned Parenthood?

Hi [redacted] and [redacted]

I just found this pending approval letter on the HRPP site -- I didn't receive an email about it, which is weird. [redacted] can you respond to the 2 items?

[redacted]

On Wed, Feb 7, 2018 at 12:56 PM, [redacted] <[redacted]> wrote:

Will do.

Thank you,

[redacted]

From: [redacted]
Sent: Wednesday, February 07, 2018 11:58 AM
To: [redacted]
Cc: [redacted]
Subject: Re: Planned Parenthood?

yes, I would go ahead and cancel for [redacted] (explaining what's going on).

[redacted] any updates?

thanks,
[redacted]

On Feb 7, 2018, at 10:38 AM, [redacted] <[redacted]> wrote:

Hi [redacted]

Since we have not heard back regarding the approval/review of our PP study submission, can I assume that I will not be going [redacted] to clinic? Should I email [redacted] and let her know? Please let me know what you think is best.

Thanks,

[redacted]

--
[redacted]

[redacted]

University of California, San Diego
Consent to Act as a Research Subject

Why you are being asked to participate in this study

[redacted] and her colleague [redacted] are conducting a research study on "molar pregnancy," a condition with an abnormally large amount of placental tissue. You are being asked to participate in this study because you have been diagnosed with, or are suspected of having, a [redacted]" and are undergoing, or recently underwent, a surgical procedure to remove this tissue.

Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time without jeopardy to the medical care you will receive at this institution.

Purpose and description of the study

The purpose of this study is to better understand development of normal and abnormal placental tissue, and more specifically, to understand this unusual condition of [redacted]

If you agree to be in this study, we will take small pieces of the placental tissue after the procedure for our research studies, and review your final pathology report. [redacted]

If you agree to be in this study, we will also collect about 3 tablespoons of your blood. DNA will be isolated from the blood, and will be compared to the DNA in the placental tissue to allow us to understand the differences between placentas from normal and [redacted].

If you decide at any time after you sign this consent document that you do not want the specimens collected from you to be used for future research, you may tell this to [redacted] who will use her best efforts to stop any additional studies. However, in some cases, it may be impossible to locate and stop such future research once the materials have been widely shared with other researchers.

The tissues collected from you, the DNA that they contain, or the cells and other data obtained from it, may also be used in additional research to be conducted in the future by other personnel, either within or outside the University of California, collaborating in this research. These specimens, DNA, and other data and their derivatives may have significant therapeutic or commercial value. You consent to such uses.

Future use of specimens

Your specimens, including any stored sample of placenta from which we may derive cells or cell products, may be kept for many years and may be used in future studies in ways that are

not currently foreseeable. For example, if there is a technical breakthrough in the future for analysis of tissues, scientists may apply this new technology to study your samples.

Risks of participation

Participation in this study involves a small risk of loss of confidentiality. This risk will be minimized by keeping all protected health information in locked and/or password protected files. In addition, the samples that will be collected and stored for future use, will be identified by a coded number.

Participation in this study may involve some added risks or discomforts related to the blood draw and Pap smears, although the risks are considered minimal. These include pain, bruising, and infection for blood draw, and minimal vaginal spotting for Pap smear; the risk of infection will be minimized by use of sterile technique and alcohol wipes.

If you are injured as a direct result of participation in this research, the University of California will provide any medical care you need to treat those injuries. The University will not provide any other form of compensation to you if you are injured. You may call the UCSD Human Research Protections Program office at (858) 246-4777 for more information about this, or to inquire about your rights as a research subject, or to report research-related problems.

Benefits of participation

There will be no direct benefit to you from this research. The investigators, however, may learn more about how to take better care of pregnant patients in the future.

There will be no payment for your participation in this study.

Signature

A health professional (name: _____) has explained this study to you and answered your questions. If you have other questions or research-related problems, you may reach [redacted] through the [redacted]

You have received a copy of this consent document to keep and the Experimental Subject's Bill of Rights.

By your signature, you agree to participate in this study.

_____	_____	_____
Subject's signature	Person obtaining consent	Date

University of California, San Diego
Consent to Act as a Research Subject

_____	_____
Subject's printed name	Person obtaining consent's printed name

University of California, San Diego
Consent to Act as a Research Subject

Consent for Pap smear and placental biopsy

Why you are being asked to participate in this study

[redacted] and her colleague [redacted] are conducting a research study to find out if some of the cells [redacted] You are being asked to participate in this study because you have decided to have an abortion, and have agreed to permit collection of cells from the inside of the cervix, though a procedure that is similar to a Pap smear before the procedure, and collection of the placenta after the procedure.

Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time without jeopardy to the medical care you will receive at this institution.

Purpose and description of the study

[redacted]

If you agree to be in this study, we will collect cells from the cervical canal before your procedure and also collect samples of the placental tissue after the procedure for our research studies. These samples may be analyzed right away to isolate specific cells, or stored for future analysis.

Risks of participation

Pap smears are done routinely during pregnancy without any complications and do not pose any additional risk to you. The minimal risk involved includes vaginal spotting; the risk of infection will be minimized by use of sterile technique and alcohol wipes. Collection of some placental tissue after the procedure similarly does not limit the evaluation of the tissue and does not pose additional risk.

Benefits of participation

There will be no direct benefit to you from this research. The investigators, however, may learn more about how to take better care of pregnant patients in the future.

There will be no payment for your participation in this study.

Costs

There is no cost to you for being in this study. All study related costs, including collection and transportation of samples, will be covered by the study investigators.

Voluntary Participation and Withdrawal

Your participation in this study is voluntary. If in the future you decide you no longer want to participate in this research, if possible, we will discard the samples obtained from your, and the

information collected about you. Your decision will not result in any penalty or loss of benefits to which you are entitled and you will still be able to receive care from doctors at UCSD.

Your part in this study may be stopped at any time by the study personnel without your consent for any of the following reasons:

- You do not agree to changes made in the study plan;
- The study has been discontinued;
- If it is in your best interest;
- You do not consent to continue in the study after being told of changes in the research that may affect you;
- Or for any other reason.

You will be informed if there are significant research findings that are relevant to your continued participation.

Confidentiality

The information collected from you in this study will only include gestational age at the time of your procedure. [redacted]

Your study records will be kept confidential according to standard medical practice. Any information collected in connection with this study that can identify you will be given out only with your permission or as required by law. Representatives authorized to monitor or audit the research, such as government agencies including the U.S. Food and Drug Administration (FDA) and the Department of Health and Human Services (DHHS), will have access to and may copy both your medical records and records from your participation in this study. This access is necessary to ensure the accuracy of the findings.

All information collected for this study will be used only for the purpose of conducting clinical research. None of this information will be given to any third party groups such as employers or insurance companies. You will not be personally identified in any publication regarding this study.

The section below goes over some standard question subjects may have.

What information may be used and given to others?

Research study staff at UCSD, including the UCSD Institutional Review Board (UCSD IRB), may get your personal information. For example:

- Research records
- Records about phone calls made as part of this research
- Records about your study visits.
- Information gathered for this research about test results

Who may use and give out information about you?
Research study staff at UCSD, including the UCSD IRB, may use information about you.

Who might get this information?
Your information may be given to:

- The U.S. Food and Drug Administration (FDA)
- Department of Health and Human Services (DHHS) agencies
- Governmental agencies in other countries

Why will this information be used and/or given to others?

- to do the research
- to study the results, and
- to make sure that the research was done right.

If the results of this study are made public, information that identifies you will not be used.

What if I decide not to give permission to use my personal information?
The only personal information that will be collected from you is your name, which is required for the informed consent process. If you do not agree to have your name recorded, then you will not be able to participate in this research study.

May I review or copy my information?
You have the right to review any personal information collected about you.

Is my personal information protected after it has been given to others?
There is a risk that your information will be inadvertently given to others without your permission. We will protect against this occurrence using the methods described above.

<u>DNA testing</u>
Will my DNA or information about my genes be restricted to certain parties? How will my confidentiality and privacy be protected?
In the future, [redacted] may study the DNA or RNA in the Pap smear or placental cells in order to understand more about placental function during pregnancy. In these future studies, the risk to your confidentiality and privacy will be minimized [redacted]

What are my rights to my DNA samples? Who will have control of it and who will own it?
[redacted] will be responsible for deciding how the information generated in this study will be used. The cells generated from samples and the DNA that they contain may also be used in additional research to be conducted by [redacted] or their collaborators. In addition, your cells, DNA, or the information from them may be used by other scientists in future studies, which are not now foreseeable. These cells, DNA, and their derivatives may have significant therapeutic or commercial value. You consent to such uses.

Can I withdraw my Pap smear/placenta samples or cells at any time?

If you decide later that you do not want the endocervical or placental samples collected from you or cells isolated from them to be used for future research, you may tell this to [redacted] who will use her best efforts to stop any additional studies. However, in some cases, such as if your cells or DNA are found to be generally useful, it may be impossible to locate and stop such future research once the materials have been widely shared with other researchers.

How long do you plan to keep my Pap smear and placental samples and the cells from them?
We anticipate that the Pap smear and placental samples will be used immediately to generate cells. The cells will be frozen and kept up to 5 years before analysis.

What are my rights to know about any DNA results?
Individualized results from any DNA or RNA analysis performed on the cells from your Pap smear or placental cells will not be provided to you.

Instances are known in which a subject in research has been required to furnish genetic information as a precondition for in applying for health insurance and/or a job. Participation in this study does not mean that you have had genetic testing. Genetic testing means having a test performed and the results provided to you and your doctor. If you are interested in having genetic testing performed you should consult your doctor, as some commercial tests are available. Your doctor can provide you with the necessary information to determine if such a test would be appropriate for you.

Federal and State laws generally make it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. This law generally will protect you in the following ways: a) Health insurance companies and group health plans may not request your genetic information that we get from this research. b) Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums. c) Employers with 5 or more employees may not use your genetic information that we get from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment. Be aware that these laws do not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

Research-related injuries
If you are injured as a direct result of participation in this research, the University of California will provide any medical care you need to treat those injuries. The University will not provide any other form of compensation to you if you are injured. You may call the Human Research Protections Program Office at (858) 246-4777for more information about this, to inquire about your rights as a research subject, or to report research-related problems.

Alternative to Participation
The only alternative is not to participate in the study.

Questions
[redacted] and/or _____ has explained this study to you and answered your questions. If you have other questions or research-related problems, you may

University of California, San Diego
Consent to Act as a Research Subject

page [redacted] through the [redacted]

You have received a copy of this consent document to keep and the Experimental Subject's Bill of Rights.

You agree to participate.

Signature

By your signature, you agree to participate in this study.

_____ _____

Subject's signature Date

_____

Subject's printed name

UCSD Human Research Protections Program
New Biomedical Application
RESEARCH PLAN

Instructions for completing the Research Plan are available on the HRPP website.
The headings on this set of instructions correspond to the headings of the Research Plan.
General Instructions: Enter a response for all topic headings.
Enter "Not Applicable" rather than leaving an item blank if the item does not apply to this project.

Version date: 9/30/2013

1. PROJECT TITLE

[redacted]

[redacted]

Planned Parenthood: We will collect tissues from fetuses ranging from 4 to 23 weeks gestational age from subjects undergoing elective surgical pregnancy termination at Planned Parenthood in San Diego. Subjects will be consented according to the standard Planned Parenthood consent process. Subject with both viable nonanomalous and anomalous fetuses will be consented. Subjects will be asked to donate a blood sample (up to 30 cc) before the procedure. The only clinical data to be collected will be 1) gestational age by ultrasound examination, which is performed as a routine part of patient care at Planned Parenthood, 2) evidence of fetal heart activity by ultrasound immediately prior to the dilation and evacuation procedure, and 3) karyotype and/or ultrasound findings in case of an anomalous gestation. This ultrasound is standard practice at Planned Parenthood.

After the standard dilation and evacuation procedure is performed, the tissue will be removed from the procedure room, as per usual practice at Planned Parenthood and taken to the tissue examination room. Instead of rinsing the tissue in tap water, which is the usual practice, the tissue will be rinsed in cold buffer, which we will bring. The buffer is colorless and transparent and is compatible with thorough examination of the tissues. Planned Parenthood staff will examine the tissues to assess completeness of the procedure, as per routine practice. The tissue will then be passed to us and samples, less than 1 cm x 1 cm x 1 cm, will then be isolated, washed in cold buffer, and placed in buffer, culture media, or various type of preservation solutions, depending on downstream use of the tissue. Unused tissue will be discarded as per usual Planned Parenthood procedure. We plan to consent and collect from up to 2,500 patients in this part of the study.

UCSD:
1) We will collect placental tissues from [redacted] ranging from 4 to 20 weeks gestation. [redacted] Subjects will be consented (see UCSD consent form). The only clinical data collected will be the pathology and other ancillary laboratory test results, confirming the diagnosis of [redacted].

[redacted]

2) We will collect [redacted] samples and excess placental tissue from patients undergoing elective termination between 4 and 20 weeks gestation. A maximum of 100 patients will be consented for this arm of the study. The only clinical data collected will be gestational age at the time of the procedure. [redacted] We will consent and collect such samples from up to 100 patients.

Both sites: Other than the consent process, the clinical experiences of the subjects will not differ from that of the other patients undergoing the same procedures at either Planned Parenthood or UCSD, with one exception: For the UCSD patients [redacted] collections, they will have this collection (using a process similar to collection of sample for a Pap smear) [redacted]

[redacted]