CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

View xForm - Project Application v6

This form is for new projects that have not been previously approved by CPHS.

Data entry
- Submitted 07/15/2024 2:39 PM ET by Wendy Cozen, DO, MPH

New Submission Study Personnel

NEW CONTACT INSTRUCTIONS

August 2024 cycle.

_____HSC_____

Requesting data from CCR
A LOS from CCR is attached.
A DSL from UCI is attached.

•They will receive death data (vital status, date of death, cause of death) from the California Cancer Registry (CCR).

•They plan to send the collected serum to outside of U.S. Continental (to the German Cancer Research Center in Heidelberg in Germany) for HPV and Chlamydia serology with coded ID's only (the lab will not have access to any personal identifiers). It will be done under the direction of Dr. Tim Waterboer, who will supervise the analysis to detect antibodies for HPV and Chlamydia trachomatis. Dr. Waterboer has NOT been listed in the project's personnel.

• Blood samples are collected directly by the research team and are not “state owned” and they will be de-identified before being sent to Germany.

07/10/2024 • Sussan Atifeh • Internal

Summary:

Researchers from UCI submitted this application to request approval for a HSC study that is aimed to investigate the association between exposure to human papillomavirus (HPV) and the risk of prostate cancer. Researchers will measure antibodies to HPV in 120 male twin pairs, where one twin has prostate cancer, and the other does not, identified through the California Twin Program and confirmed with the California Cancer Registry. This design leverages the genetic and early-life environmental similarities of twins to provide a robust

control.
Blood samples will be collected via mobile phlebotomists, processed at UCI, and analyzed at the German Cancer Research Center in Germany. Blood samples will be de-identified and coded before being sent for analysis. Participants will also complete a detailed online questionnaire about their lifestyle and medical history. Researchers will utilize previously identified prostate cancer cases from the twin registry and update their database with new cancer diagnoses and deceased individuals via the California Cancer Registry and California Vital Statistics. The project involves sending letters, making recruitment calls, and obtaining verbal consent and HIPAA authorization for questionnaires and blood samples.

07/10/2024 • Sussan Atifeh • Internal

Dear Researchers: Please check all pages of the application (scroll down to see the entire page), address the comment(s), and resubmit the application as soon as possible to be considered for the August cycle.
Thanks,

07/14/2024 • Sussan Atifeh • *Not* Internal • Resolved

If personnel are not found by their email address while trying to complete the following questions, you can add them in the system with the link below. Click on the "New Contact Form" and complete it. Within a few minutes of completing the form, you will receive an email notifying you of the availability of the new contact. You should then be able to add them in the subsequent questions.

User had the option to start a different form here.

PRINCIPAL INVESTIGATOR (PI)

Enter the Principal Investigator's email address.

Wendy Cozen, DO, MPH

Email: wcozen@hs.uci.edu **Business:** (310) 714-9442

Choose the institution with which the PI is affiliated (not the location at which the research is being conducted).

University of California, Irvine

Enter the city in which the PI's institution is located.
Irvine

Enter the state in which the PI's institution is located.

Start typing in the state name to select the name from the list.

California

Attach a copy of the PI's Curriculum Vitae.

Dr. Wendy Cozen CV_UCI 1-11-23.docx PI Curriculum Vitae

CO-PRINCIPAL INVESTIGATOR (CO-PI)

Enter the Co-PI's email address by clicking on the "Add Contact" button.

If there are multiple co-principal investigators, repeat this action for all Co-PIs. If there are no Co-PIs for this project, skip this question.

Arash Rezazadeh kalebasty, MD

Email: arez@hs.uci.edu **Business:** (502) 472-3237

Attach a copy of each Co-PI's Curriculum Vitae.

CV-6-7-24-ARK.pdf Co-PI Curriculum Vitae

ADMINISTRATIVE CONTACT

Enter the email address(es) for the administrative contact(s). If you are the administrative contact, enter your email address, and enter anyone else you want listed as an administrative contact.

Mallory Bernstein, MSc

Email: mpbernst@hs.uci.edu **Business:** (310) 863-1742

RESPONSIBLE OFFICIAL (RO)

Enter the RO's email address.

*The RO **cannot** be the same person as the PI or Co-PI. The RO must have supervisory authority, in the administrative structure of the institution, over the PI.*

Alpesh Amin, MD, MBA, MACP, SFHM, FACC, FRCP (Lond)

Email: anamin@hs.uci.edu **Business:** (714) 456-3785

OTHER RESEARCH STAFF

Enter the email address for any other research staff by clicking the "Add Contact" button.

Please list Dr. Tim Waterboer and Mallory Bernstein among project staff. Also please ensure that any research staff working with the data or directly with participants are named here.

07/22/2024 • Catherine Hess, PhD • *Not* Internal

Repeat this action for all other research staff not previously provided on this screen that should receive notifications about this project. If there are no additional research staff, skip this question.

Jia Wan, MS

Email: jywan@hs.uci.edu **Business:** (206) 399-2655

Dalia Kaakour, MD, MPH

Email: Dkaakour@hs.UCI.edu **Business:** (714) 456-7890

Check for PI same as RO (internal only question) *(Internal)*

False

Project Information

SUBMITTER

Application completed by:

Wendy Cozen, DO, MPH
Email: wcozen@hs.uci.edu **Business:** (310) 714-9442

PREVIOUSLY APPROVED EXEMPTION

Is there a previously-approved exemption from CPHS for this project?

No

PROJECT TITLE

Enter the project title (please capitalize each word in your title).

Is There A Link Between Prostate Cancer and HPV?

PROJECT SITE

Indicate the primary site at which the research will be conducted.

University of California, Irvine

STUDY PROCEDURES

Indicate the study procedures involved in this research. Check all that apply.

Data Registry
Recruitment-Participant
Surveys

TYPE OF RESEARCH REQUEST

Indicate which of the following applies to this research. Check all that apply.

*Death Data Only refers to health-related studies requesting existing mortality data from **within** the California Human Health Services Agency (CHHSA)*

*SB-13 (Information Practices Act) refers to health-related studies requesting existing data from **outside** the CHHSA (e.g. California Department of Corrections and Rehabilitation [CDCR], California Department of Education [CDE], etc.) **OR** studies requesting data **within** the CHHSA that are not state funded or involving state staff.*

Common Rule/Human Subjects refers to health-related studies that involve direct or indirect interaction with human subjects (e.g. recruitment, interviews, etc.)

*Common Rule Only refers to health-related studies requesting existing data from **within** the CHHSA (e.g. Office of Statewide Health Planning and Development [OSHPD], California Department of Public Health [CDPH], etc)*

Common rule/Human subjects

PROJECT TYPE DETAILS

Indicate which, if any, apply to this research. Check all that apply.

You mentioned in the upcoming sections " We will arrange for a phlebotomist to visit the twins' homes to collect blood sample. Informed consent and HIPAA will be filled out at that time (for blood collection and HPV assay)."

Since you plan to request participants to sign the HIPAA authorization, please de-select "HIPAA Waiver" in this section. HIPAA waiver should be requested when providing HIPAA Authorization to the participants is not feasible. Thanks,

07/10/2024 • Sussan Atifeh • *Not* Internal • Resolved

If the research does not involve any of following, choose "None of the above."

Minimal Risk
Consent form

VULNERABLE POPULATIONS

Indicate which vulnerable populations, if any, will be involved with this research. Check all that apply.

If vulnerable populations are not part of the research, choose "Not applicable."
Note regarding minors: in the United States, a minor is under 18 years of age. If research is conducted outside the United States, a minor is under the age of majority in the countries where research is to be conducted.

Not applicable

FUNDING

Is this research funded?

Yes

Indicate the funding source for this project.
University funded

EXPEDITED REVIEW CONSIDERATION

Please check the criteria below that you think your project meets to qualify for an expedited review. If none of these expedited criteria are appropriate for your project, choose 'not applicable'; your protocol will be reviewed by the full committee. Note that CPHS will make the final determination of whether the project meets the criteria for expedited review.

Protected Health Information/Personally Identifiable Data (PHI/PID) is defined as information in any format that identifies the individual, including demographic information collected from an individual that can reasonably be used to identify the individual. Additionally, PHI is information created or received by a healthcare provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual, including any of the 18 HIPAA identifiers.

Note: Please be aware that individual participants may be identifiable by combining other items in the data even when none of the 18 HIPAA identifiers are present. Thus, a study may still contain PID even after removing or never acquiring the identifiers, and the investigator may still need to provide complete answers for the data security questions in the protocol.

***The Departments within the California Health and Human Services Agency (CHHSA) are: Aging, Alcohol and Drug Programs, Child Support Services, Community Services and Development, Developmental Services, Emergency Medical Services Authority, Health Care Services, Mental Health, Public Health, Rehabilitation, Social Services and Statewide Health Planning and Development.*

Not applicable

ANTICIPATED PROJECT START DATE

Projects cannot begin before they have been reviewed. The earliest possible start date is always the date of the next public meeting at which the project will be heard.

For a list of public meeting dates, see the CPHS website

09/01/2024

ANTICIPATED PROJECT END DATE

06/30/2026

Project Details

PURPOSE

Include a brief statement, less than 500 words, describing the research project. Be sure to address the background for the project, including relevant literature, the major research questions to be addressed, and the expected end product (e.g., article, report or other publications). Include the location(s) where the project will take place. The summary should be understandable to the general public.

Please explain about the expected end product for this project. Thanks,

07/15/2024 • Sussan Atifeh • *Not* Internal • Resolved

Since 1990, there have been attempts to link human papillomavirus (HPV) and prostate cancer. Many of these studies compared HPV genomic DNA (when technology became available) in prostate cancer compared to benign prostate tissues (usually benign prostatic hypertrophy), obviously not a normal control, with varying results. If HPV is a risk factor for prostate cancer, Gardasil would offer a prevention strategy for future cases. But first, an etiological association has to be established. We would like to determine whether there is an association between exposure to HPV and prostate cancer risk. We will measure antibodies to HPV exposure in 120 prevalent prostate cancer cases identified from our California Twin Program and compare the results to the same measures in their unaffected twins (120 pairs of prostate cancer- discordant twins). Unaffected twins represent the best possible counter factual control because they are matched on early childhood and in utero exposures and share at least 50% of their genome. The twins will be recruited from the rosters of the California Twin Program after a linkage with the California Cancer Registry to update diagnoses. By self-report there are 314 pairs of like-sex male twins who reported prostate cancer in ONE twin in the pair. Twins live throughout California. They will be contacted by telephone or email and enrolled if they agree to participate. A mobile phlebotomist will be sent to their home or workplace to collect a blood sample. The samples will be centrifuged at UCI and shipped to the German Cancer Research Center in Heidelberg, Germany for multiplex antibody determination including antibodies to HPV 16, 18, 31, 35 and other pathogenic serotypes, in addition to Mycoplasma genitalium and Chlamydia trachomatis (sexually transmitted bacteria that affect columnar and glandular epithelial cells of the male genital tract), at no extra cost. Both twins will also complete an online questionnaire to obtain lifestyle information including smoking, alcohol use, height and weight (5 years prior to cancer diagnosis), number of sexual partners, marital status, and physical activity. We anticipate a compliance rate of at least 50% based on previous experience with these twins. We will use conditional logistic regression to analyze the dichotomous exposures (yes/no) based on laboratory cut-offs.

The end-product is the result of the research question in a published paper.

MAJOR RESEARCH QUESTION

What is the major research question to be addressed in this project?

The major research question is whether HPV is associated with prostate cancer in a case-control study of prostate discordant twins

STUDY PROCEDURES

Describe in detail all procedures for this research. Do not attach grant applications or similar documents. Information in this application must be sufficient to fully explain the procedures without such documents

You have referred to CPHS/VSAC (California Vital Statistics branch). Please clarify if you need to request birth or death data from VSAC for conducting this study. If yes, you need to fill out a data request application with VSAC and attach a copy of it to this application to secure a review and then for the CPHS approval you need to provide a support letter from VSAC.
Thanks,

07/10/2024 • Sussan Atifeh • *Not* Internal • Resolved

Researchers' response to this note:

We will receive death data (vital status, date of death, cause of death) from the California Cancer Registry after we receive approval from VSAC and CCR (see attached letter).

07/15/2024 • Sussan Atifeh • Internal

1) Vital statistics like death data should be obtained directly from VSAC, not CCR.
2) The RedCap survey contains potentially identifiable information such as DOB, sex, twin type. Why is it necessary to collect this information on the survey, when researchers already have this data from CCR/CTP?
3) How is privacy maintained between twin participants? The recruiting letter states that participants may be receiving the letter because their twin had cancer - is this a breach of privacy for the cancer-affected twin? Is the assumption that the unaffected twin is aware of a cancer diagnosis in their twin? If this is the case, please explain. If this is not the case, then please take this into consideration in recruiting and amend the recruitment process accordingly.
4) Who is obtaining consent? Reading the protocol below, it seems like the phlebotomist will be obtaining consent and HIPPA authorization, but is the phlebotomist part of the study

research staff?
5) Are there any specific inclusion/exclusion criteria? E.g. English language speaker, age range, etc.? If so, please list them here.
6) Is the survey in English only?
7) Please ensure that the project personnel on the CCR application match the personnel in the project staff section. There is no Co-PI or statistician listed in the CCR application.

07/22/2024 • Catherine Hess, PhD • *Not* Internal

1) We have a file of previously identified prostate cancer cases from the twin registry (self-reported)
2)We will provide our database from the California Twin Program to the California Cancer Registry and ask them to identify cases of cancer to update our registry, confirm cases of prostate cancer (new cases and previously self-reported cases) and also identify those who are deceased with permission from the California Vital Statistics branch.
3) When we receive our database back from the California Cancer Registry with updated prostate cancer diagnoses, we will trace the cases and their unaffected co-twins using LexusNexus to obtain the most recent contact information.
We will receive death data (vital status, date of death, cause of death) from the California Cancer Registry after we receive approval from VSAC and CCR (see attached letter).
4)We will send the twins a letter to explain the study
5) We will call the twins to recruitment and enroll them and get verbal consent for the questionnaire
6) We will send a RedCap questionnaire by email with coded ID's
7) We will arrange for a phleobotimist to visit the twins' homes to collect blood sample. Informed consent and HIPAA will be filled out at that time (for blood collection and HPV assay)
8) We will send the serum to the German Cancer Research Center in Heidelberg for HPV and Chlamydia serology with coded ID's only (the lab will not have access to any personal identifiers)
9) After we receive the data, we'll analyze it

Please upload here any tables or charts related to your study procedures and any materials (such as surveys or interview questions) that will be presented to participants.

VSAC/CCR Application Submitted	Misc/Other
Prostate Cancer Risk Questionnaire	Questionnaires

RECORDING

Will audio or video recording occur?

No

DECEPTION

Will deception be used in this study?

No

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CHHSA) DEPARTMENTS LIST

Indicate any of the following CHHSA department(s)' involvement in providing research staff, funding and/or patients from State mental hospitals for this project.

You selected CDPH. Is CDPH providing research staff, funding, and patients from State mental hospitals for this project? If no, please select "Not applicable."

07/10/2024 • Sussan Atifeh • *Not* Internal • Resolved

Not applicable

STATE DEPARTMENT DATA/SPECIMENS

Choose the department(s) from which you are requesting data and/or specimens and provide the formal name of the database or specimen registry. After you have selected the department from the drop down and entered the formal name of the database or specimen registry, click 'add' and repeat to add additional data and/or specimens if applicable.

Please explain in the "Purpose" or "Procedures" sections of this application if you plan to request California Death Index directly from CDPH/VSAC or from CCR.
If you plan to request data from VSAC for conducting this study, then you should attach a copy of the data request application that you filled out with VSAC to this application in the "Support Letter" section for securing only a "Review." The CPHS approval will be issued after obtaining and attaching a support letter from VSAC. Also if you plan to request data directly from VSAC, you should add another row with listing the formal name of the data requested from VSAC on the left side of the second row. Thanks,

07/10/2024 • Sussan Atifeh • *Not* Internal • Resolved

Agency	Provide the formal name of the data base or specimen registry.
California Department of Public Health	California Cancer Registry

Study Population

POPULATION DESCRIPTION

Provide a full description of how human subjects will be involved in the research. Address characteristics of subjects such as: age; sex; ethnicity; and number of participants. Include requested participant number.

Participants are twins from the California Twin Program from pairs in whom one twin has prostate cancer and the other twin does not (self-reported to be confirmed with linkage with the California Cancer Registry). Twins will answer a questionnaire (online, coded) and provide a blood sample identified with a code that will be assayed for evidence of two viral infections.
Participants are same sex male twin pairs, born in California, enrolled in the California twin Program, a member of a twin pair in whom a member has a history of prostate cancer and the other twin does not, and over 18 at the time of enrollment. We expect the majority will be over 50 years old relfecting prostate cancer diagnoses. The study is open to all ethnicities but the California Twin Program is predominantly White.
We have identified 314 same sex male twin pairs discordant for prostate cancer as of our last linkage in 2018 but some may now be concordant (the second twin developed prostate cancer), some may be deceased and there may be new cases identified among the California twin program participants. Our target enorllment is 120 pairs (240 twins). We do not now know what the demograhpic and age distribution is- it depends on which twins agree to participate.

DATABASE DETAILS

List the database(s) to be used and the time period(s) being requested. This may include requests for future data that is not available at this time.

Please indicate the date range for CCR data. How many years of data are being requested?

07/22/2024 • Catherine Hess, PhD • *Not* Internal

List the variables being requested, including a brief description of each variable.
Justify the need for each variable and for the quantity of data being requested.
You may also attach a list of variables on the next question.

Also address if participants will be involved in any other studies.

Please see attachment.
Identifiers such as name, social security number, date of birth address and telephone number will be used to link (match) with the twins in the California Twin Program. We will provide these data elements to the California Cancer Registry so they can perform the linkage. We will receive our database back with new elements on date of diagnosis of prostate cancer, date of death, cause of death, prostate cancer grade, prostate cancer histology, first course of treatment, other type of cancer diagnosis, date of other type of cancer diagnosis.

If you have a list of variables with the details requested in the above question, attach that here. If you provided all details on the database in the question above, skip this question.

Requested_Variables_ADA_MB.xlsx List of Variables

RATIONALE

What is the rationale for studying the requested group(s) of participants?

In this proposal, we are attempting to determine whether there is an association between two infectious agents (HPV and Chlamydia trachomatis) and prostate cancer and are focusing the study on twins discordant for the cancer since the unaffected twin of a case is the best control.
We already have the twins enrolled but need to update our roster to capture new cases, make sure the twins are still discordant for cancer and to exlude pairs in whom one or more twins are deceased.

RECRUITMENT DETAILS

Describe how potential subjects will be identified for recruitment. Examples include: class rosters; group membership; individuals answering an advertisement; organization position titles (e.g., presidents, web designers, etc.). How will potential participants learn about the research and how will they be recruited (e.g., flyer, email, web posting, telephone, etc.)?

Please elaborate on recruiting procedures. Who will call participants? How many times will they be called? Will recruiters leave voice messages? Please provide a step-by-step description of the recruiting process from the viewpoint of a study participant.

07/22/2024 • Catherine Hess, PhD • *Not* Internal

Important to remember: subjects cannot be contacted before IRB approval.

We will identify eligible twins from the rosters of the California Twin Program.
We will send a letter (see attachment) explaining the study, and then we will call them to further explain and get verbal conset to send them the questionnaire.
A home visit will be scheduled for phlebotomy and at that time the HIPAA and IC will be completed in person for the blood draw/antibody titer.

Attach copies of all recruitment materials.

PRCA_RecruitmentLetter_2023-11-03_MPB_citations_Signatures.pdf	Recruitment Materials

SCREENING

Will subjects be screened prior to entry into the research?

Not Applicable

COMPENSATION

Will subjects be compensated for participating in the study?

Yes

Compensation type
Gift card

Explain the amount and schedule of compensation that will be paid for participation in the study. Include provisions for prorating payment. The amount should not be coercive.
Participants will be compensated with a $35 gift card if they complete the questionnaire and provide a blood sample.

STUDY DURATION

Estimate the probable duration of the entire study. This estimate should include the total time each subject is to be involved and the duration of each data collection about the subject.

E.G., This is a two-year study. Participants will be interviewed three times per year; each interview will last approximately two hours. Total approximate time commitment for participants is 12 hours.

This is a two-year study. Participants will complete one questionnaire and provide one blood sample. We estimate that this participation will take no more than 2 hours (questionnaire takes 10 minutes to fill out, home blood draw may take up to 1.5 hours including reviewing and signing informed consent and HIPAA).

Risks and Benefits

RISK DESCRIPTION

Provide a description of possible risks to participants: physical, psychological, social, economic, loss of data security, and/or loss of confidentiality. Describe and justify whether the research is minimal risk or greater than minimal risk.

Blood draw involves minimal risk with the possibility of momentary discomfort, pain or bruising. The questionnaire may contain questions that make participants uncomfortable (about number of sexual partners or history of sexually transmitted diseases) but since this is an online questionnaire, they may skip those questions or stop participation altogether.
The main risk is breach of confidentidality. To prevent this, we identify data and samples by a coded ID, with the link between the identifiers and codes stored in a different file. All data is stored on password protected servers at the University of California Irvine. Only study personnel working directly on the study will have access to the data, and only the study personnel working on recruitment (at most 2 people) will have access to identifiers. All personnel have CITI IRB training with additional training required at UCI. No data is stored on individual computers.
The risks are minimal and are justified because of the potential benefit to science if we find another cause of prostate cancer, especially one that may be preventable.

MEDICAL SERVICE RISKS

Describe how medical services will be provided if subjects suffer adverse mental or physical effects as result of research activity. If no services provided, state that clearly.

No medical services

INTERNATIONAL RESEARCH

Will this research occur outside of the United States or U.S. territories?

Check with client to see if they consider territories to be outside the U.S. or not, as this can vary between institutions.

Yes

Describe the qualifications/preparations that enable you to evaluate cultural appropriateness and estimate/minimize risks to subjects.
The international aspect involves sending the serum samples to a laboratory in Germany. Under the direction of Dr. Tim Waterboer, this lab can detect up to 35 different antibodies in a single serum sample. he will supervise the analysis to detect antibodies for HPV and Chlamydia trachomatis.

LESS RISKY METHODS

Describe any less risky methods and why they are not being used.

A blood draw is minimal risk.

BENEFITS

Describe the benefits, if any, to the subjects or to society that will be realized as a result of this project. Discuss the benefits that may accrue directly to the subjects as well as to society. If there is no direct benefit anticipated for the subjects, state that clearly.

There is no direct benefit to subjects. The benefit to society involves finding causes of prostate cancer. if HPV is found to be associated, vaccination can be recommended.

JUSTIFICATION OF RISKS

Explain why study risks are reasonable in relation to the potential benefits to subjects and to society.

The risk are minimal and the benefits potentially great. There is still little known about causes of prostate cancer.

Adminstrative Safeguards

PERSONALLY IDENTIFIABLE DATA (PID) INSTRUCTIONS

Protected Health Information/Personally Identifiable Data (PHI/PID) is defined as information in any format that identifies the individual, including demographic information collected from an individual that can reasonably be used to identify the individual. Additionally, PHI is information created or received by a healthcare provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual, including any of the 18 HIPAA identifiers.

Note: Please be aware that individual participants may be identifiable by combining other items in the data even when none of the 18 HIPAA identifiers are present. Thus, a study may still contain PID even after removing or never acquiring the identifiers, and the investigator may still need to provide complete answers for the data security questions in the protocol.

If the researcher demonstrates that he or she is unable to comply with any of the requirements below, he or she may request an exception from these requirements. The researcher should indicate any measures that will be taken to address this requirement. The exception request should be made in the text box of the corresponding requirement. An exception will only be granted if the researcher can demonstrate that adequate alternative measures have been taken to minimize risks so as to justify the exception.

HIPAA IDENTIFIERS

Please identify which HIPAA Identifiers you plan to request as part of your submission.

Name
Address (all geographic subdivisions smaller than state, including street address, city county, and zip code)
Telephone numbers
Email address
Social Security Number

TRAINING PROCEDURES

Describe the procedures for training all research staff who have access to PID on privacy and security. Indicate if staff are required to sign a confidentiality statement related to general use, security, and privacy.

Research staff are trained in confidentiality measures using an online program from our UCI Health Program. They also receive in-person training (no computers left on, logged-off and door locked when staff leave the room, no papers, no downloading on personal computers etc.) The data is stored on password protected network servers. All computers have up to date security software.

STAFF VETTING PROCEDURES

Describe procedures, either background check or thorough reference check, for vetting staff who will have access to PID.

All staff at UCI Health go through vetting and background checks as a requirement for employment. If a graduate student works on the project, they will be vetted by the PI, who will review their CV and ensure no previous breaches. They will also receive confidentiality training.
Upon termination, staff access to the data (servers and offices) is terminated immediately

SUPPORT LETTER

Obtain and submit a department support/data release letter.

This is a statement from the state agency or department you are receiving data from. It must be on that agency's/department's letterhead and should include both

1) *that the release of the desired data is legal and*

2) *that the entity is willing to release the desired data to you, the researcher. If you are not receiving data, this letter should indicate that you are supported.*

***For VSAC requests, if you do not have a Departmental Letter of Support (LOS)/Data Release, you may upload a copy of the Data Request Form (application) from the department to secure a review for the upcoming cycle. The protocol will not be approved until the LOS is uploaded to the protocol.*

Please also review the CPHS Statement for Birth and Death Data.

CCR Support Letter Department Letter of Support

PREVENTING RE-USE AND UNAUTHORIZED ACCESS

Explain how you will ensure that data will not be reused or provided to any unauthorized person or entity.

Unauthorized means that the person or entity does not have a need to access the data for purposes of the research project approved by CPHS.

All of the PID information is contained in reports that will be accessed. We will not abstract or keep any PID information- it is used for linkage only. The PI, specific co-investigators and designated staff will have access to the PID data on the pathology reports (stored on encrypted servers as pdfs). They will ensure that no one else has access. The dataset will be stored on a password protected folder accessible to only the PI and designated staff. The data will be used only for the research purpose stated in this proposal. The other data elements being requested are not PID.

CONFIDENTIALITY OF PUBLISHED DATA

Indicate whether information will be published that could possibly be used to identify an individual subject.

No data will be published that could identify an individual. Results will be positive/negative for the infectious agents and will be presented across pairs.

DATA REQUEST JUSTIFICATION

Provide adequate justifications for the quantity of the data, the years and the variables being requested. Have you requested no more than the minimum necessary data to perform the research?

The variables we are requesting are necessary for addressing the scientific question of infection factors and immune response markers. We have requested no more than the minimum variables necessary.

LIMITATIONS TO DATA ACCESS

Indicate if access to data is limited only to those with a need to know for purposes of implementing or evaluating the research.

Access is definitely limited to those with a need to know. I (the PI) will not have access to individual identifiers. Only study personnel (Mallory Bernstein, M.S. and statistician/programmer Jia Yin Wan, M.S.) will have the access to identifiers to prepare the California Twin Program database for linkage with the Cailfornia Cancer Registry, and to review the matches to ensure accuracy.
The remote phlebotomists will be provided with the names and contact information for the participating twins so the can arrange the home visit for the blood draw, but they will not have any access to link the names with any data. The company we are using provides home visits to collect blood for UCI clinical trials.
Persons with access to the de-identified results for analysis include Mallory Bernstein, M.S., Jia Yin Wan, M.S. and Wendy Cozen D.O. (PI). Tim Waterboer Ph.D. will supervise the laboratory assays using the de-identified serum samples.

UNIQUE IDENTIFIERS

If applicable, justify why unique identifiers, other than social security numbers, cannot be used.

In order for the California Cancer Registry to update which twins have prostate cancer, we must supply them with enough identifying information from our California Twin Program registry to ensure that the subject is a match. We will be supplying these unique identifiers to the California Registry and receiving back information about prostate and other cancer diagnoses (e.g. we already have the identifiers since the twins are enrolled in our program).

PROTECTION AGAINST SMALL CELL SIZES AND ASSOCIATED PROBLEMS

Describe appropriate and sufficient methods to protect the identity of individual subjects when small cells or small numbers and/or data linkage to another data set are involved in the research project.

Results will be reported by twin pair so no individual results will be reported. Twin pair results will be aggregated across all pairs and not published individually.

LINKAGES

Will the data set be linked with any other data sets?

No

DESTRUCTION OF PID VERIFICATION

Indicate that you will provide CPHS with a letter certifying that PID has been destroyed and/or returned to the data source once research is concluded.

Yes

DATA SECURITY LETTER

Upload a certification/statement from the Chief Information Officer, Privacy Officer, Security Officer or equivalent position of the researcher's institution that CPHS Data Security Standards are met.

- *Data security letters cannot be signed by the Principal Investigator or Responsible Official.*
- *The data security letter must be on your institution's letterhead.*
- *Example of data security letter*

UCIHealth_CPHS_DrCozen_V1.pdf Data Security Letter

Physical Safeguards

DATA PROTECTION

Indicate that research records and physical samples will be protected through the use of locked cabinets and locked rooms; PID in paper form will not be left unattended unless locked in a file cabinet, file room, desk, or office.

Yes

DATA DESTRUCTION

Will data/samples will be destroyed or returned as soon as it is no longer needed for the research project.

No

RETAINED DATA

Will the retained data/samples have personal identifiers or be de-identified?

data will contain personal identifiers

DESTRUCTION METHODS

Describe how you will ensure the PID in paper form is disposed of through confidential means, such as cross cut shredding or pulverizing.

There is no PID in paper form.

FAXING

Describe how you will ensure that faxes with PID are not left unattended and fax machines are in secure areas.

There will be no PID faxed for this study.

MAILING

Indicate whether mailings of PID are sealed and secured from inappropriate viewing; and whether mailings of 500 or more individually identifiable records of PID in a single package, and all mailings of PID to vendors/contractors/co-researchers, are sent using a tracked mailing method, which includes verification of delivery and receipt, such as UPS, U.S. Express Mail, or Federal Express, or by bonded courier.

We will be mailing letters to the participants from the California Twin Registry and we will be sharing addresses (but not diagnoses) with the remote phlebotomy services that we use for clinical trials. We will not be shipping or sending any PID. All samples will be de-identified before shipping to collaborators for analyses.

ELECTRONIC STORAGE

State whether PID in paper or electronic form, e.g., stored on laptop computers and portable electronic storage media (e.g., USB drives and CDs), will ever be left unattended in cars or other unsecured locations.

PID in paper or electronic form will never be left unattended in cars or other unsecured locations. Data is kept on the password protected server only.

PHYSICAL STORAGE

Describe whether facilities, which store PID in paper or electronic form, have controlled access procedures, and 24 hour guard or monitored alarm service.

The facilities have controlled access procedures, and 24 hour guard or monitored alarm service. The offices are located in the UCI Health Building 55 Research Office with badge-protected entry.

SERVER SECURITY

Provide a description of whether all servers containing unencrypted PID are housed in a secure room with controlled access procedures.

All servers containing unencrypted PID are housed in a secure room with controlled access procedures.

STORING IDENTIFIERS

Indicate whether identifiers will be stored separately from analysis data.

Identifiers will be obtained from CCR, after CPHS approval is received. These will be stored separately from analysis data.

DISK STORAGE

State whether all disks with PID will be destroyed.

PID data will not be stored on local disks. We use secured encrypted servers. Data with PID will be erased/destroyed at the conclusion of the project.

Electronic Safeguard

COMPUTER ACCESS OVERVIEW

State whether all computer access will be protected through the use of encryption, passwords, and other protections.

All computer accesses are protected through the use of encryption, passwords, and other protections. Data is stored on password protected servers at the University.

FIPS 140-2 COMPLIANCE: WORKSTATIONS

Indicate whether all workstations that contain PID have full disc encryption that uses FIPS 140-2 compliant software. If not, explain why not and what encryption will be used.

Our desktop computers have full disc encryption that uses this software as part of CCR requirements.

FIPS 140-2 COMPLIANCE: LAPTOPS

Indicate if all laptops that contain PID have full disc encryption that uses FIPS 140-2 compliant software. If not, explain why not and what encryption will be used.

Our laptop computers have full disc encryption that uses this software as part of the UCI Health requirements.

FIPS 140-2 COMPLIANCE: REMOVABLE MEDIA DEVICES

Indicate if PID on removable media devices (e.g. USB thumb drives, CD/DVD, smartphones, backup recordings) are encrypted with software that is FIPS 140-2 compliant.

We will not be using any removable media devices.

SECURITY PATCHES

Indicate if all workstations, laptops and other systems that process and/or store PID have security patches applied in a reasonable time frame.

All UCI computers are continually updated with security patches by the IT administration.

PASSWORD CONTROLS

Indicate if sufficiently strong password controls are in place to protect PID stored on workstations, laptops, servers, and removable media.

There are strong password requirements with frequent updating at USC that are in compliance. The university uses the latest standards in password securities, including long password length in frequent changing of passwords. Additionally, there is 2-factor authentication for added security.

ELECTRONIC SECURITY CONTROLS

Indicate if sufficient system security controls are in place for automatic screen timeout, automated audit trails, intrusion detection, anti-virus, and periodic system security/log reviews.

There are sufficient system security controls that are in place for automatic screen timeout, automated audit trails, intrusion detection, antivirus, and periodic system security/log reviews.

FIPS 140-2 COMPLIANCE: ELECTRONIC TRANSMISSION

Explain whether all transmissions of electronic PID outside the secure internal network (e.g., emails, website access, and file transfer) are encrypted using software which is compliant with FIPS 140-2.

There will be only one transmission expected of electronic PID from the California Cancer Registry to the PI and this will be accomplished using software which is compliant with FIPS 1402.

INTERNET ACCESSIBILITY

Note if PID in an electronic form will be accessible to the internet.

No PID in an electronic form will be accessible to the internet.

DISPOSING OF PID

When disposing of electronic PID, indicate whether sufficiently secure wiping, degaussing, or physical destruction will be used.

We already have the identifiers of the participants in the California Twin Registry. The information we are gathering here are any new cancer diagnoses and vital status. These will be added to the California Twin Registry and stored at UC Irvine Department of Medicine password-protected servers.

Conflict of Interest Information

CONFLICT OF INTEREST (COI) INSTRUCTIONS

A COI is defined as any financial or other relationships of the researcher(s) or the institution that could be perceived as affecting the objective conduct of the research, including the interpretation and publication of the findings. Researchers must disclose any COI, including perceived COI.

Financial relationships to be disclosed include but are not limited to the following:

- **Present or anticipated ownership of stock, stock options, or other financial obligations of the source of funding.**
- **Receipt or expectation of payment of any sort in connection with papers, symposia, consulting, editing, etc. from the source of funding.**
- **The sale or licensing or anticipated sale or licensing of medical or other products or intellectual property, such as patents, copyrights, or trade secrets to the source of funding or other entities.**
- **Any past, present or anticipated receipt of money or other valuable consideration from the source of research funding by the researcher(s), the family of the researcher(s), the research institution, or by an institution in which the researcher(s) or the family of the researcher(s) has an interest as owner, creditor, or officer.**

DISCLOSURES

Does any member of the study team, members' spouses, or members' dependent children have any significant financial interests related to the work to be conducted as part of the above-referenced project?

No

Informed Consent Procedures

INFORMED CONSENT PROCEDURES

Provide a description of procedures to be used in obtaining and documenting informed consent from participants.

See instructions and examples on CPHS website.

Informed Consent Process- i. Informed consent is a process of communication that involves
giving a subject adequate information concerning the study, providing adequate opportunity for
the subject to consider all options, responding to the subject's questions, ensuring that the
subject has comprehended this information, obtaining the subject's voluntary agreement to
participate and, continuing to provide information as the subject or situation requires. Informed
consent is a continuous process of communication throughout the course of the study. ii.
Informed Consent must be obtained by a qualified I RB-approved staff member who is listed on
the ICF. Sub-investigators who are delegated to obtain and finalize informed consent by the Pl
may not appear on the ICF for multi-center trials, minimal risk trials or trials that rely on a nonUCI
IRB. The Clinical Research Coordinator (CRC) should confirm the individual is listed in the
OnCore staff tab as a sub-Investigator, indicating they may finalize informed consent and have
been delegated the duty from the Pl. iii. Informed consent must be obtained from the subject
prior to initiating any study-related procedures. iv. The Experimental Subject's Bill of Rights
should be presented to the subject. v. Informed consent must begin with a concise and focused
presentation of the key information that is most likely to assist a prospective subject in
understanding the reasons why one might or might not want to participate in the research. vi.
The investigator must explain the study to the potential subject verbally, using the written
consent document as a guide, allowing the subject ample opportunity to ask questions. Both
written and oral communication must be in a language understandable to the subject. vii. CRCs
may facilitate the informed consent process and re-review detailed information on the logistics
of the study, such as study duration, study visit information, and who to contact for questions.
However, the investigator delegated to obtain informed consent must review the entire consent
including clinical information, such as investigational treatment information,

risks, benefits, and
alternatives to the study. viii. The informed consent discussion should minimize the possibility
of coercion or undue influence. ix. The subject must be provided with the information that a
reasonable person would want to have in order to make an informed decision about whether to
participate, and an opportunity to discuss that information. x. Provide the subject with sufficient
time to consider whether or not to participate in the research. "Sufficient time" can range from
hours to days, depending on how long it reasonably takes to evaluate the procedures, risks,
potential benefits, and alternative treatments. 1. The subject may sign and date the consent
form on the same day the individual was initially presented with the opportunity to participate in
the study. However, the subject should be offered the opportunity to take the consent form
home to read and review with family or friends prior to study participation. xi. After allowing
time to read the consent form, the investigator should meet either by telephone or in-person
with the potential subject and answer questions. Once an individual has had all questions
answered and has agreed to participate in the study, the subject should sign and date the
consent form.

CONSENT FORMS

Attach copies of consent forms and any other documents or oral scripts used to inform potential research subjects about the study. See examples of consent and assent forms on the CPHS website.

The consent form currently reads at an 11th grade level. Ideally this should read at or around an 8th grade reading level. Please revise so the reading level is lower. It does not have to be exactly 8th grade.

07/22/2024 • Catherine Hess, PhD • *Not* Internal

Be sure to include a concise explanation of key information for participants at the beginning of your consent form, as shown in the examples on the website. Also attach the Participant's Bill of Rights (download the revised version from the same CPHS website). CPHS may approve the use of a consent procedure which does not include, or which alters, some or all of the elements of informed consent. If a waiver or alteration of informed consent is being requested, attach a document that explains how all of the criteria below will be satisfied.

Consent Form Consent Form

HIPAA Determination

HIPAA INSTRUCTIONS

To determine if this project is covered by HIPAA, answer the following questions.

COVERED ENTITY

Will health information be obtained from a covered entity, known as a clearinghouse, such as Blue Cross, that processes or facilitates processing health data from another entity, including but not limited to state databases?

No

HEALTHCARE PROVISIONS

Will the study involve the provision of healthcare by a covered entity, such as the UCD Medical Center?

No

OTHER HIPAA CRITERIA

Will the study involve other HIPAA criteria not listed above?

what you attached in this section is a HIPAA authorization not a HIPAA waiver. Please re-check your responses and the attached document. Thanks,

07/10/2024 • Sussan Atifeh • Internal • Resolved

Yes

HIPAA WAIVER

Are you requesting a waiver or alteration of HIPAA authorization?

If you have already received a waiver/alteration from another IRB choose 'waiver/alteration approved by another IRB'. You do not need to apply for a waiver or alteration as the HIPAA waiver or alteration of authorization is only required from one IRB.

No

HIPAA AUTHORIZATION FORM

Upload a copy of the HIPAA Authorization form(s) or the documentation of the approval of a waiver/alteration from another IRB.

HIPAA Authorization Form HIPAA Documents

Cover Letter and PI Signature for PI Submission

BUDGET

Does this project have a budget?

Yes

Attach a copy of your project budget here

Budget.png Project Budget

COVER LETTER

Attach a copy of your project cover letter.

The attached cover letter in this section has a different subject (The heterogeneity of the tumor microenvironment and its impact on multiple myeloma survival) while the title of this project is:
Is There A Link Between Prostate Cancer and HPV?

07/10/2024 • Sussan Atifeh • *Not* Internal

A cover letter describes your study briefly in one page (a few paragraphs) and gives a quick understanding of your project. It should be on your institution's letterhead and should be signed by you (as the PI of the project). Please emphasize on the major points regarding the purpose and goal of the study and major steps necessary to complete your project (for example which departments you requested data from, which documents you prepared and attached to the application, etc.)

07/10/2024 • Sussan Atifeh • *Not* Internal

Cover letter must have the requesting institution's letterhead.

Cover Letter_Revised Cover Letter

To sign this form, enter your IRBManager password. By signing this form, you are indicating that the information within this application is accurate and reflects the proposed research and that you attest to the conflict of interest disclosures for all study team members.

Signed Monday, July 15, 2024 2:39:25 PM ET by Wendy Cozen, DO, MPH

In order to submit this form, click "Next" and "Submit." At that time, the application will be routed to the Responsible Official (if this is the first submission) for review and signature.

Calculated Field for agency plus data set *(Internal)*

California Department of Public Health: California Cancer Registry

Responsible Official Signature - Submitted 07/09/2024 6:20 PM ET by Alpesh Amin, MD, MBA, MACP, SFHM, FACC, FRCP (Lond)

Responsible Official Signature

After reviewing this application, is it ready for submission to the CPHS IRB?

Yes, ready for submission to IRB.

Enter your password to sign this protocol. By signing this protocol, you are attesting that the information within is accurate and reflects the details of the proposed research project.

Signed Tuesday, July 9, 2024 6:20:13 PM ET by Alpesh Amin, MD, MBA, MACP, SFHM, FACC, FRCP (Lond)

After choosing whether or not the submission is ready for CPHS IRB review, please click "next" and "submit" (on the next screen) to move the form forward to the CPHS IRB or back to the Researcher.

Notify IRB for Pre-Screening
- Submitted 07/15/2024 4:29 PM ET by Sussan Atifeh

Internal IRB Screening

CPHS Office: The questions on this page will appear every time the project is resubmitted to the CPHS IRB (even after review). Once the project has been reviewed by a committee member, unless researcher has changed questions on the form that impact the level of review, you do not need to update the questions here. If the changes made are not clear and require additional clarification change the 'ready for review' to 'no' and require changes. When you change the answer back to yes, it will remember your previous answers.

Is this study ready to be reviewed by the CPHS panel?

Yes

Choose the IRB committee to review this study (this defaults to CPHS)

CPHS

Level of Review Determination (once the level of review is assigned for this project, do not change this answer unless the reviewer/committee has decided that the study requires a different level of review)

Full Board Minimal Risk

Please provide a rationale for your level of review preliminary determination
Researchers from UCI submitted this application to request approval for a study with human subjects contact components that is aimed to investigate the association between exposure to human papillomavirus (HPV) and the risk of prostate cancer. Researchers will measure antibodies to HPV in 120 male twin pairs, where one twin has prostate cancer, and the other does not, identified through the California Twin Program and confirmed with the California Cancer Registry. This design leverages the genetic and early-life environmental similarities of twins to provide a robust control.
Blood samples will be collected via mobile phlebotomists, processed at UCI, and analyzed at the German Cancer Research Center in Germany. Blood samples will be de-identified and coded before being sent for analysis. Participants will also complete a detailed online questionnaire about their lifestyle and medical history.

•Data Request:
Researchers will utilize previously identified prostate cancer cases from the twin registry and update their database with new cancer diagnoses and deceased individuals via the California Cancer Registry and California Vital Statistics. they clarified that they would receive death data (vital status, date of death, cause of death) from the California Cancer Registry after they receive approval from VSAC and CCR.

•The project involves sending letters, making recruitment calls, and obtaining verbal consent and HIPAA authorization for questionnaires and blood samples.
•A LOS from CCR is attached.
•A DSL from UCI is attached.

Choose the CPHS Chair
Darci Delgado, PsyD

Select the vice chair of the committee
Larry Dickey, MD, MPH, MSW

Assign to Cycle

August

Assign to cycle year
2024

Load into IRBManager (Initial Submission)
- Submitted 07/15/2024 4:29 PM ET by The System

Chair Review and Full Board Set-Up
- Submitted 07/17/2024 12:15 AM ET by Sussan Atifeh

Full Board Set Up

Project number

2024-129

The office will complete the questions on this page and submit the form after the teleconference with the chairs regarding this project is completed.

Confirmation of level of review

Full Board Minimal Risk

Provide the rationale for the level of review determination
Researchers from UCI submitted this application to request approval for a HSC study that is aimed to investigate the association between exposure to human papillomavirus (HPV) and the risk of prostate cancer. Researchers will measure antibodies to HPV in 120 male twin pairs, where one twin has prostate cancer, and the other does not, identified through the California Twin Program and confirmed with the California Cancer Registry. This design leverages the genetic and early-life environmental similarities of twins to provide a robust control.
Blood samples will be collected via mobile phlebotomists, processed at UCI, and analyzed at the German Cancer Research Center in Germany. Blood samples will be de-identified and coded before being sent for analysis. Participants will also complete a detailed online questionnaire about their lifestyle and medical history. Researchers will utilize previously identified prostate cancer cases from the twin registry and update their database with new cancer diagnoses and deceased individuals via the California Cancer Registry and California Vital Statistics. The project involves sending letters, making recruitment calls, and obtaining verbal consent and HIPAA authorization for questionnaires and blood samples.

Assign SME to study

Catherine Hess, PhD

Enter the meeting date for this project

08/02/2024

SME Review

SME review

After reviewing the application, complete the question(s) below. If you wish to make comments on the application for the researcher, use the 'add note' feature on each question (be certain to unmark the internal only box and do not mark changes required). To navigate the application, you can either use the 'previous' button at the bottom of the page or from the drop down at the top of this page choose 'view previous stages'. Once you have completed the questions that appear on this page (different questions will appear depending on your answer to the first question), you will need to click 'next' (from either the top of the bottom of the screen) and then click 'submit'.

If you are requiring revisions before the full committee review, the form will be returned to the researcher for revisions and returned to you upon re-submission.

Does the researcher need to provide additional information/revisions before the committee meeting? If there is insufficient time for the researcher to make changes prior to the committee meeting, choose 'no' in order to route the form correctly.

No answer provided.

In order to either return this application to the researcher or to move forward for the full meeting review, click 'next' and 'submit' on the next screen.