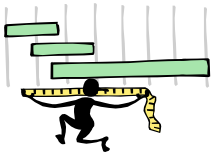
Clinical Trials Network

CTN Bulletin
April 5, 2006
Volume 06 – 06

Open Studies (3) –Over 7,000 Enrolled!

- CTN 0013 – randomized 194
- CTN 0014 – randomized 301
- CTN 0029 – randomized 26

Total Randomized All Studies: 7,056
Total Screened All Studies: 11,585



CTN 0028 - ADHD in Adolescents

Congratulations to all Wave 1sites! They were endorsed to open the study and are actively recruiting. Two of the three sites have consented an individual, and are in the screening/baseline process. Initial protocol procedures have gone smoothly. Wave 2 sites have identified or hired most of the research staff. The Lead Team met with several site representatives at the recent Steering Committee meetings in Dallas to answer questions, problem solve, etc. In addition, the Lead Team visited the Texas site, MHMR of Tarrant County. Many thanks to the hospitality of the folks at MHMR for accommodating a site visit. Next steps for Wave 2 are to complete procurement of supplies, obtain IRB approvals, prepare for Face-to-Face trainings in Denver (protocol April 25-27, 2006 and CBT training May 2-5,2006), and obtaining DEA research registrations for the sites/study physicians.

CTN 0029 - ADHD in Adult Smokers

The Wave 1 sites continue to go strong with a total of 29 randomized across the three sites. In addition, 4 participants have completed the active treatment phase and are currently in follow-up. The Wave 2 sites continue to work towards implementation. Drug Accountability training will be conducted by EMMES via teleconference on April 10th and Lead Node trainers will be in New York on April 3-5 and in Oregon on April 12-14 to do in-person training for some protocol specific modules. The Wave 2 sites are on target to receive endorsement sometime in mid-to-late May.

CTN is a program of the National Institute on Drug Abuse, part of the National Institutes of Health within the Department of Health and Human Services.

Executive Committee (EC)

The Executive Committee met at the March Dallas Steering Committee. The meeting involved discussions with the Chairs of the CTN committees that report to the EC: the Research Development Committee (Chair Kathy Carroll – New England PI), the Research Utilization Committee (Chair Jeff Selzer – Long Island CTP Rep), and the Publications Committee (Chair George Bigelow – Mid-Atlantic Node Co-PI). The members talked about the Trial Progress Report, which the EC will review monthly. The EC serves as an advisor to the Lead Investigators regarding site performance. Thus, if a site were performing poorly in a particular trial, the EC could advise the LI about how to deal with that situation, including advice regarding dropping a site. The EC is advisory to NIDA on a trial as a whole.

The EC meets by conference call monthly, and reserves the right to meet more frequently as the need arises. In the Dallas meeting, a decision was made to have a Steering Committee member become Chair of the EC, rather than a NIDA CCTN member. The EC elected Roger Weiss (Northern New England PI) to be Chair. The EC is grateful for all of the hard work that Mary Ellen Michel, and previously Betty Tai, did as EC Chair and looks forward to a continued excellent collaborative relationship with the CCTN.

CTN 0030 POATS

The Prescription Opiate Addiction Treatment Study (POATS) will be implemented in two waves. The three Wave 1 sites for study implementation are working collectively to ensure study start-up. The study personnel are currently preparing their respective sites for site-initiation visits. Recruitment of participants across Wave 1 sites is targeted to begin May 10, 2006. The CTN 0030 protocol centralized training was held in Gaithersburg, MD on March 29–31, 2006. The training was hosted by the Lead Node and provided detailed training and protocol specific certification for both clinicians and research staff. Wave 2 candidate sites were interviewed in January and February. A decision regarding the final slate of sites is forthcoming.

CTN Library

The CTN Library is web-based, and includes a catalog with descriptive records for each item. The address is: http://ctndisseminationlibrary.org.

How to Calculate Expected Randomizations

The Trial Progress Report includes 3 components that involve the expected number of randomizations for each trial: 1) the overall trial graph; 2) the site-by-site graph; and 3) a randomization table by site and overall performance. The method for calculating the expected number of randomizations is described in a document on Livelink, "Method for Calculating Expected Randomizations" at CTN/ Data and Statistics Center / Trial Progress Reports. Please contact Paul Wakim if you have any questions about this process.

Updates from CTNers

Delaware Valley Node Change

Sue Gordon, previously at the Caron Foundation CTP, has moved to the Seabrook House. This new CTP is a residential addiction treatment center in southern New Jersey. Sue will continue to be the Node's CTP representative on the Steering and Executive Committees. Her new phone and e-mail are: 856-455-7575, ext. 1152, sgordon@seabrookhouse.org
Candis Siatkowski will be the new representative from Caron Foundation for the DV Node. Her contact information is: 610-743-6275, and e-mail at csiatkowski@caron.org

Long Island Node ASI Training

The Long Island Node will be holding an ASI training on April 17th and 18th. Electronic/printable certificates will be provided upon completion. Please contact Jen Lima for information and registration at: limajen@pi.cpmc.columbia.edu or phone at (212) 543-6930.

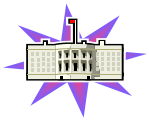
Mid-Atlantic Node

The Mid Atlantic Node held its fourth annual Science-to-Practice training symposium on March 24. Node CTPs selected the topic this year, which was "Bridging Psychiatry and Substance Abuse." Speakers included Ned Nunes and Carlos Blanco of the Long Island Node, who presented material on assessment and treatment of psychiatric disorders; Bill Dundon from the Treatment Research Center, University of Pennsylvania, gave a workshop on medication compliance therapy based on the project COMBINE treatment manual; and a special workshop on treatment of adolescents with co-occurring disorders was presented by Peter Cohen, M.D., Medical Director of the Maryland ADAA. The daylong program consisting of lectures and workshops was attended by 80 local and regional treatment providers, and was a great success.

More Delaware Valley Node News

George Woody (Node PI) and colleagues from Boston University and St. Petersburg State Pavlov Medical University did an analysis of co-occurring heroin dependence and infectious diseases in St. Petersburg, Russia. Their review of the databases showed that substance use disorders and infectious diseases constitute parallel and overlapping epidemics in this region. This was published in the December 2005 edition of *European Addiction Research.*

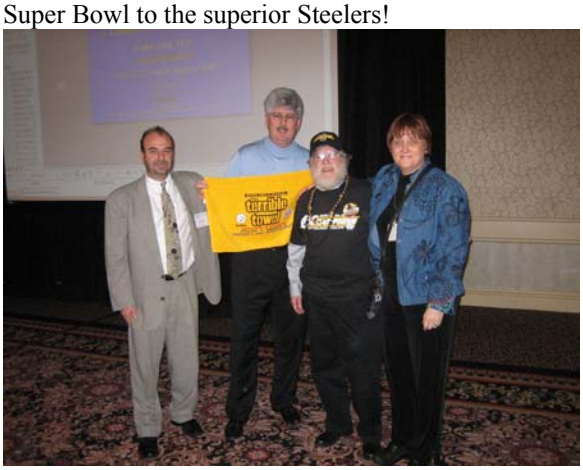
Southern Consortium (SC) News



Jack Claypoole, CEO of Lexington-Richland Alcohol and Drug Abuse Council (LRADAC) in the SC Node, has been appointed to a White House post. Mr. Claypoole will be Administrator of the Drug Free Communities Support Program at the Office of National Drug Control Policy. As a CTP in the SC Node, LRADAC was a participant in two studies (CTN 0018/ 0019) and has signed up for the ADHD in Adolescent Study (CTN 0028). The Southern Consortium wishes Mr. Claypoole great success in his new post but will miss his leadership among their CTPs.

Super Bowl at the CTN

Dennis Daley, Larry DeMarzo and Dorothy Sandstrom, members of the ATS Node in Pittsburgh, home of the Super Bowl Champs, present a new wardrobe of "Steeler" clothes and a "Terrible Towel" to Dennis Donovan, Node PI from Seattle, Washington, to ease the pain of his team losing the Super Bowl to the superior Steelers!



Left to right – Larry DeMarzo, Dennis Daley, Dennis Donovan, and Dorothy Sandstrom

Topics for CTN Column in NIDA Notes
Please forward ideas for CTN related articles to Jeff Selzer (Long Island Node) at selzer@lij.edu.

Grant and Contract Tidbits

Health Research with Diverse Populations (R01) (PA-06-218) Application: The purpose of this Program Announcement is to invite grant applications for biological, behavioral, social, mental health, and drug and alcohol abuse research bearing on the health of lesbian, gay, bisexual, transgender, and related populations. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award will also vary. Receipt/Submission Date(s): Multiple dates, see announcement at this site - http://grants.nih.gov/grants/guide/pa-files/PA-06-218.html

Research on Social Work Practice and Concepts in Health (R03) (PA-06-233): This funding opportunity is issued by the Office of Behavioral and Social Sciences Research. This solicits Small Research Grant (R03) applications from organizations/institutions that propose to develop empirical research on social work practice, concepts, and theory as these relate to the NIH public health goal of improving health outcomes for persons with medical and behavioral disorders and conditions. Application Receipt/Submission Date(s): Multiple dates, see announcement here - http://grants.nih.gov/grants/guide/pa-files/PA-06-233.html

Research on Social Work Practice and Concepts in Health (R21) (PA-06-234) The ultimate goal of this funding opportunity is to encourage the development of empirical research on social work practice, concepts and theory as these relate to the NIH public health goal of improving health outcomes for persons with medical and behavioral disorders and conditions. Application Receipt/Submission Date(s): Multiple dates, see announcement at this site - http://grants.nih.gov/grants/guide/pa-files/PA-06-234.html

Research Supplement Training Program: The

Office of Behavioral and Social Sciences Research (OBSSR) at the National Institutes of Health (NIH) invite you to explore their website designed to expand the promotion efforts of the NIH research supplement training program. The OBSSR and NIH seek to ensure a concentration of researchers who will address behavioral and social factors that are important in improving the public's health, especially among minority populations. This website creates a link between underrepresented minority students and faculty and the research training opportunities available through the NIH Research Supplements for Underrepresented Minorities program. In addition, it establishes a central resource for students and faculty, as well as researchers, seeking information on NIH research training opportunities in the behavioral and social sciences. For more information, please visit the site at: http://mentorminorities.od.nih.gov/.

Request for Contract Proposals -

The National Institutes of Health (NIH) is issuing a request for a **contract** for the Development of the NIH Toolbox for Assessment of Neurological and Behavioral Function. This effort is tied to the NIH Blueprint for Neuroscience Research, an intra-agency partnership to accelerate neuroscience research by increasing collaboration and information sharing among 16 Institutes and Centers that conduct or support research on the brain and nervous system. This toolbox is to provide investigators with a brief, but comprehensive, measurement tool for assessment of cognitive, emotional, sensory and motor function. The NIH is seeking an innovative approach to measurement that will be responsive to the needs of researchers in a variety of settings, with a particular emphasis on measuring outcomes in clinical trials and functional status in large cohort studies, e.g. epidemiological studies and longitudinal studies. The Request for Proposals, RFP 260-06-01, will be available electronically on or about March 13, 2006 and may be accessed through the Internet at: http://www.fedbizopps.gov .

RWJ Foundation Call for Proposals

The Robert Wood Johnson Foundation (RWJ) has announced a four-year, $11 million program to support partnerships between treatment providers and states that are purchasers of publicly funded treatment services. Six state-provider partnerships will be selected in the first round of funding. The funding will support processes to increase the implementation of proven addiction treatment practices. The call for proposals, called Advancing Recovery, is available online at www.rwjf.org under Grant Applications. Community treatment agencies and provider associations are among those eligible to apply. This program is part of the RWJ efforts to improve the quality of alcohol and drug addiction treatment.

DB Support Line

To ease requests for support, DB Consulting has set up an account for requesting information on CTN meetings, publications, ordering brochures, or updating membership. Please e-mail requests to: ctnsupport@dbconsultinggroup.com.

Clinical Coordinating Center (CCC) at EMMES

The Clinical Coordinating Center is sad to announce that Erica Raiden will be leaving our project on April 7, 2006. Erica has headed up the regulatory efforts of the CCC as well as led the CCC's participation in the implementation of protocol 0027. We are very sad to see her leave, but wish her luck in her new endeavors.

Beginning in April, the following will be the main points of contact for each of the current CTN protocols at the CCC:

Doug Domalik – Protocols 0010 and 0027
Seth Sherman – Protocols 0015, 0020, and 0028
John McGinley – Protocols 0018 and 0019
Chris Bertz – Protocols 0014 and 0017
Carol Wenck – Protocols 0013, 0021,0029 and 0031
Michele Straus – Protocol 0030

Regulatory News

Exploratory IND Studies – "Phase Zero"

The FDA issued a document entitled "Guidance for Industry and Reviewers – Exploratory IND Studies" in January 2006. The guidance introduces a new class of very early Phase 1 studies, which the FDA has termed "Phase Zero". These exploratory studies would be conducted prior to the traditional drug development Phase 1 trial. Through the Exploratory IND process, sponsors will be able to combine preclinical data with first-in-human data to select the best drug candidates to advance to Phase I clinical trials.

A Phase Zero study is a clinical trial that:

- is conducted early during the drug development process,
- limits the research subject's exposure to the investigational drug (dose, frequency, duration, etc.), and
- provides no therapeutic or diagnostic value (e.g., screening studies, microdose studies).

"Exploratory IND studies can help identify, early in the process, promising candidates for continued development, and eliminate those lacking promise. As a result, exploratory IND studies may help reduce the number of human subjects and resources, including the amount of candidate product, needed to select promising drugs," said the FDA.

The guidance in its entirety can be viewed on the FDA-CDER website at:
http://www.fda.gov/cder/guidance/7086fnl.htm

Alternative Models of IRB Review

The Office for Human Research Protections (OHRP), with the National Institutes of Health, the Association of American Medical Colleges and the American Society of Clinical Oncology have issued a report summarizing the findings of a workshop on "Alternative Models of IRB Review" held in Washington, DC on November 17-18, 2005. The workshop was suggested by the Secretary's Advisory Committee on Human Research Protections (SACHRP) in the fall of 2004 as a means of understanding the issues associated with the use of alternatives to local Institutional Review Boards (IRBs) and informing the committee for its future deliberations. The report is posted at:
http://www.hhs.gov/ohrp/sachrp/documents/AltModIRB.pdf

Training Opportunities

Register for the OHRP Research Community Forum "Bridging the Regulatory Gap: Biomedical and Social/Behavioral Research Are Closer Than You Think," in Notre Dame, IN on May 16, 2006. This forum is being sponsored by the University of Notre Dame. For program information, see the brochure at:
http://ohrpmeetings.org/indiana/overview.html

Who to Contact:

For general questions or when you don't have a specific staff member to contact at the CCC, please send an e-mail to: **CTNSupport@EMMES.com**. Use **CTNSafety@EMMES.com** for submitting safety reports or asking safety related questions.

Chris Bertz – *Regulatory and Quality Assurance* – 301-251-1161, cbertz@emmes.com

Carol Wenck – *Protocols and Training* – 301-251-1161, cwenck@emmes.com

Michele Straus – *Other CCC related questions and topics* – 301-251-1161, mstraus@emmes.com

NIDA Project Officer, Carol Cushing, at: ccushing@nida.nih.gov, telephone (301) 443-9815.

Where to Get Information on the CTN and NIDA

The NIDA CTN website is being revised to include information on the new protocols and new sites. For more information on the CTN as well as summaries of all the protocols, please go to: http://www.nida.nih.gov/CTN/Index.htm
For information on NIDA (National Institute on Drug Abuse), please go to: http://www.drugabuse.gov/

Data and Statistics Center (DSC) at DCRI

Coming soon - the DSC has implemented a Learning Management System (LMS) that allows you to take CTN training right at your own desk. All you need is a computer and an Internet connection. Some advantages include:

- Access GCP and InForm System training online
- Download online training to take when you are traveling or don't have an Internet connection
- View your training progress and completion record at any time
- Contact the Site Support Help Desk from 8 a.m. to 8 p.m. (EDT) if you need help with technical issues at (800) 372-7743 or by e-mail: NIDADSC-Help@mc.duke.edu

The site will be online soon – watch for an announcement.

Who to Contact:

Site Support Help Desk at 1-888-DSC-SSHD (1-888-372-7743) or e-mail at nidadsc-help@mc.duke.edu

Project Lead**:**
Li-Tzy Wu, Sc.D., Phone (919) 668-8576
litzy.wu@duke.edu

New Clinical Project Leader II:
Ben Sallard, Jr., Phone (919) 668-8343
Ben.Sallard@duke.edu

Data Management Lead:
Lori Poole, B.A., Phone (919) 668-8238
lori.poole@dcri.duke.edu

Lead Statistician**:**
Jeff Leimberger, Ph.D., Phone (919) 668-8758
leimb001@dcri.duke.edu

NIDA Project Officer, Jeng-Jong (JJ) Pan, at (301) 443-8888 or jpan@nida.nih.gov.

Questions and Answers from CCTN

1. When is the next NIDA Blending Meeting? The next NIDA Blending Conference will be held on October 16 and 17, 2006, at the Seattle Convention Center in Seattle, Washington. The conference is co-sponsored by the Washington Node and the Oregon/Hawaii Node. The CTN Steering Committee will follow that conference from October 18-20 at the same location.

2. Who is responsible for providing training to staff in core measures and assessments? The Node is responsible for providing training to staff in CAB assessments and core measures. The Clinical Coordinating Center (CCC) at EMMES will provide the training tools (CD-ROM, tapes, standard training binders and materials, Internet training) to assist with training and will have training classes as needs arise. The CCC will not provide weekly or monthly training sessions to accommodate staff changes. The local Node should have the expertise to provide training that is needed for their own staff.

3. What are the changes in local QA monitoring?

For all new studies and the ones just being implemented (CTN 0027, 0028, 0029, and 0030), the CCC will provide the external monitoring required under 21 CFR 312, and ICH GCP. Local Node QA monitoring will be discontinued. (Note: Local QA monitoring will continue as usual for protocols CTN 0010 through CTN 0021 until the studies are closed.) The previous requirement for local QA reports in addition to NIDA's external monitoring reports has ended. The local Node will be responsible for site management of the trial. This includes assisting sites in:

- Maintaining site regulatory obligations
- Assuring adherence to protocols
- Study participant documentation
- Identifying and resolving site problems prior to monitoring visits
- Providing staff for the conduct of the trial
- Training
- Recruitment, retention, and follow-up activities
- Addressing data queries

The CCC will visit each site about every 3 months, depending on the rate of enrollment, study conduct problems, and other issues that may arise. All sites will be visited shortly after the first 2 participants are enrolled. Fast enrolling sites may be monitored more frequently than slower enrolling sites.

4. Do local CTP recruitment ads have to be approved by NIDA? Local clinic advertisements do not need NIDA's approval. Recruitment ads from our NIDA grantees do need approval. All ads must be approved by the relevant IRB. NIDA's name should not be used in any advertisement without prior approval. The patient and clinician brochures are reviewed and approved by NIDA and can be used for disseminating information at the local level too.

Updates for this Bulletin should be sent to Carol Cushing at ccushing@nida.nih.gov