

**Memorandum**

Date March 19, 2019

From James Cope, Ph.D., Chief, Human Research Protection Office, CDC

Subject CDC Protocol #7171, "Intravenous Artesunate for Treatment of Severe Malaria in the United States" [IND 76725]

To Kathrine Tan, MD, CDC/CGH/DPDM

This memorandum is intended to clarify issues regarding local institutional review board (IRB) review of the use of investigational artesunate by hospitals for the treatment of patients with severe malaria in the United States.

The use of investigational artesunate by hospitals is under an Expanded Access (i.e., non-research) Investigational New Drug Application (IND) protocol, subject to U.S. Food and Drug Administration regulations (21 CFR parts 50, 56, and 312), which includes regulations requiring informed consent. The urgent nature of treating patients with severe malaria and inability to pre-determine the timing and hospital location of malaria patients complicate local IRB review. Accordingly, CDC has elected to hold an expanded access IND (76725) and use the CDC IRB as a central IRB to review this IND protocol (#7171), consistent with FDA regulations and guidance, to reduce administrative burden on local IRBs while allowing rapid access to investigational artesunate to treat a life-threatening disease.

Hospitals that are precluded by local law or institutional policy from relying on another IRB, or those hospitals that otherwise decide to perform their own IRB review regardless of the central IRB review, should consider the following factors in their review:

- The purpose of this IND protocol is to provide access to and clinical use of investigational artesunate for treatment of patients with severe malaria and is subject to FDA regulations noted above. CDC IRB, however, has determined that the use of investigational artesunate as described in CDC protocol #7171 does not constitute human subjects research as defined in 45 CFR 46.102(d). Therefore, this IND protocol does not need to be reviewed for compliance with 45 CFR 46.
- This IND protocol may be utilized for the administration of investigational artesunate to all patients with severe malaria, including vulnerable populations. Vulnerable populations including but not limited to pediatrics, pregnant and nursing women, and prisoners may be treated under this IND protocol.
- CDC IRB and program staff will not be able to respond to specific issues and concerns arising from local IRB review. If substantial issues are identified which prevent local IRB approval, the hospital may be referred to FDA for guidance on use of investigational artesunate.

The Office for Human Research Protections has determined that administration of investigational drugs that CDC provide solely for treatment purposes due to lack of comparable FDA-approved alternatives, and for non-research purposes, does not require a Federalwide Assurance (FWA). Unless otherwise precluded by local law or institutional policy, each hospital that becomes involved in this IND protocol may use the CDC IRB approval to meet the FDA regulatory requirements of IRB review. An IRB Authorization Agreement between CDC and the local institution or individual physician is not required to document this arrangement. Therefore, implementation of the protocol may proceed immediately.

I hope that this clarifies the issues concerning local IRB review of this IND protocol for investigational artesunate.