HRPO#: 08-0754

Washington University in St. Louis

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Form 5 8/08
Human Research Protection Office
Box 8089
(314)633-7400
Fax (314)367-3041

REQUEST FOR AMENDMENT TO AN APPROVED PROTOCOL

FDA requires IRB approval before implementing proposed changes.

Submission instructions

[ ] **Behavioral study** [x] **Biomedical study**

DATE: 09/22/2009 **HRPO #** 08-0754

Principal Investigator	**Watson, Mark A. MD, PhD**		
		Phone #	**454-7919**
Email address	**watsonm@wustl.edu**	**Box #**	**8118**
Administrative Person (Receives copies of the paperwork)	**Tammy Roussey RN, CCRC**	**Phone #**	**362-4842**
	Is this person engaged in the research? [] Yes [x] No	**Box #**	**8009**
Email address	**rousseyt@wusm.wustl.edu**		
Study or Regulatory Coordinator (Can answer protocol questions)	**Debbie Kemp RN, CRC** **Linda Ventimiglia RN, CRC**	**Phone #**	**362-3839** **747-5181**
		Box #	**8009**
Email address	**kempd@wusm.wustl.edu** **ventimiglial@wusm.wustl.edu**		
Study Title *(include version # if needed)*	**Human Microbiome Project – Core Microbiome Sampling**		

[ ] **This study is cancer related** (screening, prevention, treatment, follow-up) research. Please send to **PRMC** for review prior to HRPO review. PRMC must continue to receive all revision/amendments until the study is in follow-up only with no participants receiving treatment.

[ ] **This study utilizes the GCRC.**

[ ] **This study was reviewed by the RDRC.** Provide the **RDRC#:** _____

I assure the Committee that the proposed changes will not be initiated without HRPO approval, except when necessary to eliminate apparent immediate hazards to the subjects.

Signature of Principal Investigator 9-28-09 *Date*

~ For HRPO Use Only ~

Subcommittee ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 _____ *Date of meeting* Reviewer: Kathy Dodds

☐ Administratively approved by: _____ ☐ Noted ☐ Contingent ☑ Approved as submitted

☐ Refer to Full Board _____ *date of meeting* ☐ NPC# ___ ☐ CRC# ___

Changes for Access Database: ☐ PI ☐ Title ☐ Accrual numbers ☐ Other_____

Items for stamping:

☐ Consent Form ☑ Protocol version 7.0 ☐ Investigator's Brochure ☐ Questionnaire ☐ Advertisement

☑ Other 1) changes to Study Protocol A (9/21/09)
2) changes to Study documents (21 Sept 2009)
3) Human Microbiome Project Screening Script & Tool - version 4.0
4) NIH HMP Subj. Info Sheet v.6.0

Revision or amendment approved on: OCT 01 2009 *Date*

Signature of Committee Chair:

CURRENT STATUS

[x] Enrolling subjects* *Number enrolled to date: **81**	[ ] Study Closed to Accrual [subject(s) continue(s) to receive treatment, procedures, care]
	[ ] Follow-up/ Data analysis (all treatment components completed)

A. SUMMARY OF THE PROPOSED CHANGES

complete this table or attach a previously prepared itemized summary.

Proposed Amendment	Justify the Modification** Provide all documentation that supports or explains the change, e.g., letters/notices from federal agencies, notifications from Sponsor	Affected Documents (Consent, protocol, etc.) Highlight all changes
Protocol Version 7.0 dated 21 September 2009	**Exclude subjects who have received nasally-delivered live, attenuated, cold-adapted influenza vaccine within the previous 28 days.**	**Protocol, see change document**
HMP Screening Script and Tool Version 4.0 dated 21 September 2009	**Delay screening visit, if applicable, to ensure that sampling visit occurs at least 28 days after vaccine administration.**	**Screening Script and Tool, see change document**
HMP Subject Information Sheet Version 6.0 dated 21 September 2009	**Add section four weeks (28 days) before sample collection visit noting subjects should not receive intranasal influenza vaccine.**	**Subject Information Sheet, see change document**

** "At Sponsor's request" is generally not informative

B. SPECIAL CIRCUMSTANCES

1. **CHANGES TO THE CONSENT FORM: NA**[ ] new consent added [ ] current consent revised* (Highlight all changes)

   Will subjects be reconsented? [ ] **Yes** [ ] **No**

   ***If yes**, please discuss your plan and submit materials you will use (letter, script, consent addendum)*

   ***If no**, please explain.*

2. **INVESTIGATOR'S BROCHURE (IB)**

   [ ] **Investigator's Brochure with substantive changes.**
   Please submit the IB with substantive changes highlighted or summarized below:

   [ ] **Investigator's Brochure** represents only editorial and/or administrative changes.
   *In this case, according to OHRP and FDA, you are **NOT** required to submit the updated IB to the IRB.*

3. **MINORS (AGES 0 THROUGH 17 YEARS)**: Does this amendment add minor participants? [ ] **Yes** [x] **No**
   If yes, submit Form E.

4. **GENETIC RESEARCH COMPONENT:** Does this amendment involve collection or use of any type of tissue or data to be used for any form of genetic research? If yes, submit Form H. [ ] **Yes** [x] **No**

5. **FUNDING SOURCE CHANGES** (i.e., adding a funding source or changing funding source status)

Please complete the boxes below.

Name of Grant Source (e.g., NIH)	Grant Number	Alternative Title (if applicable)	**Status** (Awarded or Pending)

- **Attach a copy of the entire grant proposal (excluding appendices) AND the Grants & Contracts Protocol Certification (PC) form submitted to Grants & Contracts/Research Office, if available. Block out salary information.**

- **HRPO is required by the federal Office of Human Research Protection to review the grant proposal and human research application for consistency. You may be asked to explain discrepancies, if any, identified by HRPO during the review process.**

  See http://www.hhs.gov/ohrp/humansubjects/guidance/aplrev.htm for more information about IRB responsibilities regarding grant review.

6. **CHANGES TO THE RESEARCH TEAM** *submission instructions*
   Important Note: Individuals being added to the study team must complete the mandatory educational requirement.

   Do the individuals being added to the study team have, or anticipate having, any income from or financial interest in: the sponsor of the protocol, the supporting organization, or the company that owns/licenses the technology being studied? [ ] **Yes** [ ] **No**
   If yes, submit Form T *and apply to the Disclosure Review Committee.*

- **Submit one (1) complete copy for review.**
- **Note:** If you plan to submit an identical amendment for multiple studies, then please submit a signed Form 5 and individual supporting documentation for each protocol. Label each Form 5 with one applicable HRPO#.

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NIH Human Microbiome Project

Subject Information Sheet

Date of scheduled Baseline Sampling Visit: _____

During the indicated time periods before sample collection, you must NOT use the listed medications and cleansing products and you must AVOID the listed activities.

Six months before sample collection visit:

- Any antibiotic, antifungal, antiviral or antiparasitic drugs; by mouth, by injection or intravenous
- Any steroids; oral, intravenous, intramuscular, nasal or inhaled (such as prednisone, Flonase, dexamethasone, Flovent)
- Cytokines or drugs that can stimulate your immune system (such as Interleukin)
- Methotrexate or other agents that suppress your immune system (such as chemotherapy)
- Commercial probiotics in doses greater than or equal to 10^8 colony-forming units (cfu) or organisms per day, including tablets, capsules, lozenges, chewing gum or powders in which probiotic is a primary component. Note that it is acceptable to consume foods such as yogurt and fermented beverages/milks.
- for female subjects, combination hormone vaginal ring for contraception

Four weeks (28 days) before sample collection visit:

- Intranasal influenza vaccine (Note that flu shots are not included in this time restriction.)

Seven (7) days before sample collection visit:

Date to stop using products: _____

- Antibiotics or steroids applied as creams or ointments on the skin of the face, scalp, neck, arms, forearms or hands
- Vaginal or vulvar medications, including antifungals. Permitted vaginal contraceptives may be used until 48 hours before sample collection visit.

48 hours before sample collection visit:

Date and time to stop activities and use of products: _____

- Antimicrobial products including liquid hand soap, bar soap, face washes, hand or mouth washes, toothpaste (such as Softsoap, Dial, Zest, and Clearasil)
- Antiseptic products such as hand or mouth washes, toothpaste, perfumes and sanitizers (such as Listerine mouth wash and Purell hand wash)
- Hair dyes of any kind
- Use of a chlorinated pool or hot tub
- Vaginal, oral or anal sexual activity – This activity could introduce microorganisms to the mouth, the vagina or the lower gastrointestinal tract and could adversely affect the sampling from these sites.
- For women, douching, and use of contraceptive spermicides, diaphragms, cervical caps, contraceptive sponges, suppositories, feminine sprays, and genital wipes
- For women, menstrual blood flow should have stopped at least 48 hours before sampling.

12 hours before scheduled sample collection visit:

Date and time to stop activity:_____

- Showering, bathing, tooth brushing and flossing. Note that hand washing with soap provided in the personal care kit is allowable.

Approved RS OCT 0 1 2009

Phil[illegible] A. Ludbrook, M.D.
Associate Dean and Chairman

08-0954

Human Microbiome Project - Screening Script and Tool

Script:

For volunteers located through a database search or through referral:

Hello, my name is __(insert your name)_____, and I am with Volunteer for Health at Washington University School of Medicine. I am calling to let you know about a clinical study for which you may qualify. The trial seeks to collect blood and specimens from multiple body sites in healthy volunteers. These specimens will be genetically analyzed to establish a baseline for discovery of the core bacteria typically found in various areas of the body. Would you like me to tell you more about this research?

If "NO": Thank you so much for your time. Goodbye.

If "YES": Great. As I mentioned, the goal of the study is to determine whether healthy individuals have the same types of bacteria growing on various body sites, specifically the oral cavity, skin, nasal cavity, GI tract and vagina. The information from this study can hopefully be used to help assess the differences in bacteria types in individuals who are diseased.

In order to determine your eligibility for this study, I need to ask you some confidential questions about your health history. This information will be used only for the purposes of conducting this research study. If you do pre-qualify for the study, I will forward your name and information to a study coordinator who will call you to schedule an appointment for you to be pre-screened. Do I have your permission to conduct the phone screening?

For volunteers who call in response to an advertisement:

Hello, my name is __(insert your name)_____, and I am with Volunteer for Health at Washington University School of Medicine. Thank you for your interest in the Human Microbiome Project. The trial seeks to collect blood and specimens from multiple body sites in healthy volunteers. These specimens will be genetically analyzed to establish a baseline for discovery of the core bacteria typically found in various areas of the body. Would you like me to tell you more about this research?

If "NO": Thank you so much for your time. Goodbye.

If "YES": Great. As I mentioned, the goal of the study is to determine whether healthy individuals have the same types of bacteria growing on various body sites, specifically the oral cavity, skin, nasal cavity, GI tract and vagina. The information from this study can hopefully be used to help assess the differences in bacteria types in individuals who are diseased.
In order to determine your eligibility for this study, I need to ask you some confidential questions about your health history. This information will be used only for purposes of conducting this research study. If you do pre-qualify for the study, I will forward your name and information to a study coordinator who will call you to a schedule an appointment for you to be pre-screened. Do I have your permission to conduct the phone screening?

HMP Phone Screening Tool

Potential Participant Name: _____ M / F

Date Screened: _____

Screener: _____

Are you between the age of 18 and 40 (inclusive)?
(Must be YES) Yes No

Are you willing and able to provide a blood sample,
as well as oral cavity, skin, nasal cavity and stool specimens?
(FOR WOMEN: and vaginal)
(Must be YES) Yes No

What is your current height? _____

What is your current weight? _____

Apply height and weight to body calculator.
Is it between 18 and 35, inclusive?
(Must be YES) Yes No

Have you had major abdominal surgery (with the exception
of gallbladder or appendectomy) within the past 5 years?
(Must be NO) Yes No

Do you have regular urinary incontinence that requires
use of incontinence protection garments? Yes No
(Must be NO)

Have you ever been positively tested for HIV, Hepatitis B or Hepatitis C? Yes No
(Must be NO)

Have you been diagnosed with HPV (human papillomavirus)
or condyloma (genital warts) within the past 2 years?
(Must be NO) Yes No

Have you used any of the following prescription drugs or
products within the last 6 months:

- -systemic antibiotic, antifungal, antiviral or antiparasitic drugs
- -oral, injected or inhaled corticosteroids
- -cytokines
- -methotrexate or immunosuppressive cytotoxic agents
- -large doses of commercial probiotics
- -for women, a combination hormone vaginal ring for contraception

(Must be NO) Yes No

Do you have chronic dry mouth?
(Must be NO) Yes No

Do you suffer from chronic, clinically significant pulmonary, cardiovascular, gastrointestinal, hepatic or renal function abnormality or disease (which has been diagnosed and requires ongoing medical management)?
(Must be NO) Yes No

Are you currently suffering from any type of moderate or severe illness with or without fever?
(Must be NO) Yes No

Have you had cancer (with the exception of squamous or basal cell carcinomas of the skin that have been removed)?
(Must be NO) Yes No

Do you have any condition which causes your immune system to be compromised?
(Must be NO) Yes No

Do you have a history of any of the following conditions?

-Inflammatory Bowel disease
-Ulcerative colitis or indeterminate colitis
-Crohn's disease
-Irritable Bowel Syndrome (moderate-severe)
-Persistent gastroenteritis, colitis or gastritis
-Persistent diarrhea
-Chronic constipation
-Colorectal or gastric cancer
-GI tract lymphoma
-Any cancer of the GI tract
-Unstable dietary history (major diet changes in last month)
-Recurrent rashes in last 6 months
-History of psoriasis or eczema

(Must be NO) Yes No

Do you have more than 8 missing teeth?
(Must be NO) Yes No

Do you have any untreated cavities?
(Must be NO) Yes No

Do you drink more than 5 drinks of alcohol per day?
(Must be NO) Yes No

Have you had an influenza vaccine administered intranasally in the last 28 days? Yes No
(If YES, delay screening visit for several weeks to ensure that sampling visit will occur at least 28 days after vaccine administration.)

For Women Only:

Have you ever had toxic shock syndrome? (Must be NO)	Yes	No
Are you pregnant or lactating? (Must be NO)	Yes	No
Do you have a history of vulvar, vaginal or cervical dysplasia, in the past 5 years? (Must be NO)	Yes	No
Have you had an active STD (specifically chlamydia, gonorrhea, syphilis, genital herpes or trichomoniasis) within the past 2 months? (Must be NO)	Yes	No
Have you had a hysterectomy? (Must be NO)	Yes	No
Are you post-menopausal?	Yes	No
Do you have a regular menstrual cycle (21-35 days)?	Yes	No
If NO, did you have regular menstrual cycles before beginning a contraceptive method that affected the cycle length?	Yes	No

If volunteer does not pass phone screening: Based upon the information you have provided, it looks like you do not qualify for this study. The protected health information you have shared with me today will be destroyed in accordance with the guidelines set forth by the Human Research Protections Office at Washington University. That means Volunteer for Health will not keep your information or share it with anyone else. Thank you for your time.

If volunteer passes phone screening: Based upon the information you have provided, it looks like you may be a candidate for this study. In order to determine if you do qualify, I will need to schedule an appointment for you to come in and be pre-screened and examined by a study coordinator, by a dentist and (for women, by an ob/gyn). What times and days work best for you?

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Human Microbiome Project – Core Microbiome Sampling
Protocol A

Changes to Study Documents (21 Sep 2009)

Revised text appears in ***bold italics.***

A. Change to **HMP Telephone Screening Script** between Version 3.0 (28 July 2009) and Version 4.0 (21 Sep 2009)

The following question about intranasal influenza vaccine was added to the screening script, to ensure that screening and sampling will not be scheduled too soon after vaccine administration:

Have you had an influenza vaccine administered intranasally in the last 28 days? ***Yes*** ***No***

(If YES, delay screening visit for several weeks to ensure that sampling visit will occur at least 28 days after vaccine administration.)

B. Change to **HMP Subject Information Sheet** between Version 5.0 (28 July 2009) and Version 6.0 (21 Sep 2009)

A new section was added as follows:

Four weeks (28 days) before sample collection visit:

- ***Intranasal influenza vaccine (Note that flu shots are not included in this time restriction.)***

Approved
Philip A. Ludbrook, M.D.
Associate Dean and Chairman

REVISIONS APPROVED
Date: OCT 01 2009

08-0754

Human Microbiome Project – Core Microbiome Sampling Protocol A

Changes to HMP Protocol # HMP-07-001 between Version 6.0 (28 July 2009) and Version 7.0 (21 Sep 2009)

Revised text is shown in ***bold italics***.

Section 5.2 Inclusion/Exclusion Criteria

Under Exclusion Criteria, the following text was inserted as Bullet #4:

- ***Receipt of nasally-delivered live, attenuated, cold-adapted influenza vaccine within the previous 28 days.***

Section 6.2 Detailed Description of Study Procedures

1. Under Screening, the following text was inserted as Bullet #14:
   - ***Remind subjects that nasally-delivered live, attenuated cold-adapted influenza vaccines must not be administered during the 28 days prior to sampling.***
2. Under Visit 1 – Baseline sampling, the following text was inserted as Bullet #5:
   - ***Confirm that subject has not received a nasally-delivered live, attenuated cold-adapted influenza vaccine during the last 28 days.***
3. Under Visit 2 – Re-sampling, the following text was inserted as Bullet #6:
   - ***Confirm that subject has not received a nasally-delivered live, attenuated cold-adapted influenza vaccine during the last 28 days. The resampling may be delayed until 28 days after the vaccine administration, provided that the second sampling occurs within one year of the first sampling.***

RS

Approved

Philip A. Ludbrook, M.D.
Associate Dean and Chairman

REVISIONS APPROVED
Date: OCT 0 1 2009

08-0764

Human Microbiome Project – Core Microbiome Sampling Protocol A

Approved RS
Philip A. Ludbrook, M.D.
Associate Dean and Chairman

HMP Protocol Number:
HMP-07-001

Sponsored by:
National Institutes of Health (NIH)

REVISIONS APPROVED
Date: OCT 0 1 2009

NIH Funding Mechanism:
U54-HG003273 – Baylor College of Medicine
U54-HG003079 – Washington University
N01-HG-62088 - Coriell Institute of Medical Research

Draft or Version Number:
Version 7.0

Date:
21 Sep 2009

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