
University of Arizona Program in Research Integrity Education Monthly Newsletter

A Federally Mandated Compliance Education Program

August 1, 2007

Volume 7, No. 8

The Program in Research Integrity Education (P.R.I.E.) newsletter is featuring information on “Sponsorship, Authorship, and Accountability.” The material below is reprinted from the *International Committee of Medical Journal Editors* (ICMJE) web site. You will find this and other significant information at the (ICMJE) web site located at the following: <http://www.icmje.org/sponsor.htm>.

About the International Committee of Medical Journal Editors (ICMJE)

A small group of editors of general medical journals met informally in Vancouver, British Columbia, in 1978 to establish guidelines for the format of manuscripts submitted to their journals. The group became known as the Vancouver Group. Its requirements for manuscripts, including formats for bibliographic references developed by the National Library of Medicine, were first published in 1979. The Vancouver Group expanded and evolved into the International Committee of Medical Journal Editors (ICMJE), which meets annually. The ICMJE gradually has broadened its concerns to include ethical principles related to publication in biomedical journals.

Sponsorship, Authorship, and Accountability

As editors of general medical journals, we recognize that the publication of clinical-research findings in respected peer-reviewed journals is the ultimate basis for most treatment decisions. Public discourse about this published evidence of efficacy and safety rests on the assumption that clinical-trials data have been gathered and are presented in an objective and dispassionate manner. This discourse is vital to the scientific practice of medicine because it shapes treatment decisions made by physicians and drives public and private health care policy. We are concerned that the current intellectual

environment in which some clinical research is conceived, study participants are recruited, and the data analyzed and reported (or not reported) may threaten this precious objectivity.

Clinical trials are powerful tools; like all powerful tools, they must be used with care. They allow investigators to test biologic hypotheses in living patients, and they have the potential to change the standards of care. The secondary economic impact of such changes can be substantial. Well-done trials, published in high-profile journals, may be used to market drugs and medical devices, potentially resulting in substantial financial gain for the sponsor. But powerful tools must be used carefully. Patients participate in clinical trials largely for altruistic reasons – that is, to advance the standard of care. In the light of that truth, the use of clinical trials primarily for marketing, in our view makes a mockery of clinical investigation and is a misuse of a powerful tool.

Until recently, academic, independent clinical investigators were key players in design, patient recruitment, and data interpretation in clinical trials. The intellectual and working home of these investigators, the academic medical center, has been at the hub of this enterprise, and many institutions have developed complex infrastructures devoted to the design and conduct of clinical trials (1, 2). The academic enterprise has been a critical part of the process that led to the introduction of many new treatments into medical practice and contributed to the quality, intellectual rigor, and impact of such clinical trials. But, as economic pressures mount, this may be a thing of the past.

Many clinical trials are performed to facilitate regulatory approval of a device or drug rather than to test a specific novel scientific hypothesis. As trials have become more sophisticated and the margin of untreated disease harder to reach, there has been a great increase in the size of the trials and consequently the costs of developing new drugs. It is estimated

that the average cost of bringing a new drug to market in the United States is about \$500 million (3). The pharmaceutical industry has recognized the need to control costs and has discovered that private nonacademic research groups – that is, contract research organizations (CROs) – can do the job for less money and with fewer hassles than academic investigators. Over the past few years, CROs have received the lion's share of clinical trial revenues. For example, in 2000 in the United States, CROs received 60% of the research grants from pharmaceutical companies, as compared with only 40% for academic trialists (1).

As CROs and academic medical centers compete head to head for the opportunity to enroll patients in clinical trials, corporate sponsors have been able to dictate the terms of participation in the trial, terms that are not always in the best interests of academic investigators, the study participants, or the advancement of science generally (4). Investigators may have little or no input into trial design, no access to the raw data, and limited participation in data interpretation. These terms are draconian for self-respecting scientists, but many have accepted them because they know that if they do not, the sponsor will find someone else who will. And, unfortunately, even when an investigator has had substantial input into trial design and data interpretation, the results of the finished trial may be buried rather than published if they are unfavorable to the sponsor's product. Such issues are not theoretical. There have been a number of recent public examples of such problems, and we suspect that many more go unreported (5, 6).

As editors, we strongly oppose contractual agreements that deny investigators the right to examine the data independently or to submit a manuscript for publication without first obtaining the consent of the sponsor. Such arrangements not only erode the fabric of intellectual inquiry that has fostered so much high-quality clinical research but also make medical journals party to potential misrepresentation, since the published manuscript may not reveal the extent to which the authors were powerless to control the conduct of a study that bears their names. Because of our concern, we have recently revised and strengthened the section on publication ethics in the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals:

Writing and Editing for Biomedical Publication," a document developed by the International Committee of Medical Journal Editors (ICMJE) and widely used by individual journals as the basis for editorial policy. The revised section follows this editorial. (The entire "Uniform Requirements" document is undergoing revision; the revised version should be available at the beginning of 2002.) As part of the reporting requirements, we will routinely require authors to disclose details of their own and the sponsor's role in the study. Many of us will ask the responsible author to sign a statement indicating that he or she accepts full responsibility for the conduct of the trial, had access to the data, and controlled the decision to publish.

We believe that a sponsor should have the right to review a manuscript for a defined period (for example, 30 to 60 days) before publication to allow for the filing of additional patent protection, if required. When the sponsor employs some of the authors, these authors' contributions and perspective should be reflected in the final paper, as are those of the other authors, but the sponsor must impose no impediment, direct or indirect, on the publication of the study's full results, including data perceived to be detrimental to the product. Although we most commonly associate this behavior with pharmaceutical sponsors, research sponsored by government or other agencies may also fall victim to this form of censorship, especially if the results of such studies appear to contradict current policy.

Authorship means both accountability and independence. A submitted manuscript is the intellectual property of its authors, not the study sponsor. We will not review or publish articles based on studies that are conducted under conditions that allow the sponsor to have sole control of the data or to withhold publication. We encourage investigators to use the revised ICMJE requirements on publication ethics to guide the negotiation of research contracts. Those contracts should give the researchers a substantial say in trial design, access to the raw data, responsibility for data analysis and interpretation, and the right to publish – the hallmarks of scholarly independence and, ultimately, academic freedom. By enforcing adherence to these revised requirements, we can as editors assure our readers that the authors of an article

have had a meaningful and truly independent role in the study that bears their names. The authors can then stand behind the published results, and so can we.

Frank Davidoff, MD
Editor Emeritus, Annals of Internal Medicine

Catherine D. DeAngelis, MD, MPH
Editor, Journal of the American Medical Association

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Editor-in-Chief, The New England Journal of Medicine

The Editors
The New Zealand Medical Journal

John Hoey, MD
Editor, Canadian Medical Association Journal

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(Journal of the Danish Medical Association)

Richard Horton, FRCP
Editor, The Lancet

Sheldon Kotzin
Executive Editor, MEDLINE/Index Medicus

Magne Nylenna
Editor-in-Chief, Tidsskrift for Den norske laegeforening
(Journal of the Norwegian Medical Association)

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Executive Editor, Nederlands Tijdschrift voor Geneeskunde
(Dutch Journal of Medicine)

Harold C. Sox, MD
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UNIVERSITY OF ARIZONA
RESEARCH SUPPORT SERVICES GROUP
(RSSG)

HUMAN SUBJECTS
PROTECTION PROGRAM

≡**Highlights**≡

Engagement of Pharmaceutical Companies in HHS-Supported Research*

The Department of Health and Human Services (HHS) regulations (45 CFR 46.103(a)) require that each institution “engaged” in HHS-supported research provide the Office for Human Research Protections (OHRP) with a Federalwide Assurance (FWA) unless the research is exempt under 45 CFR 46.101(b).

An institution becomes “engaged” in human subjects research when its employees or agents (i) intervene or interact with living individuals for research purposes; or (ii) obtain individually identifiable private information for research purposes (45 CFR 46.102(d), (f)).

Pharmaceutical companies are automatically considered to be “engaged” in human subjects research whenever they receive a **direct** HHS award. In such cases, an FWA is required because the company receiving the award bears ultimate responsibility for protecting human subjects under the award.

Pharmaceutical companies who (i) provide test articles regulated by the US Food and Drug Administration for use in HHS-supported research; (ii) supply other materials or support for HHS-supported research; or (iii) otherwise collaborate in HHS-supported research, may also become “engaged” in HHS-supported human subjects research without receiving a **direct** HHS award when the following occurs

- The employees or agents intervene or interact (e.g., by performing invasive or noninvasive procedures or manipulating the environment) with living individuals for research purposes *or*;
- The employees or agents obtain, receive, or possess private information that is individually identifiable (either directly or indirectly through codes) for research purposes (e.g., obtaining or receiving private information from medical records in an individually identifiable form; receiving coded data that can be linked to individual subjects by members of the HHS collaborative research team).

The Office for Human Research Protections reserves the right to determine whether companies are “engaged” in human subjects research consistent with the above mentioned guidelines and should be consulted if study personnel require assistance in applying these guidelines to specific situations. The Office for Human Research Protections can be contacted by telephone, fax, or email if more information is needed. Toll-free telephone within the U.S.:

(866) 447-4777

Telephone: (240) 453-6900

Fax: (240) 453-6909

e-mail: ohrp@osophs.dhhs.gov

*Department of Health and Human Services. Engagement of Pharmaceutical Companies in HHS-Supported Research. 23 December 1999. Access date 24 July 2007. World Wide Web: <http://www.hhs.gov/ohrp/humansubjects/guidance/guid1223.pdf>.

Good Laboratory Practices: (GLP)

Information of interest to the University Community from the Society of Quality Assurance Meeting April 2007.....

- ✓ Sponsor - mandated adherence to federal guidelines and regulations has become more rigorous as the Food and Drug Administration [FDA] increasing uses academic re-search in

support of potential vaccines’ licen-sure. Specifically, government-funded spon-sors are beginning to require Good Laboratory Practice/Good Clinical Practice [GLP/GCP] compliance for government-funded laboratories performing immunologic endpoint assays on clinical trial specimens.

- ✓ FDA reported that inspections for 2006 found the following cases of non-compliance:

- Inadequate record keeping
- Incomplete final reports
- Reports not signed and dated by PI
- No dosing records
- Reports not prepared on terminated studies
- Inadequate SOPs

34% of inspections resulted in VAI [Voluntary Action Indicated] – Objectionable conditions were found and documented but the District and/or Center is not prepared to take or recommend any of the regulatory actions since the objectionable conditions do not meet the threshold for regulatory action. Any corrective action is left to the establishment to take voluntarily.

10% of inspections resulted in OAI [Official Action Indicated] – Objectionable conditions were found and a regulatory action is recommended.

Contact for information and guidance for good practices....

Marilyn M. Marshall, SpM, Quality Assurance Officer
Office of the Vice President for Research
621-1469 (p), 621-1429 (f)



News from HIPAA.....

Report on Virginia Tech Shooting Cites Need for Further HIPAA Privacy Guidance

Reprinted from the July 2007 issue of [REPORT ON PATIENT PRIVACY](#), the industry's most practical source of news on HIPAA patient privacy provisions.

“A report sent to the president on June 13 underscores that information sharing is critical to prevent tragedies such as the Virginia Tech shooting, but that such sharing ”faces substantial obstacles.” Mental health care providers especially are confused about the relationship between state laws and federal laws, according to the report, which is by HHS, the Department of Justice and the Department of Education.

“States, which have long sought to address the difficult balance among privacy, security and ensuring that people in need receive appropriate care, also report that they may be revisiting their approach in coming months, as tragic events such as Virginia Tech sharpen their focus on whether there is a need to implement more effectively decisions that have already been made,” the report says.

Federal officials from the three departments interviewed officials and experts from mental health, education and law enforcement communities in twelve states. “We repeatedly heard reports of ‘information silos’ within educational institutions and among educational staff, mental health providers, and public safety officials that impede appropriate information sharing,” it says. “These concerns are heightened by confusion about the laws that govern the sharing of information. Throughout our meetings and in every break-out session, we heard differing interpretations and confusion about legal restrictions on the ability to share information about a person who may be a threat to self or to others.”

The officials and experts who were interviewed were especially confused about HIPAA and the Family Education Rights and Privacy Act (FERPA), the feds found. “[T]here was significant misunderstanding about the scope and application of these laws and their interrelation with state laws. In a number of discussions, participants reported circumstances in which they incorrectly believed that they were subject to liability or foreclosed from sharing information under federal law. Other participants were unsure whether and how HIPAA and FERPA actually limit or allow information to be shared and unaware of exceptions that could allow relevant information to be shared.

Among its recommendations, the report says that HHS and the Education Department should “develop additional guidance that clarifies how information can be shared legally under HIPAA and FERPA and disseminate it widely to the mental health, education and law enforcement communities.”

At the state and local level, the report says officials should:

- Review the applicable federal laws, but also clarify and promote a “wider understanding” about state laws’ limits on sharing of information on those who may pose a danger to themselves and others. Also, examine

state laws to see if changes are needed for proper balances of privacy and security.

- Increase information sharing and collaboration among communities, educators, mental health officials and law enforcement officials.
- Provide accurate information so family members, educational administrators, mental health providers, etc. understand when they can legally share and receive information about mental illness.

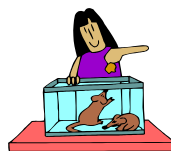
Reece Hirsch, who is a partner with the Sonnenschein Nath & Rosenthal law firm, says it is noteworthy that several of those interviewed for this report referred to the complicated relationship between federal and state privacy laws. “It just goes back to the patchwork approach to privacy that the U.S. takes. The relationship between FERPA, HIPAA and state and federal laws governing mental health information is very complicated, which creates plenty of challenges for non-lawyers seeking to make sense of these often-overlapping laws and regulations.”

For facilities that are within educational institutions [e.g., school clinics], this is probably most relevant, he says. CEs that deal with mental health information may be affected as well. They could take some comfort from the fact that guidance may be forthcoming, Hirsch tells *RPP*.

To read the entire report, visit the web site at: www.hhs.gov/vtreport.html#intro.

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University of Arizona – Animal Care



Quality Care for Research Animals

The University of Arizona Animal Care and Use Program has received Full Accreditation from AAALAC, our accrediting agency. All animal care, animal research personnel and Drs. Tolbert and Comrie deserve big thanks for making the site visit successful. Here is an excerpt from our accreditation letter:

“The Council on Accreditation of the Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC International)

has reviewed the report of the recent site visit to The University of Arizona, Tucson, Arizona. The Council commends you and the staff for providing and maintaining a high quality program of laboratory animal care and use. Especially noteworthy were the strong institutional commitment, as evidenced by the construction of a new animal facility; the outstanding leadership and your contributions to the program through facility improvement grant awards; the excellent administrative support provided by the Institutional Animal Care and Use Committee (IACUC) coordinator to the Committee; the comprehensive University-wide environmental enrichment program; the oversight and coordination of the agricultural animal program by the farm animal research specialist; and the dedication and concern for animal welfare exhibited by all personnel involved with animal care and use. The Council is pleased to inform you that the program conforms with the AAALAC International standards as set forth by the Guide for the Care and Use of Laboratory Animals, NRC 1996. Therefore, FULL ACCREDITATION shall continue.

Council acknowledges receipt of your correspondence dated February 23, 2007 detailing prompt actions taken relative to concerns expressed by the site visitors during the exit briefing. Specifically, the items included; addressing cage-washer safety issues; ensuring appropriate anesthetic and analgesic use and record-keeping; ensuring appropriate safety practices in several areas; addressing concerns related to post-operative care, outdated drugs, guillotine maintenance, and sanitation practices; improving oversight of satellite facilities; allocating money to repair or replace damaged fencing; and planning to replace inadequate facilities for Biosafety Level-2 animal housing. In addition, Council acknowledges your confirmation of appropriate ether storage.”

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Radiation Control



From the U.S. Department of Labor
 Occupational Safety & Health Administration
 Safety and Health Topics

www.osha.gov

Radiation

Radiation may be defined as energy traveling through space. Non-ionizing radiation is essential

to life, but excessive exposures will cause tissue damage. All forms of ionizing radiation have sufficient energy to ionize atoms that may destabilize molecules within cells and lead to tissue damage.

Radiation sources are found in a wide range of occupational settings. If radiation is not properly controlled it can be potentially hazardous to the health of workers.

The following are links to information about non-ionizing and ionizing radiation in the workplace.



Non-Ionizing Radiation

Electromagnetic radiation ranging from extremely low frequency (ELF) to ultraviolet (UV) comprise non-ionizing radiation.

[ELF Radiation](#) | [RF/MW Radiation](#) | IR | Visible | UV | [Laser Radiation](#)



Ionizing Radiation

The two types of ionizing radiation are particulate (alpha, beta, neutrons) and electromagnetic (x-rays, gamma rays) radiation.

Particulate Radiation | [Electromagnetic Radiation](#)

Institutional Biosafety Committee



Bulletin



Frequently Asked Questions...

Question: What are the key documents that I should use to understand the requirements for The University of Arizona Biosafety Program?

Answer: The University of Arizona Biosafety Handbook, February, 1998

<http://www.ibt.arizona.edu/WebBiosafetyman/toc-title.html>

CDC/NIH Biosafety in Microbiological and Biomedical Laboratories, 4th Edition

[CDC Handbook](#)

<http://www.cdc.gov/od/ohs.biosfty/bmbl14/bmbl14toc.htm>

NIH Guidelines for Recombinant DNA and Gene Transfer

[NIH Recombinant DNA Guidelines](#)

<http://www4.od.nih.gov/oba/rac/guidelines.html>

Copies of the guidelines are available by contacting the Institutional Biosafety Committee Office at 621-3441, 1230 N. Park/Suite #205 and should also be available through your Departmental Office. The various guidelines are also available on the World Wide Web and can be accessed under the Agency Guidelines link on the IBC homepage. If problems or questions arise, call the office at 621-3441 or 621-5279.

OPPORTUNITIES FOR ON-LINE ETHICS TRAINING

Online Study Guide
University of New Hampshire
Responsible Conduct of Research
http://ori.hhs.gov/education/products/unh_round1/www.unh.edu/rcr/index-2.html

Online Research Ethics Course

This course was developed through the Practical Ethics Center at the University of Montana with Office of Research Integrity support during the 2002-03 academic year. Six course sections include: *Session One* (Ethical Issues in Research); *Session Two* (Interpersonal Responsibility); *Session Three* (Institutional Responsibility); *Session Four* (Professional Responsibility); *Session Five* (Animals in Research); *Session Six* (Human Participation in Research).

The following web address contains more information regarding this valuable online course: http://ori.hhs.gov/education/products/montana_round1/research_ethics.html

Ethical Guidelines for Gifts to Physicians from Industry

Free educational modules now available

The American Medical Association's (AMA) national initiative on *The Communication of Ethical Guidelines for Gifts to Physicians from Industry* is now offering four free online modules for CME credit. Each educational module is available in two formats:

- Online self-study for CME credit; and
- Downloadable resources educators can use to build one-hour learning experiences.

These educational modules will help satisfy Accreditation Council for Graduate Medical Education (ACGME) requirements for education on professionalism and industry professional relationships, as well as similar requirements by the American Board of Medical Specialties (ABMS).

For more information, you may visit the following internet web address: <http://www.ama-assn.org/ama/pub/category/8405.html>.

On-Line Module or Short Course in "The Ethics of Research with Human Subjects"

The Least of My Brothers

Funded by the **National Institutes of Health**
(Grant Number 1 T15 AI07601)

The Least of My Brothers is an on-line module (or short course) in the ethics of research with human subjects. For more details and course information, please access the following internet web address: <http://poynter.indiana.edu/sas/lb/>, or you may also contact Kara Lochridge at: (812) 856-4968, or klochrid@indiana.edu.

Upcoming Conferences/Workshops

September 9-12, 2007

National Radon Conference
<http://www.crcpd.org/radon/RnMtg2007/Agenda.pdf>
Jacksonville, Florida

September 17-19, 2007

First World Conference on Research Integrity
Lisbon, Portugal
Co-sponsor: European Science Foundation
To pre-register:
www.esf.org/conferences/researchintegrity

October 6-11, 2007

<http://www.ahima.org/convention/2007/>
American Health Information Management Association (AHIMA)'S 79th Convention and Exhibit
Philadelphia Convention Center
1101 Arch St, Philadelphia, PA

October 18-21, 2007

programcommittee@asbh.org
American Society for Bioethics + Humanities (ASBH)
Renaissance Washington DC Hotel
Washington, DC

May 13-16, 2008

Fourteenth Annual *Teaching Research Ethics Workshop*
Indiana Memorial Union, Bloomington, Indiana
See [Teaching Research Ethics Overview](#) for the agenda.
For registration and fee information, see:
<http://poynter.indiana.edu/tre/workshop.shtml>

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and compiled by Ruth Kurash Daniels.*

Words of Wisdom:

*"Not to know is bad; not to wish
to know is worse."*

— African Proverb