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DATE 10/15/82

TO Dr. Oakley Ray

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**American College of Neuropsychopharmacology**

Secretariat — 134 Wesley Hall • Vanderbilt University • Nashville, TN 37240  
(615) 322-2869  
(615) 327-4751, ext. 752

October 12, 1982

Dr. Louis Lasagna  
Department of Pharmacology  
The University of Rochester Medical  
Center  
601 Elmwood Avenue  
Rochester, New York 14642

Dear Lou:

I want to let you know about the follow-up of the Council meeting and the items your committee dealt with.

I enclose a copy of the letter I sent to Dr. Jacoby concerning the VA directive. Council was sent the packet of response letters you received. They did express that they wish they had more details from the committee concerning this issue. Perhaps some response from people in the VA like Phil Berger and Leo Hollister.

I also got your candid note about the Grant Peer Review material and the ADAMHA opinion survey. In this regard I enclose for your information a copy of a letter from Herb Meltzer. Here again, Council requested that I ask you if your committee could offer some specific comments, particularly about the Grant Peer Review.

Obviously these issues seem to remain complicated. Lou, I never said the chairmanship was easy!

I really appreciate your efforts, and time. Any further help from you and committee would be an important input to try to resolve these issues in a manner reasonably satisfactory to our membership.

Regards,

Leonard Cook, Ph.D.  
President

LC/cd



President,  
Leonard Cook, Ph.D.

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William Bunney, Jr., M.D.

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Herbert Meltzer, M.D.  
Arthur Prange, Jr., M.D.



**American College of Neuropsychopharmacology**

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(615) 327-4751, ext. 752

William J. Jacoby, Jr., M.D.  
Deputy Chief Medical Director  
10A VA Central Office  
Washington, D.C. 20420

Dear Dr. Jacoby:

I'm writing as President of the American College of Neuropsychopharmacology. The ACNP is a scientific, professional organization. Its members are drawn from the fields of psychiatry, pharmacology, psychology, neurophysiology, biochemistry and internal medicine. They are selected for membership to ACNP primarily on the basis of original scholarly contributions to the field of neuropsychopharmacology, which involves the evaluation of the effects of natural products and synthetic compounds upon the brain and human behavior. Among the members of ACNP are chairmen of academic departments, directors of state psychiatric research facilities, and directors of research at private pharmaceutical companies.

At our Council meeting on September 24th and 25th we discussed VA Circular 10-82-88 dated May 25, 1982. Our Committee on Public Concern is in the process of collecting more data on the matter but we were all concerned about paragraph 7 which states:

"It shall be Veterans Administration policy effective with the issuance of this Circular that there shall be no cash payments to patients who serve as investigational subjects in research."

Our belief was that judgements on the matter of compensation should be left to local institutional review boards. Some were concerned whether this ruling would prevent the payment of beneficiary travel to a veteran in a study.

I would appreciate knowing why paragraph 7 was deemed necessary.

Sincerely,

Leonard Cook, Ph.D.  
President



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Leonard Cook, Ph.D.

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# American College of Neuropsychopharmacology

Secretariat — 134 Wesley Hall • Vanderbilt University • Nashville, TN 37240  
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September 27, 1982

To: ACNP Council  
From: Herbert Y. Meltzer *HYM*  
Re: Report of Task Force on Federal Government Research Grant Review Process

I have some specific suggestions for improving the draft report which I hope can be considered before this report is sent out. I also want to again express my conviction it should be sent to the membership before it is sent to ADAMHA. The issue addressed in the report is not in a crisis state. Waiting 4-6 months to get as much of the membership behind the final document as possible will be worth it. My specific suggestions are as follows:

1. Are we prepared to document, if challenged, the charge on page 1 that appointments have been made primarily on grounds other than scientific excellence? Are we prepared to provide the names of such members and how we got this information? If we only mean sex, race, geographical distribution were secondary factors, that is no different than the proposal we make.
2. The objection may also be raised that the research grants of the proposed blue ribbon panel would be reviewed by the regular committee who are in years 1-4 of service. Thus, the regular committee and the blue ribbon committee will be reviewing each others grants. This is a clear potential conflict of interest. Non-committee members could easily protest. The approval rate and priority scores of committee members and blue ribbon panel members should be better than the field as a whole if merit really does govern selection for committee service. Yet if the pattern of a higher approval and funding rate emerges it could look like unfair bias under our proposal. I do not like the ad hoc panels either but I don't see any alternative. However, there are now some panels with overlapping assignments so ad hoc committees are needed less often than in the past.



<b>President,</b> Leonard Cook, Ph.D.	<b>Secretary,</b> Oakley Ray, Ph.D.	<b>Past-President,</b> Donald Klein, M.D.	<b>Council:</b> Seymour Fisher, Ph.D. Eva K. Killam, Ph.D. Nancy K. Mello, Ph.D. Herbert Meltzer, M.D. Arthur Prange, Jr., M.D.
<b>President-Elect,</b> William Bunney, Jr., M.D.	<b>Vice-President,</b> Murray Alpert, Ph.D.	<b>Treasurer,</b> David Engelhardt, M.D.	

3. Informing committee members of the rank orders of average scores at the end of a review meeting and then permitting or even encouraging changes in priority scores until some consensus is reached could be a hornets nest. It would, as intended, encourage people to change their scores on grants to get a pet project funded. However, it could also lead to committee members giving lower scores for other grants they felt neutral about or disliked, for whatever reasons, so as to make them less of a competition for the grants they favor. When would such an iterative process end? I think I would find such a procedure very aversive and potentially demoralizing.

HYM:gg



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DEPARTMENT OF PHARMACOLOGY

September 10, 1982

Leonard Cook, Ph.D.  
Director of Pharmacology  
Hoffmann-La Roche Inc.  
Bldg. 76  
Nutley, New Jersey 07110

Dear Len:

This letter represents my attempt to summarize the responses I have received from the memorandum that I sent out to selected members of ACNP at the end of July. Enclosed with this letter is a copy of that memorandum, plus the VA directive.

To begin with, let me say that I interpret the directive as not applying to healthy volunteers, although it is obvious that they might come up for similar scrutiny in the future. Even if the directive is restricted to patients, however, the bulk of the responses indicate that there is no need for a restriction of this sort, that judgements on the matter of compensation should be left to local institutional review boards, and that for at least some investigators the directive will constitute a serious deterrent to research.

While I enclose with this letter all the responses, I believe the above summarizes the sentiments of those from whom I have heard. I would strongly urge Council to consider some sort of move to communicate these sentiments to the Veterans Administration. I suspect that there are individuals in our society who are more knowledgeable than I about how to do this, and it is possible that our counsel in Washington might have some notions about what to do.

Sincerely,

Louis Lasagna, M.D.

LL:hsc

July 29, 1982

MEMORANDUM TO ACNP MEMBERSHIP

FROM: Louis Lasagna, M.D.  
Chairman of Committee on Public Concern

It has recently been called to my attention that on May 25, 1982 Dr. Jacoby circulated to directors of VA medical centers a circular covering a number of points including the prohibition of cash payments to patients who serve as investigational subjects in research.

It is clear that this directive will have a deleterious effect on the research activities of a significant number of people. I would be grateful for a reaction from you in regard to your own sentiments on this matter. It is important that we move as expeditiously as possible if we are to have a chance of altering the situation.

Thank you in advance for your help.

LL:hsc

*B. J. Kerlan*  
Veterans Administration  
Department of Medicine and Surgery  
Washington, D. C. 20420

Circular 10-82-86

May 25, 1982

TO : Directors, VA Medical Centers, Medical and Regional Office Centers, Domiciliary, Outpatient Clinics and Regional Offices with Outpatient Clinics

SUBJ: Investigational Subjects in Research

1. The purpose of this Circular is to reaffirm Veterans Administration policies regarding the protection of veteran patients who serve as investigational subjects in research, to implement additional safeguards, and to emphasize the responsibilities of individual investigators and Human Studies Subcommittees in this regard.

2. Veterans Administration Research and Development policy is based upon concern for patients who serve as investigational subjects in research. Policies have been developed to ensure that research and development involving human subjects is conducted with due regard for their rights and safety. The individual investigator is the focus of such policies since he/she is the ultimate and essential protector of the rights and safety of investigational subjects. Effective policy incorporates the following principles:

- (a) Each VA investigator has a prime obligation to personally ensure that each subject is completely informed and freely consents to participate in the investigator's research or development project.
- (b) Each investigator must personally ensure that every reasonable precaution is taken to reduce to a minimum any potential risk to the subject.
- (c) Complete compliance with all applicable laws and Agency procedures, guidelines, regulations and policy on investigational research involving human subjects is required to ensure that the investigator is protecting the subject's rights and safety.
- (d) A code of conscientious practice, as advocated by all health care professions, is appropriate and necessary.
- (e) It is the responsibility of each VA medical center's Human Studies Subcommittee to ensure that due care is taken to protect investigational subjects in research. Approval by this Subcommittee is the prerequisite to conduct human studies research within each VA medical center.

3. At VA medical centers, Human Studies Subcommittees shall conduct periodic reviews of ongoing VA research projects involving human subjects to ascertain that informed consent forms are properly completed; that subjects know about the research studies in which they are involved; that human studies protocols are stringently observed; that coercion of patients to participate as investigational subjects does not take place; that investigational drug and

THIS CIRCULAR EXPIRES MAY 24, 1983

*(151) [Signature]*



May 25, 1982

investigational device procedures are in compliance with all applicable regulations; and that documentation of these research procedures involving human subjects is complete and thorough.

4. Notwithstanding Department of Health and Human Services and Food and Drug Administration regulations regarding expedited research, all Research and Development programs conducted at a VA medical center which involve VA patients serving as investigational subjects, which utilize VA resources or which are carried out by VA staff must be reviewed by the VA medical center's Human Studies Subcommittee as well as by the Research and Development Committee; must have the approval of both; and must follow all VA regulations regarding informed consent procedures.

5. Every VA investigator shall be responsible for annually completing a Research and Development Information System submission and for indicating those studies involving human subjects.

6. Every VA Human Studies Subcommittee shall be responsible for annually reporting to VACO, for transmittal by VACO to the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, statistical data on patients who sustain injury while serving as investigational subjects in research.

7. It shall be Veterans Administration policy effective with the issuance of this circular that there shall be no cash payments to patients who serve as investigational subjects in research.

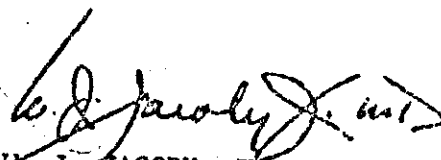
8. VACO Research and Development officials shall make periodic site visits to VA medical centers to monitor compliance with VA and other applicable regulations and policies regarding the conduct of studies involving human subjects. Special attention will be given to non-centrally reviewed human studies projects.

9. Noncompliance of an investigator conducting research involving human subjects within the Veterans Administration with VA policies on investigational subjects in research shall result in immediate withdrawal of that investigator's human studies Research and Development privileges as well as withdrawal of that investigator's research support.

10. A medical center whose Research and Development human studies practices are not in compliance with applicable law and VA regulations and policies in this area shall have Research and Development support of that medical center's program terminated. This termination shall result in the medical center's not being permitted to submit requests for support from any Research and Development Service. This would include, but not be limited to, Research Advisory Group support, Cooperative Studies support, Career Development support, and Merit Review support. No human subjects research activities may take place at such a medical center nor may there be any expenditure of Research and Development funds except for ongoing salaries until appropriate medical procedures have been instituted, documented and reviewed by the VA medical center and evidence thereof is substantiated to the satisfaction

Circular 10-82- 88  
May 25, 1982

of the ACMD for Research and Development (15). At that point, support to the VA medical center may be restored upon application therefor by the medical center.

  
W. J. JACOBY, JR., M.D.  
Deputy Chief Medical Director

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Address Correspondence to:  
V.A. Medical Center (116)  
University Avenue  
Philadelphia, PA 19104  
(215) 382-2273

CHARLES P. O'BRIEN, M.D., Ph.D.  
*Professor of Psychiatry*

August 2, 1982

Louis Lasagna, M.D.  
Chairman of Committee  
on Public Concern  
University of Rochester Medical Center  
601 Elmwood Avenue  
Rochester, New York 14642

Re: VA Circular prohibiting patient-volunteer  
payments

Dear Lou:

Our medical center was hit hard by the new VA ruling. The wording indicated that no payments could be given and that if any one investigator at the station violated it, all research funds would be terminated for the entire station. The action locally was to notify Fiscal Service not to release any funds for subject payments henceforth. We had about a half dozen funded projects abruptly halted, several with patients in the middle of an experimental protocol and protesting that we had gone back on our word.

I called VA Central Office and at first no one knew anything about it. Apparently it was not circulated around there for discussion and certainly there was no warning or chance for input from the field.

Finally, I located Dr. Earl Freed who took verbal responsibility for initiating the order. I thought there must have been some complaint from a veteran or some abuse. He told me, "No, it's just that our consciousness has been raised, like Womens' Lib." Dr. Freed defended the order, but stated that it was not meant to include ongoing projects. Thus, we were able to get our research going again, for now. Dr. Freed has agreed to come to Philadelphia to meet with us in September.

In my view, the ACNP and others should take a positive approach. We all agree that patients should not be exploited. Dr. Freed is not as concerned about non-patient volunteers as he is with patients. His argument is that the doctor-patient relationship plus money may be irresistible. Perhaps, we need to suggest specific guidelines for IRB's.

It is clear, however, that our work and that of many colleagues could not continue under this rule. We ask patients to take time from their jobs and do follow-ups, psychological tests, donate blood or CSF and generally inconvenience themselves. We compensate on the basis of the minimum wage. Such clinical research can be shown to have direct applications to improvements in patient care.

Psychiatry (116A3)  
Palo Alto V.A. Medical Center  
3801 Miranda Ave.  
Palo Alto, CA 94304

July 28, 1982

Louis Lasagna, M.D.  
Department of Pharmacology  
University of Rochester Medical Center  
601 Elmwood Ave.  
Rochester, N.Y. 14642

Dear Dr. Lasagna:

I enclose a copy of the letter expressing our dismay over the new VA regulations regarding payment of VA patients who participate in research. This regulation will create problems in many services in the Palo Alto VA Medical Center in addition to psychiatry. In psychiatry, I fear that research associated with Dr. Berger's and my VA-funded Schizophrenia Biological Research Center and research for many other VA-funded projects will be considerably retarded if this ban is enforced. I appreciate your interest in our plight and your efforts for VA research.

Sincerely yours,

Walton T. Roth, M.D.

Walton T. Roth, M.D.  
Chief, Psychiatric Consultation Service  
Palo Alto V.A. Hospital  
and  
Associate Professor of Psychiatry  
and Behavioral Sciences  
Stanford University School of Medicine



August 10, 1982

In Reply Refer To: 641/151E

Louis Lasagna, M.D.  
Department of Pharmacology and Toxicology  
The University of Rochester Medical Center  
601 Elmwood Avenue  
Rochester, New York 14642

Dear Dr. Lasagna:

The most immediate effect of Dr. Jacoby's prohibition of cash payments to patients in research was on VA sponsored research projects. In our own case, this was minimal since we were not providing such payments in any of our ongoing multi-center trials. We did have a research proposal about ready for review which included provision for a small cash payment to alcoholic patients in an evaluation of lithium and this provision was deleted.

I agree with you that there could be a larger impact if my agency's position establishes a precedent which other groups feel obliged to follow. I have no idea what considerations led to the formulation of this policy. My preference would have been to leave this decision in the hands of Human Rights Committees (IRB's).

Cordially,

A handwritten signature in black ink, appearing to read 'C. James Klett', with a long horizontal stroke extending to the right.

C. JAMES KLETT, Ph.D., Chief  
Cooperative Studies Program  
Coordinating Center



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DEPARTMENT OF  
PHARMACOLOGY AND TOXICOLOGY

July 29, 1982

MEMORANDUM TO ACNP MEMBERSHIP

FROM: Louis Lasagna, M.D.  
Chairman of Committee on Public Concern

It has recently been called to my attention that on May 25, 1982 Dr. Jacoby circulated to directors of VA medical centers a circular covering a number of points including the prohibition of cash payments to patients who serve as investigational subjects in research.

It is clear that this directive will have a deleterious effect on the research activities of a significant number of people. I would be grateful for a reaction from you in regard to your own sentiments on this matter. It is important that we move as expeditiously as possible if we are to have a chance of altering the situation.

Thank you in advance for your help.

LL:hsc

4/AUG 82

Even Prisoners got  
paid.  
The facts are cash payments  
should be available but  
I don't know how many  
approved projects [There are  
not enough of such] in fact  
need to pay, or do pay, & hence  
don't know how to make a  
"real" case of damage  
because of the ruling.

1 Sent  
Dan  
FILE FREDMAN

# UNIVERSITY of PENNSYLVANIA

## *Department of Psychiatry*

PSYCHOPHARMACOLOGY RESEARCH UNIT  
KARL RICKELS, M.D.  
*Professor of Psychiatry  
and Pharmacology*

*Please reply to:*  
203 Piersol Building  
University Hospital  
3400 Spruce Street G1  
Philadelphia, Pa. 19104  
(215) 662-2841

13 August 1982

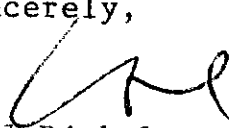
Louis Lasagna, M.D.  
The University of Rochester  
Medical Center  
Department of Pharmacology and Toxicology  
601 Elmwood Ave.  
Rochester, NY 14642

Dear Lou:

I am responding to your memorandum of July 29, 1982. While we do not pay research subjects most of the time, we find it appropriate to do so if patients have to be subject to procedures or additional visits and time commitments only related to the study and not necessarily for the patients benefit.

With best regards,

Sincerely,

  
Karl Rickels, M.D.

KR:sc



DEPARTMENT OF PSYCHIATRY  
SCHOOL OF MEDICINE  
(714) 452-4020

M--003  
LA JOLLA, CALIFORNIA 92093  
August 19, 1982

Louis Lasagna, M.D.  
Chairman of Committee on Public Concern  
Department of Pharmacology & Toxicology  
The University of Rochester Medical Center  
601 Elmwood Avenue  
Rochester, New York 14642

Dear Lou:

I appreciated your memo of July 29, 1982, and feel that the inability to pay VA patients for their research contributions represents a setback for all VA research investigators. The allowing or disallowing of research payments to patients should be a function and interaction of the investigator and local Ethics Committee (IRB), and not a matter of VA policy. What would be even worse is if we could not pay normal controls, since they have no incentive to participate in research except money (and occasional humanitarian instincts). I oppose the circular and support any efforts to countermand it.

Sincerely yours,

David S. Janowsky, M.D.  
Professor of Psychiatry, UCSD  
and Staff Physician, SDVAMC

DSJ/kb



Central State  
Griffin Memorial  
Hospital

P.O. Box 151  
Norman, Oklahoma 73070  
405-321-4880

August 17, 1982

Louis Lasagna, M.D.  
Chairman, Committee on Public Concern ACNP  
University of Rochester Medical Center  
Department of Pharmacology & Toxicology  
601 Elmwood Avenue  
Rochester, New York 14642

Dear Dr. Lasagna: *Love -*

Dr. Jacoby's circular, though a shock to me, was already known at our V. A. Hospital and discussed last week at their Research and Development meeting and is being implemented - obviously they have no choice. There are some questions about whether "patient" also includes normal volunteers within the V. A. system (? staff), but certainly one would not choose to make this kind of interpretation. Regardless, placing this restriction on "patients" will impact unfavorably on research at this V. A. Center - will make subjects harder to come by - and in some instances could jeopardize strong ongoing programs. Whatever can be done to have Dr. Jacoby rescind his order would be most appropriate and has my complete support.

Please let me know if I can help.

Sincerely,



Mervin L. Clark, M.D.

MLC/WM





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DEPARTMENT OF  
PHARMACOLOGY AND TOXICOLOGY

July 29, 1982

## MEMORANDUM TO ACNP MEMBERSHIP

FROM: Louis Lasagna, M.D.  
Chairman of Committee on Public Concern

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Thank you in advance for your help.

LL:hsc

Dear Lou:

8/16  
I have no experience with cash payments but I hate to see sweeping directives of this type. It would be better to leave such matters up to local Review committees.  
Burt Schulz.