Department of Veterans Affairs
National Research Advisory Council - February 1, 2007

Members present:
Marie Bernard, Chair
Dudley Childress
Aaron Butler
Richard Wenzel
Robert Kelch

Guests:
Robert Petkoff, American Legion, Matthew Shick, American Association of Medical Colleges (AAMC), Barbara West, National Association of Veterans' Research and Education Foundation (NAVREF), Allison Haupt, Alliance for Academic Internal Medicine (AAIM), Beth Roy, Social & Scientific Systems, Inc.

VA staff:
Jay Freedman, Joe Francis, Joel Kupersmith, Jeffrey Moore, Seth Eisen, Shirley Meehan, Alex Ommaya, Patricia Dorn, Brenda Cuccerini, John Pierce, Jonathan Gurland (present only for his presentation), Caryn Cohen – note-taker

Meeting Minutes:

This meeting of the National Research Advisory Council (NRAC) was called to order at 8:32 a.m. by Dr. Bernard. NRAC members were asked to review the minutes from the last meeting and approved them unanimously.

PRIDE Update - Dr Cates:
Dr. Cates focused on the importance of accreditation as the "cornerstone" of strong human subjects protection in research, the importance of local accountability and gave an update on the formation of a central VA Institutional Review Board (IRB):

Accreditation: VA recently changed from NCQA to AAHRPP for accreditation support. Accreditation milestones include:

- 72 VAs were accredited by NCQA prior to the switch to AAHRPP.
- To date, 35 facilities have submitted applications to AAHRPP.
- 21 sites have been visited
- 9 sites have been reviewed by AAHRPP.
- By CY07 all VA facilities will have been accredited by NCQA or reviewed by AAHRP.
- By CY08 all VA facilities will have been reviewed by AAHRPP Council.

Local accountability: Dr. Cates emphasized the essential nature of local accountability. She noted that IRB approval, does not supplant the necessity for local accountability for human protection in VA facilities. To this end Dr. Cates has spearheaded the move toward local accountability meetings. Four regional meetings have been held on this subject and more are planned. Topics include:

- Institutional Responsibility for Research

- IRB Responsibilities
- R&D Committee Responsibilities
- Investigator Responsibilities
- Research Impropriety
- Adverse Event Reporting
- Monitoring and Auditing.

VA Central IRB Update: To date, two staff members have been hired to start in February 2007 and several excellent candidates from the field have volunteered to serve on the IRB.

Discussion: Dr. Cates was asked if two staff members would be adequate for staffing purposes. She explained that her office that, using the National Cancer Institute (NCI) as a model (given their experience with this issue), they believe two will be a good start. They will contract out for additional staff as needed.

CRADAs and Nonprofits - Dr. Moore:
Technology transfer refers to inventions developed in VA, sold to private industry for development and distribution for which VA receives royalties. Dr. Moore began by highlighting that VA has made an active technology transfer program a high priority. VA has 150-160 inventions per year versus a highly competitive institution such as Stanford with approximately 300 per year. In the last year VA reaped about three times as much patent-related revenue as compared to the previous year.

Because of the fast pace in this area, development of Cooperative Research and Development Agreements (CRADAs) has been significantly accelerated. Two high level staff members are being hired specifically for this purpose as well as to clarify related Standard Operating Procedures (SOPs) and improve database functionality.

The Office of the General Council (OGC) has agreed that the VHA Technology Transfer Program will have primary CRADA responsibility, with OGC taking the role of legal review and oversight. Because of VA's commitment to veterans' privacy VA will need to operate differently than private industry; VA will maintain ownership of veterans' tissue and other privileged samples and data.

An oversight plan for the VA non-profit corporations including board member training and targeted compliance measures is in development. The non-profits will be evaluated for compliance and viability with site visits planned. With the implementation of the CRADAs it is expected that the non-profits will be able to provide more support. This sentiment was affirmed by the attending National Association of VA Research and Education Foundations (NAVREF) member.

FACA Committee Ethics Training - Mr. Gurland:
Mr. Gurland discussed special ethics rules that apply to special government employees (SGEs), such as the members of this committee. Ethics rules similar to those that apply to regular government employees also apply to SGEs; however they are less restrictive because SGEs only serve for a limited period of time.

The specifics of the ethics rules were too lengthy and seemingly complicated to explain in detail within the context of this meeting. Mr. Gurland strongly suggested that SGEs direct their questions about restrictions directly to the Office of the General Council (OGC) *prior to* doing anything or agreeing to do anything that they have the slightest hesitation about. He welcomed the NRAC members to contact him directly.

The key objective for SGEs is to understand that one cannot use one's official position to benefit oneself, one's spouse, one's minor children, or influence potential employment opportunities. Given that VA does not file financial disclosure statements we would be looking at situations wherein a particular individual would benefit as a result of their official duties related to being an SGE.

Administrative standards of ethical conduct that apply to SGEs relate to all manner of activities that may result in personal gain such as, teaching, writing, employment, providing expert testimony, gift giving or receiving, etc. Items with no intrinsic value such as commemorative plaques are excepted. There are also specific rules that apply to activities involving foreign countries.

Often the specific rules and/or restrictions are dictated by local foreign laws according to the Emoluments Clause of the US Constitution and are often determined on a case by case basis. Questions regarding dealings with foreign countries should be directed to the Department of Justice.

Discussion: NRAC members were particularly interested about how the rules discussed regarding SGEs may impact various other aspects of their academic responsibilities. Dr. Kupersmith acknowledged that this is an extremely important issue particularly because many academics are asked to use their expertise in other countries.

Dr. Kupersmith asked OGC to follow-up with more detailed guidance and what kinds of exemptions might be available. We may need to appoint panel members using a mechanism other than making them SGEs. Mr. Gurland later in the morning sent copies of the National Institutes of Health (NIH) policy with respect to activities with foreign entities. The document includes a lengthy list of foreign universities that are not owned or operated by a foreign government and therefore not subject to the Emoluments Clause. Dr. Freedman will ask Mr. Riggins, who is the director of the Advisory Committee Management Office, to address this issue at the next NRAC meeting.

Report from CRADO - Dr. Kupersmith:
Dr. Kupersmith acknowledged the unfortunate loss of Dr. Lou Sherwood. On a happier note he welcomed several new members to the VA staff including Alex Ommaya, Director of Translation for ORD and Seth Eisen, Director Health Services Research and Development.

Dr. Kupersmith noted that we are under a continuing resolution (CR), making budgeting for new projects more complicated. He explained the CR means that we cannot allocate funds beyond the amount we were awarded for FY06.

Other monies that ORD must monitor are the Veterans Equitable Resource Allocation (VERA) dollars. These funds come from clinical accounts and are used to support indirect costs of VA research. VHA Finance is working with ORD to ensure VERA monies are properly distributed and used.

During the Capital Asset Realignment for Enhanced Services (CARES) process research infrastructure was assessed. Additionally, in the last Congressional session VA was asked to conduct a survey of research infrastructure needs. The findings from this survey were briefly discussed and further information will be provided to the Committee once the report is approved for release.

VA ORD has a new motto: “Real World Research to Improve Veterans’ Lives”.

Deployment Health has been and continues to be a priority in ORD. Each service is focusing on appropriate related issues in this area and working together where there is opportunity for collaboration. ORD is looking at treatment on the battlefield, upon return to the states, the transition from DoD to VA care and the transition to civilian or stateside service.

Dr. Kupersmith acknowledged the tremendous problem of ensuring information security in research and clinical care, which he asserted are no different than those of any other large research organization. Unfortunately we have had isolated instances that have brought extensive scrutiny upon VA research. VA research is working with VA’s Office of Information and Technology and VA’s academic partners to ensure effective approaches to protecting veterans engage in research. Dr. Kupersmith has also conferred with AAMC and NIH regarding this topic.

Discussion: Dr Kelch supports our intense work in the area of data security and our work to ensure patient privacy. He suggested a working group of compliance specialists from a wide array of working cultures (e.g., different universities, health systems, research groups, etc). He will supply us with names and suggestions for this effort.

Dr. Kupersmith pointed to our work with the NIH eRA program has as a huge success and credited Dr. O’Leary and Ivette Gosser, Director of IT for ORD (recently retired) for the extensive progress VA has made in conjunction with NIH. Against very formidable odds we have succeeded in getting our own submission forms and connectivity to the NIH system. We plan to pilot the system in the coming months.

Genomics Medicine Program Update - Dr. O’Leary:
VA held its first meeting of the Genomics Medical Advisory Committee in October. Key VA administrators were introduced and VA’s business practices were explained.

The Genomics Advisory Committee supports the work planned by VA but cautioned VA to carefully follow emerging standards for data protection and patient rights. There was general agreement that when consenting patients for participation in genomics projects patients have the chance to opt *in* rather than opt *out* of participation.

The Genomics Committee’s most important recommendation was for the VA to be transparent with the veteran community.

Communication with veterans and privacy issues are being addressed by Dr. O’Leary and his staff including focus groups with representatives of veterans groups.

A major concern among veterans is how genomics research may impact disability benefits determinations. Prior legal opinions have maintained that if a disease appears while on active

duty or subsequently – even if the veteran is determined to have the predisposition for it – he or she is eligible to get a determination of service connection. However, additional legislative or regulatory clarification may be necessary, particularly for preventing genetic discrimination.

At this point the genomics program is working very closely with other key VA offices to promote relevant research that can translate into improved care for veterans.

Discussion: Committee members were interested in tissue and genomic banking and collaborations. Drs. O'Leary and Kupersmith explained that tissue banking is not new, and it will take time to build the databases needed to make optimal use of materials already held within VA. They emphasized that we do not want to duplicate what NIH is doing, but instead focus on diseases where there is a particular veteran focus.

The panel and staff discussed the potential new and complex implications that genomics research will likely present for the first time – such as finding health issues that will not be apparent in regular clinical examinations, health implications that may or may not show up later on in life, health related threats to an individual's offspring, etc. Ethical oversight by a variety of venues will be essential.

Health Services Research - Dr. Eisen:
Dr. Eisen is the new Director of Health Services Research and Development. He gave a brief overview of HSR's program and solicited comments and suggestions.

Discussion: Dr. Eisen is interested in improving the methods used in HSR. HSR is moving into new era and we should be leading that effort in terms of methodology, how we do research, and the new frontiers therein. Dr. Eisen believes HSR&D Centers need to be reviewed to determine their *continued* relevance. The relationship between genomics and HSR is particularly relevant, as is the overlap between clinical research and HSR. Next steps must include the ability to search the electronic health record using natural language and accessibility to other health systems.

Translation Research - Dr. Ommaya:
Dr. Ommaya presented a discussion of the VA portfolio as a whole. He looked at the over 35,000 articles published since 2000 and the number of times VA-related articles were cited by other researchers.

He listed what appeared to be seminal articles, those cited most often. The articles he listed highlighted the breadth of research findings and collaborations in VA with broad clinical impact. Given that VA has only a small fraction of funding compared to NIH – VA findings are impressive when discussed in this context.

Dr. Ommaya is working with the FDA to improve the potential to get private industry interested in some of the areas in which VA is leading the science (such as tracking adverse drug events).

Dr. Ommaya noted that VA's career development program is an important tool for attracting and developing outstanding VA investigators.

Rehabilitation Research - Dr. Dorn:
Dr. Dorn discussed here expectation that a new Director, Rehabilitation Research and Development (RR&D) will be on board soon.

Dr. Dorn gave an overview of the RR&D program. They currently support 300 active projects. OEF/OIF has presented new clinical challenges and has exposed a lot of research needs, although RR&D is well positioned given its ongoing emphasis on improving function and independence and supporting VA clinical activities. The concerns of OEF/OIF veterans as well as aging veterans remain priorities.

RR&D's newest center is The Cleveland Advanced Platform Technology (APT) Center, which develops advanced technologies that serve the clinical needs of veterans with motor and sensory deficits and limb loss to provide clinician-researchers within the VA with new tools for rehabilitation, treatment and scientific inquiry that lead to independence and enhanced societal participation.

Discussion: Dr. Kupersmith pointed out that he has visited the RR&D centers and is very impressed. The focus on the day-to-day needs of veterans with limb loss, neurotrauma, and chronic pain does much to enhance their quality of life.

Dr. Dorn also pointed out the SCI Veterans Integration Program. This is a new, innovative research/clinical/administrative collaboration that is testing a vocational rehabilitation approach to improve employability among spinal cord injury patients.

Dr. Wenzel described this as "great stuff".

Biomedical, Clinical & Cooperative Studies Research - Dr. O'Leary:
Dr. O'Leary presented a brief overview of biomedical and clinical services. He noted they are currently funding at a rate of approximately 23% as compared to NIH's 19%. Per congressional request they are focusing on veteran-centric issues including mental health and increasing the proportion of clinical, as opposed to bench research.

The Inspector General (IG) recently looked at a conflict of interest (COI) issue in the biomedical/clinical review groups. While no wrong doing was found, their suggestions are being incorporated into our process for selecting review group members. Biological and Laboratory Research and Development (BLR&D) has been working on improving the animal facilities and upgrading equipment to be engaged in proteomic and genomic research. Both VA and non-VA resources are needed.

Clinical Sciences Research & Development (CSR&D) is moving towards a centralized data safety Monitoring Board (DSMB) - whether through coop studies or merit review. The goal is to ensure all clinical trials participants have appropriate ongoing safety monitoring.

Cooperative studies program is currently funding 33 studies the majority of which are related to PTSD.

Dr. Bernard opened the floor for public comment:
One of the guests asked about VA's relationship with DoD. Dr. O'Leary explained that VA has a very cooperative and fruitful relationship with DoD especially on the topic of PTSD, combat-related mental disorders, and traumatic brain injury.

VA Research Accountability, VERA and IT - Dr. Francis:
Prior to Dr. Francis beginning his presentation, Dr. Kupersmith addressed the issue of research accountability. He pointed out that Central Office sets policy but accountability resides at the local research site. Central Office is working to create performance measures for hospital directors related to research compliance as well as other ways to address local accountability.

Dr. Francis expressed his hope that the eventual creation of a centralized IRB will free up local time for oversight. There are new and emerging challenges, such as information security, that will require new behaviors and new system approaches, which must be implemented in partnership with academic affiliates.

Discussion: Dr. Wenzel suggested linking performance measures to quality issues. He also noted that team-based approaches to quality improvement yield better results. These ideas should be applied to research integrity.

Upon completion of Dr. Francis' presentation, Dr. Bernard asked the group for any last comments.

Dr. Wenzel asked the VA staff to consider the importance of smoking cessation as a very high priority area. He noted the recent Lancet article looking at the level of mortality caused by smoking. He asked us to consider anything that could be done to dissuade current troops and veterans from smoking.

In closing, Dr. Bernard thanked Dr. Freedman for making very nice arrangements and for giving everyone meeting dates in advance.

The next meeting is scheduled for May 7, 2007.

At 2:55 p.m. the meeting was adjourned.

I hereby certify that, to the best of my knowledge, the foregoing minutes are an accurate and complete record of the substance of the meeting.

Jay A. Freedman, PhD
Designated Federal Officer

National Research Advisory Council

Marie A. Bernard, MD
Chair
National Research Advisory Council

These minutes will be formally considered by the Council at its next meeting, and any corrections or notations will be incorporated in the minutes of that meeting.