

University of Washington
January 19, 2017 IACUC Meeting Minutes

Members Present:	AB	JPVH	ML
	AS	JS	PB
	CG (Scientist)	JI	SH
	CH	KL	SL
	JB	MG	TB
	JM		
Members Absent:	CG (public member)	MT	NK

Opening Business

The IACUC Chair called the meeting for order at 2:32pm.

Approval of the IACUC Meeting Minutes

The IACUC Chair called for the approval of the December 15, 2016 IACUC meeting minutes.

Motion: A motion to approve the minutes as written was made and seconded.

Discussion: None

Vote on the Motion: The meeting minutes were approved with 13 members voting in favor and 3 abstentions.

Use of Ballots to Cast Votes on IACUC Agenda Items: JS explained that in order to comply with the Washington State Open Public Meeting Act (OMPA), RCW 42.30.060, the IACUC would no longer be using ballots to vote on agenda items.

The Benefits of Research – JS

This month's benefit story comes from an ongoing field research project that Aaron Wirsing's group is working on to understand the impact of wolves on local populations of flora and fauna, including cougars, deer, and plants that are eaten by deer. This study is happily necessitated by the return of wolf packs to the state of Washington in 2008, after an 80-year absence. In order to assure the successful recolonization of the Pacific Northwest by wolves, it will be important to address a variety of issues, including the effects of the wolves on the survival of deer fawns, as well as the health of plant communities that have been traditionally overgrazed by deer. Results so far indicate that predator-prey interactions have ripple effects throughout the local community. By improving our understanding of these complex interdependencies, this project will improve population management and habitat protection to ensure a healthy ecosystem for many different species that co-exist in our state.

Attending Veterinarian's Report

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Facility issues:

- **Humidity:** Low humidity in many facilities and there has been reports of nose bleeds in some NHPs. All animals have responded to treatment or resolved on their own.
- **Temperature and lights:**
Last month I discussed the centralized rodent facility that is experiencing greater than four degree swings in temperatures. Facility services is working on an estimate to propose a solution. They have put a new data logger in the space as they believe the problem is solved, however, some swings in temperature were noted during the last site visit.

There was a University –wide power outage on main campus for just over two hours on Jan. 8th. In one of our centralized rodent facilities, we saw wide swings in temperature on that day (as large as 10 degree swings in temperature) and had two mouse rooms in one facility (Foege) reach up 80 degrees which is outside the range of the guide. A second facility, had the same issue with high temperatures (high of 80 degrees, 22 rodent rooms affected) (K-wing). In two different facilities, the power outage affected the light timers such that the lights did not come on normally the next day (Guthrie, 6th Floor C613). Two aquatic rooms had low temperatures due to other HVAC issues (plugged water pipe), unrelated to the power outage, but these were fixed. One aquatic room was not occupied at the time and in the other, the water temperature was not significantly affected.

Protocol Monitoring:

There are 15 active protocols on the veterinary monitoring program. Nine involve surgery, anesthesia and surgery, or restraint and surgery. Five involve other procedures including one that involves tumor monitoring. I would like to remove protocol 2225-04 from protocol monitoring as the experiment which was being monitored has ended. This protocol was being monitored for anesthesia of neonatal rats during a myocardial infarction study. It was put on by me during the review process so no vote is needed.

Adverse event:

January 8, 2017 a veterinary technician, while performing morning treatments and rounds, found an 8-year-old female Pigtail macaque that was lethargic and contacted the veterinarian on call. It was determined that the animal was severely dehydrated and the lixit line was observed to be hanging unconnected to the cage bank. Treatment was started, but approximately 40 minutes later the animal died. Husbandry staff had not yet entered the room to perform morning duties. On necropsy, no significant underlying disease processes were seen, which indicated that lack of water was the primary cause of death. There was mild myocardial fibrosis, which may have contributed to the sudden death seen.

Animal Care Logs indicated that twice daily lixit checks had been performed every day prior to January 8, 2017 to ensure that the lixits were functioning properly, however, clinical condition of the animal and necropsy findings indicate that the animal didn't have water for at least 48-72 hours.

The Committee was made aware that WaNPRC is working with Human Resources in order to determine the appropriate actions to be taken for the technician involved. The Committee was also made aware that the WaNPRC has instituted a new certification program, technicians have been verbally retrained and SOPs have been updated to reflect these changes.

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In addition, this animal and the other animals in the same room (6 total animals) had not had a complete cage change for 17 days (normal cage change interval is 14 days, which is based on the Guide/AWA). This decision was made by a supervisor due to the fact that in an additional 4 days, the cages would require another change according to the SOP for the clinical treatment of the animals for MRSA. As a result, the cages were not changed for 18 days.

The Committee was made aware that Center-wide retraining is underway and that steps are being taken in order to prevent future occurrences of this nature.

Motion: A motion was made and seconded to send two letters of reprimand to the WaNPRC Associate Director.

1. The first letter to express the Committee's grave concerns regarding this deplorable incident associated with the dehydration and subsequent death of the nonhuman primate.

The Committee required a response to this letter including the updated SOPs and confirmation that all necessary actions have been taken to ensure future compliance. The reply should also include a summary of the outcome of the WaNPRC and Human Resources review of the personnel involved in the incident.

2. The second letter to remind the Associate Director that cages must be changed and sanitized according to federal law and University policy unless an exception has been reviewed and approved by the IACUC or is needed for medical reasons and directed by a WaNPRC veterinarian or the UW Attending Veterinarian.

The Committee required a response to this letter summarizing the actions taken to ensure future compliance.

Additionally, the IACUC requested that the Associate Director, or someone in the management chain, attend the next IACUC meeting to explain these actions.

Discussion: The Committee discussed at length the circumstances surrounding both of these events, including the clinical condition of the animal indicating dehydration, the critical importance of performing and accurately logging daily care tasks, and the rationale for the decision made to postpone the cage change/sanitation for the 6 animals.

Vote on the Motion: The Committee voted unanimously with 14 members in favor to send two letters of reprimand as noted above.

Harm Benefic Analysis (HBA) Subcommittee:

TB explained that the topic of discussion at the January HBA subcommittee meeting was how to ensure all invasive protocols are more thoroughly discussed by the IACUC and whether additional training is needed. In addition, veterinary staff presented information regarding clinical cases of disease in nonhuman primates and up-dates on some projects involving large animals.

The Committee was encouraged to attend at least one meeting a quarter (3-4 times a year). Attendance could be in person or via by video or audio remote feeds.

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OAW Director's Report

Deficiencies at a Glance – The Committee was reminded that sites visits were starting again in January and the DAAG would be available for review in February.

ARCF (Animal Research and Care Facility) – STI updated the IACUC on the status of the ARCF and asked IACUC members to let her know if they would like a tour of the facility. STI and TB would be performing the official site visits in May and June prior to moving animals into the facility.

IACUC Member Training - LI reminded the IACUC of the 2016 NWABR IACUC Regional Education Conference – February 21, 2017 (pre-conference tour) and February 22, 2017 Spring IACUC Conference, Lynnwood Convention Center, and asked that members planning to attend notify OAW by the morning of January 20, 2017.

The Committee discussed the option of breaking out the VVCs from the Significant Changes in the Director's summary of protocols approved in the past 12 months.

Protocol Review

Dr. Kojima, 4310-01 “A Neuronal Process of the Error Signal That Drives Saccade Adaption”

JFI presented the Significant Change for a repair surgery for one animal on this study.

Background: This group studies the role of different brain areas in the adaptation of eye movements. Since different types of eye movements are generated by different parts of the brain, the knowledge gained from these experiments helps the neurologist diagnose which part of the brain is damaged based on the patient's eye movement deficits. Eye movements can also be used to allow quantitative exploration of cognitive processes such as learning, memory, and decision-making.

Amendment: In this amendment the group is requesting one repair surgery for A13002, a 6 year old male rhesus macaque. His first surgery on this protocol was in October 2014 to implant a left eye coil and head lugs. Animals on this protocol are implanted with three head lugs – one behind each ear for head stabilization, and one on the top front of the skull in association with the eye coil. These lugs are affixed to the skull with dental cement and small titanium screws. His front head lug sloughed off this past December, and his approved repair surgery was used last week on January 11th to replace the head lug, as well as remove the left eye coil that had been attached to the original lug, and implant a right eye coil to connect to the repaired lug. There are no current concerns with these implants – this new repair surgery is requested in case of future need. The group reports that this animal has completed his behavior training, and is halfway through his behavioral experiments. His continued enrollment in this study is valuable due to both the time investment of training, as well as the need to acquire a sufficient amount of data to support publication.

Current implants: Right eye coil and head lugs

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Surgical history: This is the second repair surgery requested for this animal, the first one having been used last week. Other than the surgeries previously mentioned, this animal had 5 lymph node biopsies and 2 bone marrow collections in 2013 and early 2014 prior to his assignment to the current protocol.

Clinical History: Unremarkable; seems to have recovered well from previous surgeries, otherwise appears healthy. He is currently recovering for his surgery last week.

Behavior Report: This animal is not a behavioral case. He has a long-term social partner, from whom he is temporarily separated due to his recent surgery, but will be reunited as soon as veterinary staff approves it.

Motion: A motion to approve the Significant Change was made and seconded.

Discussion: The Committee discussed the animals implant history.

Vote on the Motion: The Significant Change was approved unanimously with 16 members voting in favor. All in

Repair Surgery Template in HoverBoard

JFI notified the Committee that the template to be used for repair submission in HoverBoard was being sent to the Committee for review and approval.

SOPs/Policies/Guidelines

B.1063 Environmental Enrichment for Rabbits

TB summarized changes made to the SOP, which were related to pair housing of males.

Discussion: The Committee briefly discussed the types of enrichment that rabbits were provided.

Motion: A motion was made and seconded to approve the revised SOP as written.

Vote on the Motion: The SOP was approved unanimously with 16 members voting in favor.

Semiannual Program and Facility Review - The OAW Director briefly summarized the report that had been previously sent to the Committee noting that there was one minority opinion attached to the report. One Significant deficiency was identified during the reporting period. The safety latch on the cage washer is too difficult to open from the inside. This deficiency was noted on 7/27/16 and again on 11/16/16. The safety latch was examined by DCM staff in July after the initial citation and felt to be safe and functional. DCM has asked the manufacturer to review the latch operation and ensure it can be safely operated by all DCM staff who may be assigned to work inside the cage wash. The lever mechanisms to correct this issue has been ordered but had not yet been installed. The committee requested an update on the status of the correction of the deficiency at the February 2017 meeting. The IACUC was encouraged to read the report thoroughly. Concurrence sheets were due by January 31, 2017.

The Committee discussed the possibility of breaking out the VVCs from the Significant Changes in the summary of protocols reviewed annually.

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Hover Board (HB) update.

GL showed the IACUC the notifications they should expect to see when they had been the suggested reviewer of an item in a committee packet, the notification they receive when they are assigned as the DMR, and the notification they receive when a committee packet has been sent out. GL also went over how to submit approval of an item once the IACUC member was assigned as the DMR of the item in question. GL encouraged everyone to reach out to him if they had any questions about the process.

Closing Business:

The Meeting was brought to a close at 3:54 pm. The floor was opened to public comment.