

Minutes
Hirschsprung Disease Research Collaborative (HDRC) Conference Call
April 28th, 2017, 3:30pm EST

Attendees:

Aravinda Chakravarti, Dallas Auer, Juli Bollinger, and Jia Yan (Johns Hopkins University School of Medicine); JoAnn DeRosa (Johns Hopkins All Children's Hospital); Josh Bolender and Richard Wood (Nationwide Children's Hospital); Josh Fife (University of Utah Primary Children's Center); Caroline Loner (Cincinnati Children's Hospital Medical Center); Stephanie Falwell (University of California, Davis); Jill Ketzner (Children's Hospital Colorado); Annalyn DeMello (Texas Children's Hospital)

- I. Welcome
 - a. Dr. Aravinda Chakravarti welcomed everyone to the call and thanked them for joining and their continuing efforts at recruitment of participants.
- II. HDRC Update
 - a. Membership
 - i. Children's Hospital Colorado is now an HDRC site. Jennifer Hall is the Research Program Coordinator for the International Center for Colorectal Care at Children's Hospital Colorado (CHCO). She and Dr. Andrea Bischoff both came from Cincinnati Children's Hospital and previously worked on the HDRC study at the Cincinnati site. Ms. Hall has been working with Dr. Bischoff to get the HDRC study protocol approved at their institution. Recently they have had a new Research Coordinator, Jill Ketzner, join their team.
 - ii. UC Davis, which recently became an actively-enrolling site, has enrolled their first two families this quarter.
 - b. Samples
 - i. Many HDRC sites have continued to enroll families for the biorepository over the past quarter. Enrollments over the past quarter as of Friday, April 28, 2017 consist of the following: UC Davis - 2 families, Cincinnati Children's Hospital - 11 families, Valley Children's Hospital - 2 families, Penn State Hershey Children's Hospital - 5 families, Seattle Children's Hospital - 6 families, Texas Children's Hospital - 3 families, University of Tennessee Health Science Center - 1 family, and University of Utah Primary Children's Hospital - 7 families.
 - ii. The current enrollment count includes 415 probands and 596 of their family members, for a total of 1,011 participants who are enrolled in the HDRC as of Friday, April 28, 2017. We sincerely thank everyone for their continuing efforts to enroll participants for the HDRC biorepository.
- III. Discussion on strategies to recruit full nuclear families
 - a. Dr. Chakravarti discussed efforts to recruit full nuclear families, as having both parents would be necessary for trio analyses and unaffected siblings can serve as internal family controls. He asked the group how we can make the process simpler for both parents to participate and what are some of the major impediments to recruitment of full nuclear

families. The following is a table displaying the types of family members recruited so far, which shows that there are no more than 232 complete trios:

Membership Summary Table

Category	Total
Proband	415
Father	232
Mother	337
Sibling	19
Other relative	8
Total	1,011

- b. Annalyn DeMello said that some family members are present at the proband's clinic appointment are collected. But if other family members are not present at the appointment, and the sibling is at home, their collection is difficult. Dr. Chakravarti asked whether it would be beneficial to mail kits to participants. Ms. DeMello said that they are typically more successful with the blood draw at the clinic. She will check with Dr. Lopez regarding sending kits to participants.
 - c. Stephanie Falwell asked the best way to proceed if a parent can participate at a later time. Jia Yan said that sites can send samples from additional family members who participate at a different time in a new kit, and the JHU site will send replacement kits.
 - d. For any additional ideas about the best way to recruit the entire nuclear family, please let Dr. Chakravarti (aravinda@jhmi.edu) and Jia Yan (jyan13@jhmi.edu) know.
- IV. Discussions of a possible collaboration with the PCPLC
- a. Dr. Chakravarti updated the group on discussions about a potential collaboration between the HDRC and PCPLC (Pediatric Colorectal and Pelvic Learning Consortium – a patient registry recruited from major colorectal centers). As the coordinating site for the HDRC, the JHU group talked with their Office of Research Administration and IRB to discuss data sharing with the PCPLC given the current consent forms and MTAs.
 - i. Based on review of the executed MTAs and Informed Consent Forms, it is not possible to have open sharing of data and samples from currently enrolled HDRC participants with outside parties such as the PCPLC. To enable sharing moving forward, each HDRC site is required to make changes to the informed consent forms and MTAs specifically requesting data sharing with the PCPLC. With the implementation of the new common rule on January 18, 2017, it may be possible to use a single IRB of record and change data sharing rules. If this occurs, all documents can be edited with a single review, but each of the MTAs would still need to be renegotiated.
 - b. Dr. Richard Wood is the Chairman of the PCPLC Steering Committee and provided additional information about the PCPLC.

- i. Dr. Wood said that the PCPLC is starting with 6 sites and plans to figure out program logistics before expanding to additional sites. He reported that although the PCPLC started out as a registry, it does not plan to stay as a non-consented registry. There will be a need for follow-up data, which requires consent. Therefore, the PCPLC will move from a non-consented registry to a fully-consented database.
 - ii. Jack Langer and Alan Goldstein are in the PCPLC Hirschsprung Disease Working Group. So that the PCPLC and HDRC aren't collecting the same information on the same patients, there are efforts to match the data fields off of the current database so that the data being collected by both match.
 - c. Dr. Chakravarti reported that Jack Langer and Michael Rollins are working on the database for the PCPLC and that Jack Langer is pulling together details on the PCPLC in order to enable precise matching of data fields. The HDRC can work with the PCPLC so that the data dictionary is the same in order to ensure better sharing of data in the future, and so that longer-term outcome data and immediate cross-sectional data are completely concordant.
- V. Update on recent discussions regarding a REDCap database
 - a. Dr. Chakravarti discussed that a REDCap database is currently being developed for the HDRC. REDCap enables both participant entry and remote site entry of data, as well as mixed entry, such as entry by both participant and clinical research team members. REDCap also allows for the uploading of consent documents. Dr. Chakravarti asked the group about the preferred methods of data gathering and entry.
 - b. Jia Yan reported that the integration of a REDCap database with electronic health record (EHR) systems requires substantial customization. The EHR system that currently works best is Epic. Dr. Chakravarti said greater than 70% of hospital systems use Epic, and that more than 95% use two major EHRs. This may help with customization for the REDCap database.
 - c. Member comments/feedback on the database and the questionnaire itself are welcome and will be solicited via email prior to implementation of the REDCap database.
- VI. Sample and data sharing
 - a. Any member of the HDRC has access to data and samples. The current process for data requests is to submit a one-page proposal for the project. The proposal template will be circulated with the minutes.
 - b. Dr. Chakravarti discussed the issue that samples are finite and asked for feedback on the process of sample sharing. He discussed that one proposal is to have a small charge for samples to cover the costs and efforts to prepare and ship samples. He has asked that the HDRC Advisory Committee weigh in on sample sharing, along with the HDRC members.
- VII. Funding for the HDRC
 - a. Dr. Chakravarti reported plans to submit a new R01 application for the October 5th deadline this fall. His group will request a letter of permission, which is required for grants that are greater than \$500,000. This grant will focus on a genetic characterization

of Hirschsprung disease, which may be more fundable than the prior grants. Over the summer, letters of support will be requested from HDRC members. The aims will also be circulated for feedback from all members.

Dr. Chakravarti thanked attendees and adjourned the call.

Next Meeting Date: September 2017, exact date and time pending coordination with Program Steering Committee