Members Present: T. Brabb  S. Cunningham  M. Lucas
A. Burich  D. Fitts  J. Muster
M. Byers  C. Grue  R. Murnane
E. Clark  L. Kinman  M. Newman
J. Clark  P. Lang  J. Sullivan

Members Absent: D. Fitts  S. Libby  J. Stoloff
S. Henderson  R. Murnane  A. Leache
C. Goodwin

Opening Business:

Dr. Cunningham called the meeting to order at 2:32 pm.

Dr. Cunningham announced that Dr. Byers had retired from the Committee and that there were two new members who will be introduced when they are in attendance.

Dr. Thompson-Iritani introduced Mr. Giffels, the Associate Vice Provost for Research Compliance, explaining that he would be sitting in on the meeting. Mr. Giffels thanked the IACUC for the invitation and, on behalf of the University, thanked the Committee members for their time and thoughtful effort. Dr. Cunningham commented that the IACUC would be interested in hearing any suggestions or comments that Mr. Giffels had after the meeting.

Approval of the January 23, 2014 IACUC Meeting Minutes

Dr. Cunningham called for approval of the minutes.

Motion: Dr. E. Clark moved to approve the Minutes. Mr. Lang seconded the motion.

Discussion: None

Vote on the Motion: The minutes were approved with 13 members voting in favor and 2 abstentions.

Protocol review

Dr. Yang, IACUC # 4120-02 V.41 “Interventional Oncology”

Dr. E. Clark explained that the purpose of the research is to investigate treatments for various cancer models in mice, and more recently in rats. The previously approved studies have employed localized hyperthermia subcutaneous tumors to enhance the efficacy of traditional chemotherapy agents through protein denaturation and induction of cell death. Using magnetic resonance imaging (MRI), a guide-wire for radiofrequency heating is passed into the subcutaneous tumor mass to produce localized hypothermia in the range of 42-43°C. A fine optical temperature probe is positioned parallel to the injection and heating needle to monitor temperature within the tumor.
The proposed Significant Change would add studies of esophageal cancer treatment in mice and rats. The mouse studies involve subcutaneous implantation of human esophageal cancer cells subcutaneously on the backs of the mice followed by chemotherapy treatment, with or without simultaneous hyperthermia induction within the tumor. After some minor revisions, there are no IACUC concerns with the mouse studies outlined in the significant change.

However a full committee review was called to discuss the rat study, which involves a new orthotopic esophageal cancer model. This technique requires injection of human esophageal cancer cells into the tissues adjacent to the cervical esophagus in nude rats via a trans-esophageal approach (so through the mouth rather than through the neck). As in the mouse studies, treatment would include inter-tumoral chemotherapty with or without hyperthermia of the tumor mass adjacent to the esophagus. The study timeline involves injection of tumor cells transfected with near infrared florescent protein into the tissue adjacent to the esophagus while under anesthesia, followed by weekly optical imaging for 3-4 weeks to monitor tumor growth, also under anesthesia. Treatment under anesthesia is then applied consisting of chemotherapy, with or without hyperthermia, followed by 3-4 more weeks of optical imaging and euthanasia by CO$_2$ asphyxia. The total study duration is approximately 45-59 days.

Dr. Lucas presented some of the concerns with the orthotopic esophageal cancer model in nude rats. Dr. Lucas explained that there are a fair number of studies at UW that involve subcutaneous tumor transplantation in rodents. Orthotopic models, where the cells are transplanted at the site of origin (e.g., hepatic carcinoma cells implanted into the liver), are less common. The cervical esophagus is a particularly tricky anatomical site for an orthotopic model due to the fact that the esophagus is a very delicate structure that does not heal very well when damaged and simply due to its location in the neck near many critical structures (trachea, important nerves, large blood vessels).

The referenced paper (Hori et al) describes some of the clinical disease that developed in rats with the orthotopic esophageal tumors. Those included respiratory distress, dysphagia (difficulty eating), subsequent weight loss, vomiting of blood and Horner’s syndrome (indicates that there has been damage to the sympathetic nervous system). These serious side effects are all caused by the space-occupying nature of the tumor near the esophagus. In this paper, the average survival time of the rats with the implanted TT human esophageal squamous carcinoma cells was determined to be 50.7 days and the cause of death was probably suffocation.

There are other possible complications in the proposed study that are not directly related to the tumor, but to the proposed treatment modalities. Those include potential for esophageal ulceration and/or perforation secondary to the RF heating that will be applied to the esophageal tumors, and also the potential for local irritation secondary to the chemotherapy drugs that will be injected into the esophageal tumors. Local irritation is a more serious concern in this anatomical site (near many important structures) than it would be in the subcutaneous tissue.

The most fundamental question to consider in review of this Significant Change is the balance between the knowledge to be gained from the research and the relatively high expected morbidity and mortality in the orthotopic model, where the tumors are implanted in the neck adjacent to the esophagus. Veterinary Services has already met with the group to refine the current experiment.

Dr. Lucas asked the IACUC to take a moment to review the questions that had already been asked of the group and their responses.
Discussion: Mr. McLean asked for confirmation that this was a new procedure for this research group, and asked whether anyone in the group had any experience with this model. Dr. Lucas replied that she didn’t think that the orthotopic esophageal model had previously been used at the University of Washington (UW). This group regularly performs surgery at other anatomical locations, but this request proposes a different model and involves implanting the tumor cells into a challenging location.

Mr. McLean asked if there is someone with experience outside of the University that could potentially benefit the group. Dr. Lucas replied that she was not sure, but stressed that most of the problems are due to post-operative complications rather than the actual procedure.

Dr. Brabb added that she thought that a surgeon from Veterinary Services could work with the group’s surgeons as far as implanting the cells. However, with regard to the guide-wire heating element, the research group has the most experience with that than any group at the UW, although not in the esophagus.

Dr. Hotchkiss asked for confirmation that the heating wire would be going through the esophagus and not the neck. Dr. Brabb responded that the heating wire would go through the esophagus to the tumor. Dr. Brabb commented that it was suggested to the group that they approach it laterally and not through the esophagus because of the concerns about damaging the esophagus, however the group wants to go through the esophagus.

Mr. Tetrick asks if this would be less of a concern if they used a larger rat rather than a four-week old rat as proposed. Dr. Brabb replied that she does not think a rat can get big enough to be less of a concern; a rat is still a very small animal compared to a human. Dr. Lucas commented that the esophageal wall is about ½ mm thick.

Dr. J. Clark asked what the benefit was for doing the procedure this way rather than the subcutaneous method. The group member replied that this model implants the cancer cells into the esophagus and is totally different than the subcutaneous model. There is a difference in the physiology, blood supply and structure. Furthermore, they are developing a new technique, using an interventional device to treat the tumors. If this is located under the skin it will be different. Because they are developing this interventional technique they need to use the inside of the esophagus.

Dr. Grue asked if the potential problems that have been identified had been accounted for as far as the sample sizes. Dr. Grue also asked if there is an expected mortality or loss of specimens through the process, and how is that accounted for.

Dr. Brabb and Dr. Lucas respond that this is a difficult question to answer, however, the numbers have not changed for the project during the review process. Dr. E. Clark added that the researchers felt they could get meaningful data from the study whether or not the animals made it through the entire duration of the planned procedures.

Dr. Burich asked what variable, such as they size of the tumor or the survivability of the animal was used to determine the sample size.

The group member explained that they evaluate the therapy effect according to both tumor size and clinical manifestation. Dr. Brabb added that the researchers would be using imaging to
monitor the growth of the tumor throughout the study so they will be able to see as they go along changes in the tumor size.

Dr. Burich asks if the timeline, starting treatment at 3-4 weeks, could be variable depending on the size of the tumor and if the study could potentially be shorter. The group member replied, yes.

Dr. Kinman asked what the median time of death was in the regular model where the cells are implanted in the flank. Dr. Lucas responded that she doubted that it would lead to mortality in a subcutaneous model because they very rarely metastasize. In the orthotopic model a few of them metastasized but it was fairly rare. The Committee continued to discuss the Hori, et al paper in comparison with the Significant Change request.

Dr. Burich asks the group members if they could use the results of the mouse studies in order to focus the studies they are planning on doing with the rats. That is, if something is successful in the mouse studies, they could focus on that treatment modality in the rats in order to reduce the number of groups that would be tested. The group member replied that that was a very good suggestion and they are doing the mouse study now.

Mr. Muster asked if imaging once a week was enough. Dr. Lucas replied that the rats would have to be anesthetized for imaging, which needs to be taken into consideration. In addition the rats are being weighed every day, which won’t catch every complication, but is an indicator of some of the dysphagia and other potential issues. Dr. Brabb added that it just depends on how fast the tumors grow and that is variable.

Dr. Burich asked what the endpoint was for groups one and two of the tumor model. The group member replied that the endpoint would be when they are finished with the experiment or if the size of the tumor exceeds the endpoint criteria.

As there were no other questions for the group members they left the meeting.

Motion: Dr. Lucas moved to approve the Significant Change as written. Dr. Sullivan seconded the motion.

Discussion: Mr. McLean asked if he heard correctly that the researchers are already doing the mouse work. Dr. Brabb responded that she was not sure. Dr. E. Clark replied that the group has a number of studies and some of them are subcutaneous tumor models, so they may be referring to one of those studies.

Mr. McLean asked if the protocol would be on veterinary monitoring. Dr. Lucas responded that the protocol was already on veterinary monitoring for other experiments.

The Committee continued a lengthy, detailed discussion of the Significant Change.

Vote on the Motion: The IACUC voted unanimously, with 15 members opposed, to withhold approval of the Significant Change.

Attending Veterinarian’s Report:

Occupational Health Exposures:
Dr. Brabb explained that in general occupational health exposures are not reported to the IACUC because the occupational health staff and appropriate safety committees handle them. Each case is reviewed by an Occupational Health nurse as well as a safety committee to determine if additional safety measures need to be implemented, or if practices should be changed. While the occupational health of employees that are working with animals is a concern of the IACUC, the ability to handle these incidents has been delegated to the occupational health professionals.

There have been three events in the last year that have involved potential exposure to biohazards involving recombinant DNA that have been reported to OBA (Office of Biotechnology Activities) at NIH. Dr. Brabb clarified that she wanted the IACUC to be aware of those incidents, for informational purposes only and noted that they do highlight the importance of proper needle safety. Two incidents involved needle sticks after use in nonhuman primates. In one case the individual was drawing blood. In the second case an IV injection needle struck the individual while they were administering an anesthetic. The third event involves an individual who was attempting to inject a viral vector in a mouse whisker pad. In all cases, the individuals involved received appropriate medical treatment and were retrained regarding proper needle safety.

Mr. McLean asked what the dates were on the two primate incidents. Dr. Brabb replied that they were all in 2013 but she did not include the exact dates in her report. Mr. Lang asked if there were any complications associated with the incidents. Dr. Brabb replied that there were no significant complications that she was aware of, however the individual involved with the viral vector in the mouse did end up with a blister on a finger.

Facilities Issues:

- Temperature

  On March 7 and 8, 2014, temperature in a decentralized rodent facility dropped to 67°F and also had wider temperature ranges than normal. The temperature has remained steady since those two events. There were no animal health effects.

- Humidity - Humidity has been low in many locations.

Adverse Events:

- Protocol 4089-01: The goal of these studies is to utilize pluripotent cells to treat myocardial infarction. The guinea pigs on this project receive two surgeries, the first to create a myocardial infarct and the second to implant cells and other factors to treat the myocardial infarct. Each of these surgeries involves a thoracotomy and appropriate post-operative care. Local anesthetics were being used as described in the protocol at the time of surgery. It was discovered on February 27, 2014, that rather than administering 48 hours of pain relief as described in their protocol, this group was giving only 24 hours of analgesics (two doses of buprenorphine) and then evaluating for signs of pain. In only a few cases a third injection was given.

  Dr. Brabb stressed that signs of pain in rodents are very difficult to observe and significant pain is expected with this type of surgery. Dr. Brabb explained that this was a serious deviation in the appropriate post-operative care of animals and she recommend that a letter of counsel be sent not only to the investigator involved, but also the two laboratory members who were carrying out the experiments.
This event has been reported to OLAW.

**Motion**: Dr. Brabb moved to send a letter counsel to the investigator and the two laboratory members involved in the experiments.

**Discussion**: None

**Vote on the Motion**: The motion was approved unanimously with 15 members voting in favor.

- **Protocol #3274-02**: On February 21, 2014, a ventilated rack of mice was found in a centralized animal facility to be hooked up to the blowers incorrectly, such that they were not receiving positive pressure ventilation. The error in attaching the hoses was probably made 6 days prior to discovery. These racks are not airtight and air will diffuse through the filters in this situation, but not very efficiently. On this nearly full rack, there were three cages of breeding mice with 20 dead animals and a number of sick animals. The dead animals were primarily juvenile mice, although one adult mouse was found dead in each of the three cages. There were no dates of birth noted on any of the cages. Housing density in each of the three cages was higher than permitted by IACUC approved policy. One cage contained four adults and 14 weaning pups.

Several errors were made in this case. The animal technician has been retrained both on how to hook up the hoses as well as how to check the ventilation. In addition, checking the air pressure in the rack is part of the daily care log and those logs have been modified to make it clearer that you have the check both the supply and exhaust. The animal technician was also retrained regarding the breeding policy and the appropriate number of breeding animals that can be in a cage.

The investigator was counseled regarding the appropriate number of breeding animals allowed in a cage as well as the need to place dates of birth on the cage card.

This event has been reported to OLAW.

**Motion**: Dr. Brabb moved to send a letter of counsel to both DCM, regarding animal technician training, asking specifically for the frequency of training regarding these issues for animal technicians and to the PI involved, regarding the necessity of following the breeding policy. A response is required from each of the groups. Dr. Lucas seconded the motion.

**Discussion**: Dr. Sullivan asked if the Committee could also provide guidance to animal technicians who might feel uncomfortable approaching a PI regarding problems that they have noticed. Dr. Brabb replied that the SOP instructs the technician to notify their supervisor that they put a dated card on the cage that says, “please wean”. Groups have 48 hours to wean the animals unless there is an emergency. Discussion continues between Dr. Sullivan and Dr. Brabb regarding how animal technicians may be intimidated or uncomfortable about reporting an issue to a supervisor or PI.

Dr. Lucas mentioned that there had been discussion about Animal Husbandry having a technician who is not the primary room tech, who will check for proper housing, which will hopefully mitigate the problems such as those that Dr. Sullivan suggested. Dr. Brabb
commented that this would be implemented at the South Lake Union campus to see how it works.

Detailed discussion continues regarding animal technician reporting, responsibility of reporting, adequate training and what is necessarily relevant to this particular event.

**Vote on the Motion:** The motion was approved unanimously with 15 members voting in favor.

**Veterinary Monitoring**

Dr. Brabb summarized that there are currently 17 active protocols on monitoring, half of them involve surgery, 2 involve anesthesia, 2 involve tumor transplantation, 2 involve restraint and 2 involve infectious disease.

Dr. Brabb explained that she would like to remove protocol 4158-01 from monitoring. The protocol, which involves infectious disease, was added to monitoring in September of 2012.

The research involves the study of basic immunological mechanisms involved in the response to viral infections. That part of the protocol uses a mouse model of West Nile Virus. The group uses a scoring system, which works well for wild-type mice but is not as effective in preventing mortality for genetically modified mice that have severe innate immune system defects. The experiments with severely immune-compromised animals are done rarely, and thus this has taken a year and half to develop. The mice are scored twice daily.

A DCM veterinarian went with the group member to monitor the mice for 4 different infection experiments to determine if there were additional antemortem signs that could be noted in these mice that would predict euthanasia and/or if adding an additional time point would improve the recognition of severe disease. In all of these experiments, sudden death was noted without the addition of clinical signs predicting mortality other than the ones already on the protocol. The third time point was added for 3 experiments, but did not result in noting additional clinical signs in any of the experiments.

The recommendation of the monitoring veterinarian is that the scoring system is currently as predictive as is feasible using clinical signs of disease (as the animals are generally not very ill) and that the third time point does not increase the discovery of sick animals.

**Motion:** Dr. Brabb moved to remove the protocol from veterinarian monitoring. Dr. Burich seconded the motion.

**Discussion:** None.

**Vote on the Motion:** The motion was approved unanimously with 15 members voting in favor.

**Office of Animal Welfare Director’s Report**

**Report on Packets Sent:**

Since the last report at the January 16, 2013 meeting, 7 packets and 5 e-mailed items had been sent to the IACUC. There were 13 new protocols. There were 96 renewals, of which 18 were
University of Washington  
March 20, 2014 IACUC Meeting Minutes

three-year renewals requiring a complete Project Review Form. There were 78 annual renewals. There were also 138 Significant and Minor Changes. The IACUC has completed its approval process for many of these items, though some are awaiting final approval due to holds for items such as EH&S approval, OH review or signatures, or revisions from PI’s.

Post Approval Monitoring Report: Dr. Thompson-Iritani reported that since her last report 89 meetings occurred with research groups. The meetings resulted in 42 administrative corrections and 21 protocol amendments.

Non-Compliance: Dr. Thompson-Iritani reported that an undergraduate freshman had purchased some fish with the intent to start an experiment and was housing them in a researcher’s laboratory. The experiment had not started yet so OAW was able to relocate the fish and get the group to submit a protocol through the proper mechanisms.

This incident has been reported to OLAW.

Motion: Dr. Brabb moved to send a letter of counsel to the PI. Mr. Lang seconded the motion.

Discussion: Dr. Grue asked what department this occurred in. Dr. Thompson-Iritani replied that it was in Bioengineering.

The Committee discussed this situation in general and it was felt that should be some sort of proper orientation for new individuals entering the University that included the requirements for initiating animal research. Discussion continued regarding the need to create a mechanism of awareness for animal use regulations in research at the undergraduate level.

Vote on the Motion: The motion was approved unanimously with 15 members voting in favor.

Site Visit Deficiency Completion Deadline Extension Requests:

Dr. E. Clark informed the IACUC that there was one extension request as follows:

- Site: DCM Health Sciences 6th Floor Veterinary Services
  - Deficiency: Floor is cracked in several places and requires repair. C603
  - Deficiency: Floor is chipped/unsealed and requires resurfacing. C604

  Original Citation: 7/17/13  
  Original Deadline: 12/30/13  
  Extension Deadline: 2/28/14  
  Second Extension Deadline: 5/30/2014

Reason for request: Facility Services is requesting an extension to 2/28/14 because the group requires additional time to schedule around animal work. As a result, Facility Services is requesting that the deadline be extended to February 28, 2014.

Second extension request: Facility Services was awaiting directions on choice of flooring (vinyl or epoxy) and scheduling from DCM. After much consideration, the group agreed that the hospital-grade vinyl would be the best choice. Work will be scheduled within the next week and expected to be completed by the end of May. As a result, Facility Services is requesting that the deadline be extended to May 30, 2014.
Motion: Dr. E. Clark moved to approve deadline extension request. Dr. Sullivan seconded the motion.

Discussion: None.

Vote on the Motion: The motion was approved unanimously with 15 members voting in favor.

Subcommittee Updates:

• Site Visit Guidance Document
The subcommittee has been working on filling in some missing information in the guidance document, as well as trying to find ways to make the document more user-friendly for site visitors. Members of the subcommittee continue to use the new document during selected site visits, and they report that these visits take slightly longer but are more thorough than those conducted without the new document.

A question was raised about the status of moving toward an electronic site visit system, and it was noted that a final decision had not yet been made about which platform/tablet would be best for this purpose. This decision would also dictate which software would be used for creating the site visit check sheet. It was also noted that there might be a possibility of incorporating the site visit check sheet and guidance materials with a new electronic protocol management system, which is currently being pursued.

Dr. Burich asked if there has been discussion about providing the investigators with a distilled version of the document or description about what the inspectors are looking for.

Dr. Istvan responded that the OAW has thought about taking a dual approach and give a summary to the investigators of what the site visitors will be looking at and also what has been found in the past, pointing out the key things that people have been missing. Dr. Istvan commented that there is a current draft out now and hopefully that will circulate in final form to the investigators.

• Nonhuman Primate Reassignment Policy
Ms. Petersen commented that the subcommittee met on March 17, 2014, and the group is working on streamlining the draft and ensuring clarity. The revised draft is out for comment and the group plans to meet again for further discussion.

• New Project Review Form
Dr. Istvan reports that the form is progressing well. The form has been updated and there are several researchers currently using it. There continues to be a reduction in the number of questions asked by the IACUC during the review process.

IACUC Training:
• **Capped Needles**

Dr. Brabb explained capped needles have been noted during IACUC site visits. Presence of a capped needle does not always mean that there is a deficiency. Some of the reasons you might see capped needles are:

1) The syringe comes with a needle on it that may not be the needle that is needed. In that case the needle is taken off (not uncapped as it would be hazardous), and thrown in the red bin.

2) Sometimes, especially in biohazard situations; someone will take extra syringe and needles into the room and won’t use them. Again, in that case you don’t uncap them, you just throw them in the red bin.

Dr. Brabb suggested that if capped needs are noted IACUC members should ask the groups why. Dr. Brabb reminded the IACUC that is all right to recap needles if they have recapping device. Dr. Hotchkiss commented that some labs use retractable VanishPoint© syringes, which may look like the needle has been recapped, but the needed has just been retracted.

• **Post-Operative Analgesics**

Dr. Brabb explained that there have been a number of people making mistakes concerning administration of post-operative analgesics and so she has been looking into why these mistakes are being made. A common explanation for why an analgesic is not given is that “the animal looks fine”. Dr. Brabb reiterated that rodents do not display signs of physical pain so they look fine to the average person, but it is also difficult to determine what “fine” is. Another reason is that people have not read the protocol or are not aware of changes made to the analgesic plan on their protocol.

Dr. Brabb explained some of the ways that these issues are being addressed:

1) There will be an increase in efforts in training and the edition of catchy “reminder” signs placed in the Vivariums.

2) During the surgery classes the students will be expected to bring their protocol. The trainers will run the student through the surgery on their protocol and in many cases; they can practice that surgery in class. Trainers will also point out the analgesic plan. If student does not remember to bring their protocol, a computer will be available the classroom so they can look the protocol up.

3) Increase the checking on analgesic records at site visits.

4) Increasing the checking on analgesics by the Post Approval Liaisons when they are meeting with the PI’s.

Dr. Brabb explained that while on site visits to labs where surgeries are performed, site visitors should ask to see the surgery and post-operative records. When reviewing these records, you want to look for the drug, the dose of the drug, frequency of administration and who administered it. If these items are not noted then the record is not complete. Furthermore, the record has got to match the protocol (information can be found in question 16 in the PRF), which should be present in the lab during the inspection.
Dr. Brabb also explained that if you are inspecting a vivarium, and you see an animal in the vivarium that has had surgery, then you need to ask to see the records. The records should be in the room or in Veterinary Services. Dr. Brabb reminded everyone that in this case, the protocol would not be available in the animal housing rooms site visitors should make a note of the protocol so that they can look it up later to verify that the information matches up. Ideally in the future this information would be available electronically via a tablet during the site visit.

Dr. Thompson-Iritani mentioned that for future site visits the OAW would be putting the protocols onto the tablets so that they are accessible.

Dr. Cunningham suggested that everyone try this approach during site visits for six months and report back to see how it goes.

Dr. Thompson-Iritani commented that an effort is being made to ensure that a knowledgeable individual from each lab is present during IACUC inspections who can answer any questions the IACUC may have about the protocol.

- **Catalyst**

Dr. Istvan thanked everyone who has been in Catalyst and left a breadcrumb trail letting everyone know they have read the protocol even if there are no questions. Dr. Istvan reminded the IACUC that there are two sections of Catalyst, one for comments for PI, and a section up on top where you can leave questions for OAW, EH&S and other committee members etc. Dr. Istvan commented that if IACUC members are having any problems using catalyst they should contact OAW for instruction.

**Other Business:**

- **Review Assignments**

Dr. J. Clark asks who determines the review assignments. For instance, as a neuroscientist he has not been assigned any neuroscience protocols and suggested that assignments be tailored to the expertise of the group. Mr. Tetrick comments that at one time OAW had asked for individuals to self-identify what they would like to review. Further discussion ensued regarding review preferences and contacting the OAW with these preferences.

- **CTC Review Completion Deadline**

Dr. Carrier asked what the deadline for CTC reviews was. Dr. Thompson-Iritani responded that the deadline is posted on the CTC agenda and unless it’s urgent, review items are sent out on Thursdays and are supposed to be completed by noon on the following Thursday.

- **USDA Inspection**
Dr. Brabb informed the IACUC that about two weeks ago the USDA veterinarians came for an inspection in response to a complaint that was made against the University regarding a couple projects that had been discussed by the IACUC last year. Based on these discussions the IACUC voted to send letters of counsel to the investigators regarding the incidents. There were some findings during the visits and a preliminary report will be sent out to the IACUC. Dr. Brabb asked the IACUC to contact her or Dr. Thompson-Iritani if they had any questions about the report.

**Protocol Review - Continued**

Dr. Yang, IACUC # 4120-02 V.41 “Interventional Oncology” – Revisit based on previous vote.

Mr. Mclean asked if the IACUC wanted to have a follow up discussion on suggested guidance for the group considering that the Significant Change was not approved.

Dr. Thompson-Iritani responded that the group should work with their liaison to discuss development of the Significant Change based on the IACUC’s concerns.

The Committee discussed the fact that the mouse work as described is approvable. Mr. Tetrck suggested that a motion be made to turn the Significant Change over to the Designated Member Review method in order to remove all the rat work so that only the mouse work could be approved. The Committee agreed that this was a good option.

**Motion:** Dr. Brabb moved to turn Significant Change over to the Designated Member Review method in order to remove all of the rat work and approve only the mouse work. Dr. Sullivan seconded the motion.

**Discussion:** None

**Vote on the Motion:** The motion passed unanimously with 14 members voting in favor. Mr. Kinman was not present for the vote.

**Closing Business:**

The meeting was brought to a close at 4:19 pm. The floor was opened to public comment.