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 09/06/2024 11:54 AM ET by Jenny Nguyen, MPH

New Submission Study Personnel

NEW CONTACT INSTRUCTIONS

October 2024 cycle.

_____October HSC Full Board Project_____

A LOS from CCR is attached.
A DSL from Stanford University is attached.
The request includes Non-English Translations.

09/03/2024 • Sussan Atifeh • Internal

Researchers from Stanford University submitted this application to request approval for a federally funded project that aims to understand how stress and other factors impact the quality of life of long-term breast cancer survivors from diverse racial and ethnic backgrounds. This is a R21 pilot study conducted at Stanford School of Medicine, funded by the National Institutes of Health. The study is involved with human subjects' contacts and will include women from the Northern California Breast Cancer Family Registry (BCFR), a cohort enriched with African American, Asian American, and Hispanic women diagnosed with breast cancer from 1995-2009 at age 18-64 years. They were diagnosed in Northern California, mostly in the Greater San Francisco Bay Area, and were identified through the California Cancer Registry. Researchers have requested CCR data items to recruit existing Northern California BCFR female probands for the study. A LOS from CCR is attached. Researchers have requested CPHS approval for:

1)Re-contact long-term breast cancer survivors who enrolled in the Northern California Breast Cancer Family Registry from 1995-2009 and have been followed since then. Eligible breast cancer survivors will be invited to complete a questionnaire that collects information on health-related quality of life, various sources of stress, and other factors.

2)Invite a subset of eligible long-term breast cancer survivors to provide a blood sample which will be used to measure inflammatory biomarkers that may be related to stress.

3)Geocode current residential addresses of eligible long-term breast cancer survivors in order to link geocodes to neighborhood-level stressors.

A DSL from Stanford University is attached. Researchers have also requested approval for the attached Spanish documents.

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09/03/2024 • Sussan Atifeh • Internal

Summary of Important Points for the Project:

• Purpose of the Study:
The study aims to understand how stress and other factors impact the quality of life of long-term breast cancer survivors from diverse racial and ethnic backgrounds. The research focuses on survivors from the Northern California Breast Cancer Family Registry (BCFR), particularly those from African American, Asian American, and Hispanic groups. The study will collect data on health-related quality of life (HRQOL), sources of stress, neighborhood characteristics, and inflammatory biomarkers.
• Population:
The study will involve about 500 participants, with 270 participants completing a questionnaire and 132 providing blood samples for biomarker analysis. The participants are women diagnosed with breast cancer between 1995-2009, mostly from the Greater San Francisco Bay Area.
• Data Collection:
Data will be collected through online, mailed, and telephone questionnaires. A subset of participants will also provide blood samples, which will be processed and stored at Stanford's Biobank.

• Linkage of Data:
Participants' current home addresses will be geocoded to census tracts and linked to geospatial data from the American Community Survey (ACS) for the years 2017-2021. The study will create summary measures of neighborhood stressors based on this data.

09/03/2024 • Sussan Atifeh • Internal

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.

Esther John, PhD

Email: emjohn@stanford.edu **Business:** (650) 497-1221

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

Stanford University

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

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.

Attachment 1. CV Esther M John updated 1-23-2024 CPHS.doc	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.

No answer provided.

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.

Jenny Nguyen, MPH

Email: jennytnguyen@stanford.edu **Business:** (650) 498-0697

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.*

Victoria Leyton, LLB, MA, MHA, CRA

Email: vleyton@stanford.edu **Business:** (999) 999-9999

OTHER RESEARCH STAFF

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

Please ensure you have listed in this section "all" research staff who interact directly with participants (as in interviews or focus groups) or who will have access to the data.
This includes individuals who will have access to the linked de-identified data if that data file will contain any data fields that were originally in the state data(CCR or vital records) .
This also includes all research staff who are involved with data management, data processing or analysis and write-up, etc.

09/03/2024 • Sussan Atifeh • *Not* Internal • Resolved

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.

Jocelyn Koo, MA
Email: Jocelyn.Koo@stanford.edu **Business:** (650) 498-0513

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

False

Project Information

SUBMITTER

Application completed by:

Jenny Nguyen, MPH
Email: jennytnguyen@stanford.edu **Business:** (650) 498-0697

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).

Stress, Inflammation, and Health-Related Quality of Life of Long-Term Breast Cancer Survivors

PROJECT SITE

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

Stanford University

STUDY PROCEDURES

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

Data Registry
Recruitment-Participant
Specimen Registry
Surveys

TYPE OF RESEARCH REQUEST

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

Please de-select "Common Rule only." Thanks,

09/03/2024 • Sussan Atifeh • *Not* Internal • Resolved

*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.

INTERNAL NOTE

This project includes Non-English translations that should be reviewed and approved by Dr. Ruiz after finalizing and approving the English documents and before releasing the CPHS approval.

09/11/2024 • Sussan Atifeh • Internal

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

Minimal Risk
Non-English translation required
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.
Federally funded

Enter name of federally-funded source.
National Institutes of Health

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

10/04/2024

ANTICIPATED PROJECT END DATE

05/31/2026

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.

Dealing with a breast cancer diagnosis and its treatment can be very stressful for survivors. This stress can affect their health and overall quality of life, both over the short-term and long-term. Survivors may experience physical and emotional symptoms, as well as financial difficulties, even after they have completed treatment. These challenges can impact their well-being long after diagnosis. Studies have shown that the stress experienced by cancer survivors, as well as stress related to the environment they live in, can affect their quality of life. However, most research in this area has focused on short-term survivors from certain racial and ethnic groups, primarily non-Hispanic White populations. This new R21 pilot study conducted at Stanford School of Medicine, funded by the National Institutes of Health, aims to understand how stress and other factors impact the quality of life of long-term breast cancer survivors from diverse racial and ethnic backgrounds. The study will include women from the Northern California Breast Cancer Family Registry (BCFR), a cohort enriched with African American, Asian American, and Hispanic women diagnosed with breast cancer from 1995-2009 at age 18-64 years. They were diagnosed in Northern California, mostly in the Greater San Francisco Bay Area, and were identified through the California Cancer Registry. We will enroll about 500 participants throughout the United States and collect information by questionnaire on health-related quality of life, various sources of stress, and other factors. We will also assess neighborhood characteristics where the survivors currently live. For a subset of 132 participants, we will collect a blood sample that will be used to measure inflammatory biomarkers that may be related to stress. We will conduct statistical analyses to examine the relations between health-related quality of life, various sources of stress, neighborhood characteristics, and inflammatory biomarkers. Identifying specific groups of long-term breast cancer survivor groups who have low health-related quality of life and specific stress profiles will help improve survivorship care. The study findings will also lay the foundation for future strategies and interventions aimed at reducing stress, improving health-related quality of life for all breast cancer survivors, regardless of their race, ethnicity, or where they were born, and achieving health equity.

MAJOR RESEARCH QUESTION

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

Relatively few studies have investigated and health-related quality of life (HRQOL) of long-term breast cancer survivors. Most prior studies included only survivors up to 5 years post diagnosis. The Northern California BCFR provides a unique opportunity to study HRQOL of women who survived breast cancer 15 or more years post diagnosis. Furthermore, the Northern California BCFR includes highly diverse long-term breast cancer survivors, with a large proportion of African American, Asian American, and Hispanic survivors, including foreign-born survivors, who likely have a greater burden of stress than non-Hispanic White populations. In this R21 pilot study, we will investigate (a) the role of individual-level and neighborhood-level stressors and their association with HRQOL, and (b) the relations between HRQOL, stressors, and blood-based inflammatory biomarkers. We will also evaluate differences in HRQOL, sources of stress and other factors, and inflammatory biomarkers by race, ethnicity, and birth place.

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

The specific aims of this R21 pilot study are:

Aim 1. (a) Assess variation in individual- and neighborhood-level stressors and HRQOL by race, ethnicity, and nativity among long-term breast cancer survivors; (b) explore associations between multi-level stressors and HRQOL; and (c) identify key stressors in each racial and ethnic and nativity group. We hypothesize that HRQOL and the burden of stressors vary across racial and ethnic minoritized and immigrant populations and a higher burden of stressors is associated with lower HRQOL.

Aim 2. Assess variation in inflammatory biomarkers by multi-level stressors and by HRQOL. We hypothesize that a higher burden of stressors is associated with higher levels of C-reactive protein and other inflammatory biomarkers and that higher concentrations of inflammatory biomarkers are associated with lower HRQOL.

A copy of the R21 proposal submitted to the National Cancer Institute is provided in the Attachments.

The research activities of the 24-months pilot study involve the following:

1) Invite eligible women with breast cancer (probands) to complete a questionnaire on HRQOL and various sources of stress. A subset of probands who live in the San Francisco Bay Area will also be invited to provide a blood sample for biomarker analyses. We will obtain questionnaire data for an estimated 270 participants (90 African American, 90 Asian American, 90 Hispanic). Based on prior experience and given budgetary constraints, we will collect a blood sample for an estimated 132 participants who live in the San Francisco Bay Area. As done in the past, questionnaire data will be collected online in English or Spanish using REDCap. To ensure that the sample of 270 participants is representative of the overall cohort, we will also collect questionnaire data by mailed questionnaire in English or Spanish and telephone interview with a trained bilingual English/Spanish interviewer.

2) Invite all other probands, who completed the latest online follow-up survey (2019- 2022), to complete the online study questionnaire without blood collection and biomarker analyses. These online participants will include non-Hispanic White women also. One of the NCI proposal reviewers was concerned that non-Hispanic White women were not included for comparison of HRQOL and stress-related determinants. This approach will address that concern within the constraints of a limited budget. We expect that about 237 women in this group will complete the online questionnaire, including about 133 NHW women.

3) Geocode the participants' current home address to census tracts. We will append the geocodes to geospatial data collected by the American Community Survey (ACS) in 2017-2021 and generate summary measures of neighborhood stressors. The following ACS summary variables at the U.S. Census tract level will be used for analysis: neighborhood socioeconomic status, racial and ethnic composition index, Asian enclave index, Hispanic enclave index, Index of Concentration at the Extremes (ICE), and Social Vulnerability Index (SVI).

4) Process the blood samples at Stanford's Clinical and Translational Research Unit (CTRU) and store them at the Stanford Biobank for use in future research.

5) Measure C-reactive protein (CRP), adipokines [adiponectin and plasminogen activator inhibitor type 1 (PAI-1)] and a panel of 48 cytokines in plasma at the Stanford Human Immune Monitoring Center (HIMC).

6) Perform statistical analyses to address the specific aims and prepare manuscripts reporting the study findings.

The study procedures and documents used for data collection and blood collection are described below:

Data collection procedures:

a) Invitation: Northern California BCFR female probands who completed the latest follow-up survey online (2019-2022) will receive the R21 pilot study contact letter by mail ("R21 Contact Letter - Online"), followed by an email invitation ("R21 Email Script – Invitation") that contains a secure electronic link to their consent form ("R21 Consent Form"). A PDF copy of the R21 consent form will also be attached so that participants can read and review it before completing the consent form via the electronic link. Participants who prefer to complete the documents on paper, can request paper copies from the study office by email or by phone.

b) Mailed invitation package: All other Northern California BCFR female probands will receive a mailed package that contains the contact letter (see "R21 Contact Letter – Phone-Paper"), consent form, questionnaire, and a prepaid return envelope. Each participant will be asked to sign two copies of the consent form – one to keep for their own records and one to return to the study office. After signing the consent, they will be instructed to complete the study questionnaire. If they prefer, they can also complete the consent form online by entering the URL in the contact letter in their browser or scanning the QR code in the letter. We ask for approval of our "R21 List of Enclosures – Paper and phone" document that will summarize the items we will enclose in our study invitation packet.

c) Consent form: Please note that the consent form includes elements that adhere to the CPHS consent form template and verbatim text required by the Stanford IRB. We are submitting two versions of the consent form: (1) a clean version and (2) a version that highlights the CPHS template section

(blue highlights) and sections required by the Stanford IRB (green highlights) - see "R21 Consent Form CLEAN" and "R21 Consent Form with Highlights". As required by the Stanford IRB, the HIPAA form is embedded in the consent form.

d) R21 Study Questionnaire: After signing the e-Consent form, participants will be directed to their study questionnaire. This questionnaire will take 30-45 minutes to complete. It will cover topics such as their current quality of life, symptoms and health conditions, new cancers in the family, use of health care services, feelings about cancer, general stress, social support, and demographic background. Some questions are updates to previously asked questions. The "R21 Study Questionnaire" is attached for review and approval. Participants without an email address on file or previously preferred paper or phone will receive the hard copy of the R21 questionnaire with a prepaid return envelope in the initial invitation package.

e) Reminders: Participants who do not complete the consent form (by mail or online) within 2 weeks of the initial mailing will receive a reminder postcard by mail or up to 3 automatic reminder emails over 2 weeks. A copy of the "R21 Reminder Postcard" is attached for review and approval. Email reminders will be automatically sent from REDCap if the participant has not started on their e-Consent Form.

f) Phone Follow-Up: About one month after invitation (mail or online), non-respondents will be called by trained interviewers as we have successfully done in past follow-ups to confirm whether the participant received the packet and to answer any questions they may have. If requested, the study packet or online links will be sent again, or questionnaire will be completed by telephone interview at a time that is convenient for the participant.

g) Compensation: Participants who complete their questionnaire (online, by paper, or by phone) will receive a $20 e-gift card via email or by mail if they do not have an email address. Participants who provide a blood sample will receive $25.00 for their time and effort providing a sample.

Blood collection procedures:

After completing the consent form (received by mail or online), study staff will review the consent form of local participants to determine whether they agreed to provide a blood sample. Participants who are willing to donate a blood sample will be re-contacted by phone to schedule a blood draw appointment at the Stanford Clinical and Translational Research Unit (CTRU) clinic, at a Quest Diagnostics Laboratory near their home or work, or confirm with them if they will bring the blood kit to their preferred health care provider. After the appointment is scheduled, a blood kit will be sent with a pre-labelled blood tube, a pre-filled FedEx airbill, shipping supplies, along with blood collection and shipping instructions for the provider. For CTRU visits, the blood collection kit will be dropped off at the clinic prior to their appointment.

Participants who provide a blood sample will be offered $25 for their time and effort. We will also reimburse the costs a participant may incur for

having her blood drawn by their health care provider. The blood sample will be shipped to Stanford's CTRU Lab for processing and stored at Stanford's Biobank.

At this time, we request approval of the following documents that will be used as part of the blood collection procedures:

• R21 Blood Kit Letter Enclosure
• R21 CTRU Blood Requisition Form
• R21 Instructions for Blood Collection and Shipping for Provider
• R21 Blood Collection Questionnaire

The blood collection questionnaire will be included with the blood kit. Participants are instructed to complete this questionnaire on the day of the appointment and return it in a prepaid envelope. A link to an online version will also be sent as part of our appointment reminder if participants prefer to complete it online.

We also request approval of the following appointment confirmation email/reminder templates that will be sent to participants after they schedule their blood draw appointment:
• R21 Email template – Quest Lab Blood Draw Appointment Confirmation and Reminder
• R21 Email template – CTRU Clinic Blood Draw Appointment Confirmation and Reminder

All the forms listed above are in the attachments section.

All participant-facing documents have been translated into Spanish. We also request for approval of our Spanish documents. These are labeled with "Sp" and attached below.

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.

Original CPIC NC-BCFR Consent Form	Consent Form
R21 Consent Form CLEAN	Consent Form
R21 Consent form CLEAN Sp	Consent Form
R21 Consent Form with Highlights	Consent Form
NCI R21 Proposal	Grant Application
R21 Blood Kit Letter Enclosure	Other Documents
R21 CTRU Biospecimen Requisition Form	Other Documents
R21 Email Script - Quest Blood Draw Appointment Confirmation and Reminder	Other Documents
R21 Email Scripts - CTRU Clinic Blood Draw Appointment Confirmation and Reminder	Other Documents
R21 Blood Collection Questionnaire	Questionnaires
R21 Study Questionnaire	Questionnaires

R21 Blood Kit Letter Enclosure Sp	Recruitment (non-English)
R21 Contact Letter - Online Sp.docx	Recruitment (non-English)
R21 Contact Letter - Phone-Paper Sp.docx	Recruitment (non-English)
R21 Email Script - Invitation Sp.docx	Recruitment (non-English)
R21 Email Scripts - CTRU Clinic Blood Draw Appointment Confirmation and Reminder Sp.docx	Recruitment (non-English)
R21 Email Scripts - Quest Blood Draw Appointment Confirmation and Reminder Sp.docx	Recruitment (non-English)
R21 Reminder postcard text Sp.docx	Recruitment (non-English)
R21 Contact Letter - Online	Recruitment Materials
R21 Contact Letter - Phone - Paper	Recruitment Materials
R21 Email Script - Invitation	Recruitment Materials
R21 List of Enclosures - Paper and Phone	Recruitment Materials
R21 Reminder Postcard Text	Recruitment Materials

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.

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.

Agency	Provide the formal name of the data base or specimen registry.
California Department of Public Health	Greater Bay Area 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 will include women who enrolled and were followed prospectively in the Northern California BCFR. We will collect questionnaire data for 270 participants (online, mail, interview) and a blood sample, given budgetary constraints, for biomarker analyses for an estimated 132 participants (1/3 African American, 1/3 Asian American, 1/3 Hispanic) who live in the San Francisco Bay Area.

Additionally, we will invite women who completed the latest follow-up questionnaire (2019-2022) online, to complete the online R21 questionnaire without blood collection and biomarker analyses. We estimate that about 237 women will participate in this study component (online questionnaire only). In total, we estimate to collect questionnaire data for 507 participants. We describe the total number of participants in the consent form as "about 500 participants" since it is based on estimates and is not a precise number.

Participants are women who were diagnosed with breast cancer from 1995-2009 at age 18-64 years. They were diagnosed in Northern California, mostly in the Greater San Francisco Bay Area. They were identified through the regional cancer registries that are part of the California Cancer Registry and SEER program. These women with breast cancer were enrolled in the Northern California BCFR while the PI. Dr. Esther John, was a Research Scientist at the Cancer Prevention Institute of California (CPIC). The Northern California BCFR cohort was moved to Stanford in May 2018 when the Dr. John, joined the Stanford faculty. In the consent form that Northern California BCFR participants signed at enrollment, these female probands gave us permission to contact them should future research require the collection of additional information or biological samples. As requested by a CPHS reviewer, we included a copy of the original consent form they signed when they enrolled in the Northern California BCFR at CPIC - see “Original CPIC NC-BCFR Consent Form" in the attachments.

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 attach all lists of requested variables (using descriptive names) by attaching the formal data dictionaries in this section (This includes CCR data).In the attached list(s) you need to provide a brief explanation to justify requesting each variable and to show the use of the variables.

Also please for the specific ACS variables you plan to use in this study, please create a list of variables with a brief explanation for each variable to justify using them in this study.
Thanks,

09/03/2024 • Sussan Atifeh • *Not* Internal • Resolved

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.

Study participants for the new R21 pilot study will be identified through the Northern California BCFR which includes women who were identified through the regional cancer registries in Northern California [e.g., the Greater Bay Area Cancer Registry (GBACR)] from 1996 to 2011 and enrolled in the Northern California BCFR. We are not requesting any new CCR or vital status variables. Instead, we are requesting approval to use the following CCR data items to recruit existing Northern California BCFR female probands for the R21 study and to include select CCR variables (e.g., stage, ER status) in the statistical analyses:

1) Contact information (name, address, phone number). For eligible cohort members who never moved since their diagnosis (1995-2009), this will be the address at diagnosis from the CCR. For eligible cohort members who moved during follow-up, their current address was provided by them. The current address will be used to invite eligible cohort members to participate in the new study. The current address will also be used for geocoding. Geocodes will be appended to geospatial data collected by the American Community Survey (ACS) from 2017-2021 and used to generate summary measures of neighborhood stressors. We will use the following ACS variables: neighborhood socioeconomic status, racial and ethnic composition

index, Asian enclave index, Hispanic enclave index, Index of Concentration at the Extremes (ICE), and Social Vulnerability Index (SVI). The list of ACS variables with justifications is attached.
2) Demographic information (date of birth, sex)
3) cancer diagnosis information (cancer type at enrollment and during follow-up ascertained through CCR linkage, date of diagnosis, tumor characteristics (stage grade, hormone receptor status, laterality, tumor size, histology, and behavior). The list of CCR variables with justifications is attached.

All CCR data items are items we have on hand and will be used to carry out research activities.

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.

ACS Variables + Justification for R21 Pilot Study	List of Variables
CCR Variables + Justification for R21 Pilot Study	List of Variables

RATIONALE

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

Relatively few studies have investigated health-related quality of life (HRQOL) of long-term breast cancer survivors. The Northern California BCFR provides a unique opportunity to study HRQOL of long-term breast cancer survivors (15+ years). This study will focus on the role of stressors experienced by breast cancer survivors from different racial and ethnic minoritized and immigrant populations who likely have a greater burden of both individual-level and neighborhood-level stressors than non-Hispanic White populations. At this time, the 1,253 breast cancer survivors who are still active Northern California BCFR participants are aged 42-89 years, with 76% aged 65 years or older. Of these, 70% self-identified as African American, Asian American, or Hispanic.

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.)?

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

Study participants will be identified through Northern California BCFR. We will re-contact female probands from the Northern California BCFR who remain active in the study (i.e., not deceased, not lost, not permanently withdrawn from the study) and completed the latest follow-up survey (2019-2022) and invite them to join a new NIH R21 grant-funded pilot study on stress, inflammation, and health-related quality of life of long-term breast cancer survivors. In the consent form that Northern California BCFR participants signed at enrollment, these female probands gave us permission to contact them should future research require the collection of additional information or biological samples. A copy of the original Consent Form signed between 1996 and 2011 is attached. We will explain the research and determine their willingness to participate in the new study.

Female probands who completed the latest follow-up survey (2019-2022) online will receive the R21 pilot study contact letter by mail ("R21 Contact Letter - Online"), followed by an email invitation ("R21 Email Script – Invitation") that contains a secure electronic link to their consent form ("R21 Consent Form"). A PDF copy of the R21 consent form will also be attached so that participants can read and review it before completing the consent form via the link. Participants who prefer to complete the documents on paper, can request paper copies from the study office by email or by phone.

Please note that the consent form includes elements that adhere to the CPHS consent form template and verbatim text required by the Stanford IRB. We are submitting two versions of the consent form: (1) a clean version and (2) a version that highlights the CPHS template section (blue highlights) and sections required by the Stanford IRB (green highlights) - see "R21 Consent Form CLEAN" and "R21 Consent Form with Highlights". As required by the Stanford IRB, the HIPAA form is embedded in the consent form.

All other Northern California BCFR female probands will receive a mailed package that contains the contact letter (see "R21 Contact Letter – Phone-Paper"), consent form, questionnaire, and a prepaid return envelope. Each participant will be asked to sign two copies of the consent form – one to keep for their own records and one to return to the study office. After signing the consent, they will be instructed to complete the study questionnaire. If they prefer, they can also complete the consent form online by entering the URL in the contact letter in their browser or scanning the QR code in the letter. We ask for approval of our "R21 List of Enclosures – Paper and phone" document that will summarize the items we will enclose in our

study invitation packet.

See Study Procedures section for full procedures and all other study materials.

Attach copies of all recruitment materials.

R21 Contact Letter - Online	Recruitment Materials
R21 Contact Letter Phone - Paper	Recruitment Materials
R21 Email Script - Invitation	Recruitment Materials

SCREENING

Will subjects be screened prior to entry into the research?

No

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 who complete their questionnaire (online, by paper, or by phone) will receive a $20 e-gift card via email or by mail if they do not have an email address. Participants who provide a blood sample will receive $25.00 for their time and effort providing a sample. We will also reimburse the costs a participant may incur for having her blood drawn by their health care provider.

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 24-months pilot study. In years 1-2, participants will be asked to complete one study questionnaire that may take 30-45 minutes. Participants who live in the San Francisco Bay Area may be asked to give a one-time blood sample that may take an estimated 30-45 minutes depending on their distance from a Stanford Healthcare clinic, Quest Diagnostic lab, or CTRU clinic on Stanford campus and complete a brief blood collection questionnaire (5-7 minutes).

Statistical analysis of participant data will take place in year 2 after data and biospecimen collection and laboratory analyses have been completed.

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.

This study is no more than minimal risk. Participants will not be subjected to any medical interventions that pose known physical harm. It is unlikely that the completion of study questionnaires will result in physical harm for study participants. For the blood draw, there is a possibility of slight discomfort or bruising. Trained and experienced phlebotomists will collect blood samples to reduce this risk. The amount of blood to be collected (one 10-ml tube, about one tablespoon) is small and should not pose any physical harm.

Sometimes study participants get nervous or uncomfortable when answering questions about themselves, and it is possible that Northern California BCFR participants feel that way. Any psychological or emotional discomforts are expected to be minimal, based on our experience following the cohort since 1996. Participants will be reminded that they can terminate the questionnaire or interview at any time, decline to answer certain questions, and participate in all parts or only certain parts of the study.

There are no costs to participating in the study. Participant burden will be minimized by collecting questionnaire data by mail, online or telephone interview. Breach of confidentiality that may result in economic hardship is unlikely. Thus any risk to economic well-being is likely minimal.

The main risk of study participation relates to the potential loss of privacy of the study participant. Although every reasonable effort will be made to protect the confidentiality of the data and biospecimens obtained from study participants, such protection cannot be guaranteed. We acknowledge that there is always a risk, although we believe it is very small, that some coded data that are shared may result in identification of a study participant. To minimize such risk, we will take the following precautions:

• All study materials, including completed questionnaires and biospecimen containers will be labeled with a unique numeric code number (Study ID) assigned to each participant at study enrollment.
• All study-related databases at Stanford University will be password-protected and individual records will be identified by Study ID number only.
• The key to link Study IDs and biospecimen IDs with names and other PHI will reside in a password-protected tracking system maintained by the local BCFR Data Core at Stanford University, with access restricted to select study staff.
• No identifying information will ever be shared with any collaborators.
• All study staff at Stanford University, including field and office staff, are trained to follow confidentiality guidelines and keep all study materials in locked file cabinet
• Data deposited in OpenICPSR, as required by NIH, will be identified by a

new numeric study ID and will not include any PHI data.
• Coded biospecimens will shared with collaborators by Stanford University only and Material Transfer Agreements (MTA) need to be signed before any materials are released.
• If there is a data breech, study participants will be informed as soon as possible.
• The consent form specifies that publications in scientific journals will only present summary statistics and no individual results. The identity of a study participant will never be disclosed.

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 service will be provided.

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.

No

LESS RISKY METHODS

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

This study is no more than minimal risk. Participants will not be subjected to any medical interventions that pose known physical or psychological harm. It is unlikely that the completion of study questionnaires will result in psychological harm for study participants. The amount of blood to be collected (one 10-ml tube, about one tablespoon) is small and should not pose any physical harm.

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.

Participation in the R21 pilot study will not result in any direct benefits to study participants. The study will generate new information on factors that impact survivorship after diagnosis, such as HRQOL. To the extent that such factors are modifiable, the study findings could inform strategies to improve HRQOL of long-term breast cancer survivors. Thus, the research will benefit society as a whole.

JUSTIFICATION OF RISKS

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

We anticipate that study risks are low to participants who provide data and biospecimens. Analyses of the data and biospecimens collected will generate new information on factors that impact survivorship after diagnosis and study findings could inform strategies to improve HRQOL of long-term breast cancer survivors. Anticipated benefits outweigh potential risks.

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)
All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
Telephone numbers
Email address

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.

Study staff has worked with the data and biospecimens from the Northern California BCFR for many years and are well trained to keep all data confidential, to never share any PHI data or any of the 18 HIPAA identifiers with anyone, except when requesting pathology reports and tumor tissue samples from hospitals, to never share any information that is collected about study participants with anyone, and to release only coded data without any of the 18 HIPAA identifiers and coded biospecimen vials identified by numeric Study ID numbers as requested by the PI. Staff will be periodically reminded of this protocol. The password-protected ACCESS tracking system maintained by the local BCFR Data Core at Stanford University is the only file that contains the key that links Study IDs to names of study participants and other PHI data. Only select staff who work for the PI, Dr. Esther John, has access to the tracking system. All study staff and the PI are required to complete the HIPAA/Protect Patient Privacy or HIPAA Privacy for Research course on an annual basis and the CITI (Collaborative Institutional Training Initiative) Course in The Protection of Human Research Subjects every 3 years.

STAFF VETTING PROCEDURES

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

Prior to hiring staff, all staff will undergo background checks and reference checks. The existing Northern California BCFR study staff are long-term employees who have worked on multiple research projects at Stanford. They participate in annual human subjects' protection and confidentiality training to ensure they are up-to-date and compliant with state and federal policies.

Access to electronic data is limited to designated study staff of the Northern California BCFR who are required to sign the Confidentiality Agreement (Appendix 2). The importance of keeping all data strictly confidential is emphasized during staff training and throughout the study.

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.

SIGNED_CPHS_LOS_John, E.docx.pdf 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.

> Please clarify what you mean by saying "external investigators." Who might be the potential external recipients for sharing data. Do you have a data security letter from the potential institution that you might share the data with? Thanks,
>
> 09/03/2024 • Sussan Atifeh • *Not* Internal • Resolved

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.

Investigators from other institutions (other than Stanford University) might in the future request access to coded data being collected in the R21 pilot Study. Such data request could include select CCR variables. At this time, we do not know which investigators/institutions might submit such requests to the PI. If and when requests for coded data are received after the study has been completed and study results have been published. in order to share select coded CCR and vital status variables for approved projects with future external investigators, the CCR Appendix 3 Confidentiality Agreement and the Information Privacy and Security Requirements (IPSR) Agreement will need to be signed by the recipient institutions, and CCR Appendix 2 will need to be signed by all individuals (e.g., co-investigators, biostatisticians, data analysts) who will access select coded CCR and vital status variables in order to perform the statistical analyses for the approved projects. At that time, a data security letter from the recipient's institution will also be shared with CPHS, as requested.

The coded dataset with the select CCR and vital status variables without any of the 18 HIPAA identifiers will be shared with the external investigators by the local BCFR Data Core at Stanford University after receipt of the signed forms (CCR Appendix 3, Appendix 2, IPSR). The signed Appendix 2 forms will be maintained at Stanford University by the Northern California BCFR Research Manager and an updated Assessee List will be submitted annually to the GBACR, as required.

CONFIDENTIALITY OF PUBLISHED DATA

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

No study results will be released or published with identifying information. Scientific publications will present statistical summaries only, no study participants will be identified by name or other PII. No information will be published that could be used to identify individual study participants.

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?

Study participants for the new R21 pilot study will be identified through the Northern California BCFR which includes women who were identified through the regional cancer registries in Northern California [e.g., the Greater Bay Area Cancer Registry (GBACR)]. We are requesting to use the following CCR data items to recruit existing Northern California BCFR female probands for the R21 study:

Contact information (name, address, phone number, email address), demographic information (date of birth, sex, race and ethnicity) and cancer diagnosis information (cancer type, date of diagnosis, tumor characteristics, stage at diagnosis) originally received from the GBACR and updated over the years through CCR linkages and follow-ups of registry participants. All data items will be used to carry out research activities.

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 to CCR data at Stanford University will be limited to the project staff minimally necessary to successfully complete the objectives of the approved protocol. Access privileges will be documented and updated regularly reflecting any change of change of staff.

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.

No results will be released or published with identifying information on cancer patients and all data will be presented as statistical summaries such that individuals cannot be identified.

In all publications, reports, and presentations that include data from the Northern California Breast Cancer Family Registry, small cells with counts of less than 11 will be suppressed.

LINKAGES

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

Yes

Identify all data sets and each of the variables to be linked, with a brief description of each variable and justification for each linkage. If there is an extensive list, you may attach that list in the next question and indicate such here.
We will geocode the participants' current home address to census tracts. We will append the geocodes to geospatial data collected by the American Community Survey (ACS) from 2017-2021 and generate summary measures of neighborhood stressors.

Data identified by a new numeric study ID will be deposited in a Data Repository as required by NIH for all grant proposals submitted after January 25, 2023. The Data Management and Sharing Plan (DMSP) submitted to NCI as part of the R21 proposal specified that a de-identified analytic dataset and associated metadata will be placed in an established data sharing repository with controlled access: OpenICPSR, a self-publishing repository for social, behavioral, and health sciences research data at https://www.openicpsr.org/openicpsr/about

The analytic dataset will not include any PHI data. The data deposition in OpenICPSR ensures that the shared data meet the FAIR principles. In line with Stanford policy, access to these data will be subject to signing of a Data Use Agreement (DUA) between Stanford and the investigator. The DMSP submitted to NCI is included in the Attachments. Coded data may also be shared with collaborating investigators for approved projects.

Attach a copy of the document detailing all data sets and each of the variables to be linked. If you provided this information in the answer to the above question, skip this question.
No answer provided.

Will a third party be used for data linkage?
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*

Stanford Data Security Letter - E.John.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.

Yes

RETAINED DATA

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

data will be de-identified

Explain what identifiers will be removed and how.
Data and biospecimens are labeled by unique numeric Study IDs assigned to study participants when they were enrolled in the Northern California BCFR between 1995-2011 (probands and relatives) and between 2019-2023 (young relatives under age 40 years). Recruited probands (2024-2026) will be identified by their unique numeric Study IDs and biospecimen IDs, as we have done in the past, and tracked in the ACCESS tracking system maintained by the local BCFR Data Core at Stanford University. These Study IDs are numeric and do not contain any names or other information that could be linked to study participants.

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.

When no longer required, papers containing confidential information will be placed in the confidential shredder bins at Stanford University that provide for secure document destruction.

FAXING

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

Faxing will be sent electronically through Cardinal Fax, which is approved by the Stanford Information Security office to send and receive high risk PHI data. No physical/paper copies of PID will be sent or received by fax. Study staff are trained to enter "SECURE:" in the subject line for any faxes that can may contain PHI or highly sensitive information. Outgoing faxes need to contain the minimum necessary amount of confidential data required for the intended communication, reducing risks of identification and unintended disclosure.

Receiving faxes will be delivered to a designated study fax number that is connected to a study email address. Only designated study staff will have access to the email inbox to receive and open faxes. Care will be taken not to leave faxes with PHI information open on the computer monitor. If printed, the faxes will be picked up and placed in a locked cabinet or placed in a shredder bin for secure document destruction when no longer in use.

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.

When mailing confidential information, staff will place the confidential data inside an envelope, seal the envelope, stamp it “confidential,” and place it in a mailing envelope. A stamp “confidential” is also used on the enclosed business reply envelope and on the mailing envelope. Stanford has an account with Federal Express which enables tracking information and verification of delivery and receipt. Outgoing mail needs to contain the minimum necessary amount of confidential data required for the intended communication, reducing risks of identification and unintended disclosure.

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.

Personally Identifiable Data (PID) in paper or electronic form, e.g., stored on laptop computers and portable electronic storage media (e.g., USB drives and CDs) will never be left unattended in cars or other unsecured locations. All computers or mobile devices used for the study are encrypted and monitored by Stanford University IT. If lost or stolen, the University's IT team can lock the devices and remotely wipe all data from the devices.

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.

All paper containing PID will be stored in a locked cabinet in a badge access-only facility on Stanford's campus. This facility remains locked at all hours. Campus security services are provided 24 hours a day and 7 days a week. Study lab access is restricted to specific, authorized persons. Access to the lab where specific samples are stored is restricted to approved staff with authorized badge access. All biospecimen samples are labeled with a study ID and do not contain any PID.

SERVER SECURITY

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

Study staff will store databases and files that may contain unencrypted PID in Stanford Medicine Box. Medicine Box is a file sync and share service for the Stanford Health community. It includes special technologies to secure Protected Health Information. It is approved by the Stanford Information Security Department to store PHI (Protected Health Information) or PII (Personally Identifiable Information). Computers accessing PHI must meet HIPAA safe harbor requirements. Desktops and laptops must be protected by full disk encryption (BitLocker Drive Encryption).

Our Northern California BCFR ACCESS database at Stanford University that contains PII for the over 10,000 study participants is hosted on Microsoft Azure and managed by the Stanford's Technology Consulting Group (TCG). Access to the database is granted to specific research team members only. There is no public access to the data. Access is regulated by an Azure access group policy open to Stanford's VPN pool of IPs. Log-in requires two-factor authentication. Azure SQL service encrypts all data at rest: https://docs.microsoft.com/en-us/sql/relational-databases/security/encryption/transparent-data-encryption-azure-sql?view=azuresqldb-current though we are choosing to have Microsoft manage the keys automatically. Account access to the SQL instance and administration is managed by Active Directory and our Office 365 Group tcg-azure-estherjohn@office365stanford.onmicrosoft.com which TCG manages: See: https://docs.microsoft.com/en-us/azure/sql-database/sql-database-aad-authentication.

The TCG team enabled Azure’s Advance Threat Protection: https://azure.microsoft.com/en-us/features/azure-advanced-threat-protection/ and server Auditing Service: https://docs.microsoft.com/en-us/azure/sql-data-warehouse/sql-data-warehouse-auditing-overview. TCG separately integrates the Azure account with the CloudCheckr application in order to audit configuration changes and to ensure security parameters are met.

STORING IDENTIFIERS

Indicate whether identifiers will be stored separately from analysis data.

Personal Identifying information such as names, addresses and phone numbers and the link to numeric study IDs are stored in the Northern California BCFR study ACCESS tracking database maintained by the local BCFR Data Core at Stanford University. This tracking database is password-protected and accessible only to designated study staff. This is the only file that contains the link between Study IDs and study participants' personal identifying information.

DISK STORAGE

State whether all disks with PID will be destroyed.

N/A

Electronic Safeguard

COMPUTER ACCESS OVERVIEW

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

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

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.

All workstations are protected using the Stanford Whole Disk Encryption (SWDE). The SWDE service is for both Windows and Macintosh desktop and laptop computers that support native encryption. The purpose of the Stanford Whole Disk Encryption (SWDE) service is to protect Moderate and High-Risk Data that must be stored on faculty and staff computers. Once installed, all files are automatically encrypted. The data are protected while the computer is in standby or hibernation mode as long as the hard disk is password-protected.

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.

All laptop and desktop computers that are being used for the study are protected using the Stanford Whole Disk Encryption (SWDE). The SWDE service is for both Windows and Macintosh desktop and laptop computers that support native encryption. The purpose of the Stanford Whole Disk Encryption (SWDE) service is to protect Moderate and High-Risk Data that must be stored on faculty and staff computers. Once installed, all files are automatically encrypted. The data are protected while the computer is in standby or hibernation mode as long as the hard disk is password-protected.

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.

Our study complies with University Policy that states that ALL electronic devices, including computers (laptops and desktops, OFFICE or HOME), smartphones, tablets, external hard disks, USB drives, etc. that may hold identifiable participant data, will be password protected, backed up, and encrypted. See http://med.stanford.edu/datasecurity/ for more information on the Data Security Policy.

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.

Stanford University uses IBM BigFix to deploy patches and updates to Windows and Macintosh computers. BigFix is administered by the Information Security Office in collaboration with IT organizations across the University. BigFix will apply security patches within seven days of publish. Back up user data at least daily. Backup data are encrypted in transit and at rest.

PASSWORD CONTROLS

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

At Stanford, all systems that rely solely on user and password for authentication must confirm to Stanford's Password Policy Requirements:
• 8-11: mixed case letters, numbers, & symbols
• 12-15: mixed case letters & numbers
• 16-19: mixed case letters
• 20+: no restrictions
It must not be equal to your current password, previous passwords, SUNet ID, or password reset answer. It must not be a single word that appears in the dictionary (English or non-English). It must be composed only of characters in the Roman alphabet, numbers, or symbols on the US keyboard. Examples include characters such as # $ % ! @.

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.

The operating system will initiate a session lock after a 15-minute period of inactivity. A screensaver must be enabled and set to require a password to unlock. Cardinal Protect provides an all-in-one managed secure desktop that includes modern endpoint management, enhanced threat detection, and automatic backups for optimal data protection. Cardinal Protect systems is highly secured and monitor endpoints designed to defend both the device and user against advanced cyber threats. It uploads a transcript of system events like program launches and network connections to a cloud-based detection infrastructure, and those logs are used to detect threats. The CrowdStrike agent continues to protect systems even while they are offline. The system is centrally managed by the Stanford University IT. For more information: https://uit.stanford.edu/service/cardinalprotect.

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.

Data transfer of identifiable information between Stanford and the GBACR will be done only via secured FTP, which is FIPS 140-2 compliant. Data are encrypted at rest and in transit.

INTERNET ACCESSIBILITY

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

Data will not 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.

Upon close-out of the study, all electronic PIDs will be sanitized per the University policy: https://uit.stanford.edu/security/data-sanitization. The guidance is derived from the government's National Institute of Standard and Technology guideline on media sanitization (https://ws680.nist.gov/publication/get_pdf.cfm?pub_id=917935).

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.

Northern California Breast Cancer Family Registry (NC-BCFR) female probands who previously completed the latest PAR2 follow-up survey online will receive the R21 pilot study contact letter by mail ("R21 Contact Letter - Online"), followed by an email invitation ("R21 Email Script – Invitation") that contains a secure electronic link to their consent form ("R21 Consent Form"). A PDF copy of the R21 consent form will also be attached so participants can read and review it before completing the consent form via the link. Participants who prefer to complete the documents on paper, can request paper copies from the study office by email or by phone.

Please note that the consent form includes elements that adhere to the CPHS consent form template and verbatim text required by the Stanford IRB. We are submitting two versions of the consent form: (1) a clean version and (2) a version that highlights the CPHS template section (blue highlights) and sections required by the Stanford IRB (green highlights) - see "R21 Consent Form CLEAN" and "R21 Consent Form with Highlights". As required by the Stanford IRB, the HIPAA form is embedded in the consent form.

All other Northern California BCFR female probands will receive a mailed package that contains the contact letter (see "R21 Contact Letter – Phone-Paper"), consent form, questionnaire, and a prepaid return envelope. Each participant will be asked to sign two copies of the consent form – one to keep for their own records and one to return to the study office. After signing the consent, they will be instructed to complete the study questionnaire. If they prefer, they can also complete the consent form online by entering the URL in the contact letter in their browser or scanning the QR code in the letter. We ask for approval of our "R21 List of Enclosures – Paper and phone" document that will summarize the items we will enclose in our study invitation packet.

Participants who do not complete the consent form (by mail or online) within 2 weeks of the initial mailing will receive a reminder postcard by mail or up to 3 automatic reminder emails over 2 weeks. About one month after invitation (mail or online), non-respondents will be called by trained interviewers as we have successfully done in past follow-ups to confirm whether the participant received the packet and to answer any questions they may have about the consent form or about participating. If requested, the study packet or online links will be sent again, or questionnaire will be completed by telephone interview at a time that is convenient for the participant.

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.

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.

R21 Consent Form CLEAN	Consent Form
R21 Consent Form with Highlights	Consent Form

TRANSLATED DOCUMENTS

Provide copies of the non-English version of consent/assent forms and/or scripts to be used in this research.

R21 Consent Form Sp	Consent Form

TRANSLATOR

Provide a copy of the curriculum vitae of the translators(s) and/or proof of certification of the translation firm.

CPHS may reject poorly written documents or documents from translators lacking adequate proof of training or expertise. For studies using documents translated into Spanish, the translation should use formal language.

Rocky Schnaath Resume	Translator Curriculum Vitae

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?

No

Cover Letter and PI Signature for PI Submission

BUDGET

Does this project have a budget?

Yes

Attach a copy of your project budget here

2024 R21 HRQOL SU Budget Justification 7-25-2024.doc Project Budget

COVER LETTER

Attach a copy of your project cover letter.

Cover letter must have the requesting institution's letterhead.

Cover Letter to CPHS 8-29-2024.docx Cover Letter

In order for the PI to review and sign this form, you will need to click "Next" and on the next page, click "Submit." At that point the PI will receive notification that will need to review the application and if they request changes, they will return the form to you and you will receive an email notification.

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

California Department of Public Health: Greater Bay Area Cancer Registry

PI Signature for Coordinator Submission (Initial) - Submitted 09/06/2024 12:12 PM ET by Esther John, PhD

PI Review

Please click "Next" and "Submit" in order to submit this application, regardless of whether or not it is ready for review. If you indicated it is ready for review, it will go to the Responsible Official for review and signature, and if not, it will be returned to the individual who completed the form for changes.

Is this application ready to be reviewed by the IRB? If not, choose no to have the application sent back to the coordinator for revisions.

Yes

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 Friday, September 6, 2024 12:12:47 PM ET by Esther John, PhD

Responsible Official Signature - Submitted 08/29/2024 7:20 PM ET by Victoria Leyton, LLB, MA, MHA, CRA

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 Thursday, August 29, 2024 7:20:38 PM ET by Victoria Leyton, LLB, MA, MHA, CRA

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 09/06/2024 6:21 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 Stanford University submitted this application to request approval for a project that aims to understand how stress and other factors impact the quality of life of long-term breast cancer survivors from diverse racial and ethnic backgrounds. This is a R21 pilot study conducted at Stanford School of Medicine, funded by the National Institutes of Health. The study is involved with human subjects' contacts and will include women from the Northern California Breast Cancer Family Registry (BCFR), a cohort enriched with African American, Asian American, and Hispanic women diagnosed with breast cancer from 1995-2009 at age 18-64 years. They were diagnosed in Northern California, mostly in the Greater San Francisco Bay Area, and were identified through the California Cancer Registry. Researchers have requested CCR data items to recruit existing Northern California BCFR female probands for the study. A LOS from CCR is attached. Researchers have requested CPHS approval for:
1)Re-contact long-term breast cancer survivors who enrolled in the Northern California Breast Cancer Family Registry from 1995-2009 and have been followed since then. Eligible breast cancer survivors will be invited to complete a questionnaire that collects information on health-related quality of life, various sources of stress, and other factors.
2)Invite a subset of eligible long-term breast cancer survivors to provide a blood sample which will be used to measure inflammatory biomarkers that may be related to stress.
3)Geocode current residential addresses of eligible long-term breast cancer survivors in order to link geocodes to neighborhood-level stressors.

A DSL from Stanford University is attached. Researchers have also requested approval for the attached Spanish documents.

Choose the CPHS Chair
Darci Delgado, PsyD

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

Assign to Cycle

October

Assign to cycle year
2024

Load into IRBManager (Initial Submission)
- Submitted 09/06/2024 6:22 PM ET by The System

Chair Review and Full Board Set-Up

Full Board Set Up

Project number

2024-146

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

No answer provided.

Provide the rationale for the level of review determination
No answer provided.