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RECD NOV 30 1983

MEMORANDUM

TO: Dr. Robert Day

FROM: Institutional Review Board (IRB) FHCRC, Henry G. Kaplan, M.D. Chair

RE: IRB Review of Application #H839-252R "Autologous Marrow Transplantation for Treatment of Malignant Lymphoma" #159

As you know, there has been a great deal of discussion of the use of monoclonal antibodies in clinical trials and the role that the IRB at FHCRC should play in this research. This, in turn, has stimulated the committee to examine the role of the IRB in a more general sense.

It is our feeling that the role of the committee should be to:

1. Ensure that patients are given sufficient information to allow them to give truly informed consent to any study that they are asked to participate in.

2. To safeguard the rights of patients by overseeing the structuring of research studies in so far as to ensure that reasonable prudence has been exhibited in determining what studies and in what manner such studies are brought to clinical trial.

3. To protect the investigators and the institutions involved in clinical trials by overseeing the structuring of research studies and the process in which such studies are brought to clinical trial.

Obviously, the second point is subject to considerable debate and interpretation. The committee feels strongly that it cannot and should not be called upon to judge the detailed scientific merits of a given study but that it can and should, based on data provided by the scientific staff, be expected to judge in a general sense whether or not the risks of a particular study are justified by the possible gains of that study. We believe that the multi-disciplinary composition of the IRB gives it the unique ability to add perspective to the FHCRC decision-making process on this point.

With these thoughts in mind, the IRB has considered the problem of monoclonal antibody studies and has determined that a single general protocol should be approved for the in vitro treatment of bone marrow with monoclonal antibodies. However, a specific appendix for each monoclonal antibody to be tested should be submitted to the committee for approval. This appendix would provide the committee with the background scientific information necessary for committee members to determine if the protocol and consent form accurately reflect the potential risks and benefits of the research to the prospective patient.

The IRB strongly recommends the formation of a new, independent, scientifically based group to consider the scientific merits of the monoclonal antibody preparations proposed for study. These preparations are unique in that they represent, in a very real sense, entirely new, experimental drugs. In other cases of new drug use the IRB, as well as the scientific community can depend on extensive preclinical evaluation of new drugs by drug companies, other academic groups and/or the general medical community culminating in approval by the FDA for further experimental testing. In the case of monoclonal antibodies these safeguards are not currently available. These preparations are often developed entirely within the FHCRC program and have not undergone additional study and testing elsewhere. In addition, scientific guidelines do not yet appear to be as firmly established and standardized to determine the safety of these preparations, as for new chemotherapy drugs. Finally, such a group might provide a broad scientific perspective on the decision making processes involved in bringing various monoclonal antibodies to clinical trial.

The IRB envisions proposed monoclonal antibody studies being presented first to this new group for scientific review and only afterward to the IRB for consideration of issues dealing with patient information, patient rights and the like. The IRB will not become involved with the detailed scientific merits of the proposed studies.

At this point, the IRB approves Dr. Appelbaum's study H839-252R "Autologous Marrow Transplantation for Treatment of Malignant Lymphoma" #159 as a general protocol for the use of monoclonal antibodies. All monoclonal antibodies currently in clincial trial as well as any new monoclonal antibodies proposed for trial should now be reviewed on individual bases as appendices to this protocol. If the suggested additional (scientific) review body is indeed formed it would review such proposals as well.

cc: Dr. Donnall E. Thomas
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Dottie Thomas

HK:nh