Dear Madam/Sir,

Thank you for your diligent review of our project “DrOTS: Drone Observed Therapy in Remote Nepal” (CORIHS# 2018-4648-F; study number 1255165-1). We have reviewed your deferment letter (dated September 21, 2018, referring to the review carried out on September 13, 2018) in detail and we hope that our changes and responses herein are satisfactory to the board. We thank you for your attention detail and constructive criticism.

Below is our point-by-point response to your letter; the committee’s points are boxed and in boldface.

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| **1) The protocol says that the study will rely on local health-care workers to consent subjects and carry out the protocol. The training for local health-care workers is not described. Training must include consenting and assessing the capacity to consent as well as training in the details of the protocol and health education, which has been added to the protocol.** |

The protocol now includes a section ("Training") which explains the education that those involved in the study will receive. This section includes an overview of (i) the prior training that CHWs will have received from the Nepali Ministry of Health, (ii) the training they will receive in regards to consenting and assessing capacity to consent, (iii) training which CHWs will receive on how to use of video-based curricula, (iv) training on protocol adherence for all individuals involved in the study, and v) general health education training for CHWs.

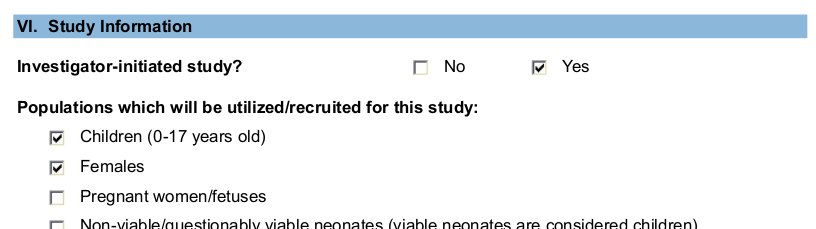
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| **2) Application and Supplemental Form C still contradict each other, and Application also contradicts itself. Application Section VII #3 states that consent will take place in private tents and huts both before and after diagnosis of TB and before treatment. Supplemental C Forms states that consent will be obtained prior to sputum collection and diagnosis. The process must be reconciled on all documents.** |

The process has now been reconciled on all documents. Specifically, we have made clear that the consenting process will take place *after* oral screening for suspect cases and *before* any diagnostic steps. We have also clarified in these sections who can obtain consent and what happens in the case of consent not being obtained or the study staff deeming that the potential participant is not capable of providing consent.

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| **3) The inconsistency remains about whether parental consent will be obtained (Supplemental Form F says yes, and the cover letter states no, and the parental consent has been removed from this submission) and there is an assent form. The response indicated that study population will consist of only 16 year olds and above, all considered adults in Nepal. If this is accurate, please revise all study documents to reflect this. No parent permission or assent from minors would therefore be required.** |

In order to fully reflect that only participants who are aged 16 or greater (considered adults in Nepal) will be part of the study we have modified Assent Form F for Minor Subjects. We have also made sure that no language in this letter or any study documents suggest or imply the participation of those younger than 16.

We would like to note that for the online IRBNet questionnaire, section VI. Study information, we checked the box asking if “Children (0-17 years old)” will be utilized/recruited for this study. See below screenshot:



We checked this box because 16 and 17 year-olds are eligible to participate in the study. We bring this to your attention since someone aged 16+ in Nepal is considered an adult.

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| **4) Incomplete or contradictory information in the Application persists. Section II. 9B is answered “NO” to "will you obtain parental permission?", but the "Justification" that is required has not been provided. Section III question 8 is not answered. Section VII question 1 is answered YES, but "Confirmed" is not checked. Section VII question 3: the answer contradicts itself as to when consent will be obtained Additionally, the answer to the IRB request for more detail on how a potential subject's capacity will be assessed, was put in the wrong place on the application. It is currently in Section II question 10D; should be added to answer in Section VII question 5.** |

* **Section II. 9B:** We have now fully answered Section II. 9B (the “justification” for why we are not obtaining parental permission). In our response, we explain that the majority in Nepal is 16.
* **Section III. 8:** Having left this question blank was an oversight on our part. We have now answered Section III. 8 (we will not be using an advertising company for recruitment purposes).
* **Section VII. 1:** We have now appropriately checked the “Confirmed” box.
* **Section VII. 3:** We have now added more details to this section and ensured that it now longer contains contradictory information.
* **Text in Section II. D:** The text detailing how a potential subject’s capacity to consent is assessed has been moved from Section II question 10D to Section VII question 5.

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| **5) Inexplicably, two different consent forms have been included with several differences. The wording (AND MEANING) of the "Alternatives" section is completely different for MERMS: consent "E" says "you can choose to enroll in a TB treatment facility, rather than using a MERM; consent "D" says "you can remove your medication from the box and turn off the pillbox at any time." Consent "E" gives Dr Small's email; consent D does not. Consent "E" does not have Stony Brook University logo; "D" does. It is not clear why there are two forms; this must be explained or resolved. ALL consents/assent still have Judy Matuk's telephone number and email to contact if any questions. There needs to some contact information that can be used by participants in Nepal.** |

**Explanation:** We apologize for the confusion. The inclusion of two different versions of the form was an oversight on our part, and the differences between them were simply errors.

**Resolution:** We have now removed consent form E entirely. The one remaining consent form (“D\_Consent Form.docx”) has undergone the following changes to conform with the requests of the committee:

* The acronym has been corrected.
* The “Alternatives” section has been clarified, and includes alternatives for the MERM from both of the forms.
* Judy Matuk’s name, telephone number and email have been removed.
* The contact person in Nepal has been changed to Suman.
* Dr. Small’s email contact has been included.

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| **6) Previous IRB review requested the questionnaires that will be used to determine if the study goals are met. While these questionnaires have been submitted, if possible please submit as Word documents for easier review.** |

The questionnaires are digital (in .xls format, so as to be used in the OpenDataKit android application). This format is not neatly exportable to Word document format. However, we have exported the spreadsheets to pdf so that they are more easily reviewed. Please let us know if this format is not sufficient.

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| **7) NTP must be defined.** |

NTP is now defined (“National Tuberculosis Program”) at the top of page 2 of the CORIHS application. It is also now defined at its first occurrence in the protocol (Section 6. Procedures). The NTP is a branch of the Ministry of Health.

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| **8) Please clarify the role for Maxine Caws, PhD. What tasks are associated with an “implementing**  **partner”?** |

Dr. Caws is an employee of the Birat Nepal Medical Trust. She is a tuberculosis researcher with high levels of experience both in the epidemiology of TB generally, as well as the particularities of the district in which we’ll be operating (Pyuthan). Additionally, she is well known and respected by the staff of the Ministry of Health, the staff of the BNMT, the laboratory and hospital personnel in Pyuthan district, and the cadre of Community Health Workers.

As a staff person of BNMT (the implementing partner), she will help ensure that operations run smoothly. This includes:

* Helping project managers (Raghu Dhital and Joe Brew) to set up the necessary meetings with MoH and local staff.
* Facilitating training workshops for project staff (ie, CHWs consenting workshop).
* Advising on the appropriate distribution of resources distribution (testing kits, drone charging hubs) as a function of epidemiology, local healthpost inventory, electricity access, etc.
* Advising and assisting on transportation and importation logistics (GeneXpert machines, drones, staff).
* Interfacing with local community leaders and project staff in the case of misunderstandings or requests.
* Serving as a point-person for the cadre of CHWs if they have concerns about particular patients or the project as a whole.
* Reviewing project operation documents (flight paths, permission forms, letters of approval) for completeness and accuracy.

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| **9) Protocol should include the type of statistical analysis that will be used.** |

The protocol’s “E. STATISTICS” section has been expanded to include more detail on the outcomes to be measured and the statistical analyses to be used. More background on the study design is now provided, as well as a table with indicators and main analysis methods.

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| **10) Request for a conditional SBU IRB approval can be granted once these issues have been clarified and CORIHS approves the study. Once ethical approval from the Nepali Ministry of Health has been obtained, study can commence.** |

We understand. Thank you.

We sincerely appreciate your thorough and constructive review of this project. Your comments have been constructive and helpful. We are grateful for the time and effort involved in this review, and thank you for considering these revisions.

Best,

Joe Brew