

Meeting Minutes

HB 21-1317 Second Meeting of the Scientific Review Council

January 24, 2022; 9am-11am MT

General Remarks and Welcome

- Dr. Chris Urbina, Chair of the Scientific Review Council (SRC), called to order the first meeting of the SRC on January 24, 2022 at 9am MT.

Scientific Review Council Introductions and Update on Conflicts of Interest

- The Chair conducted a roll call for both the Council and the Colorado School of Public Health project team members.
- The following Council members were present and introduced:
 - Susan Calcaterra
 - Kennon Heard
 - Kenneth Hutchison
 - Greg Kinney
 - Paula Riggs
 - Erica Wymore
 - Chris Urbina
 - David Brumbaugh
- The following Council members were absent:
 - Lesley Brooks
 - Joe Schacht
 - Shrestha Archana
- The following SPH team members were present and introduced:
 - Jon Samet
 - Greg Tung
 - Sam Wang
 - Lisa Bero
 - Tianjing Li
 - Ashley Brooks-Russell
 - Meghan Buran
 - Additional team members recognized as in attendance:
 - Muky Rittiphairoj
 - Louis Leslie
 - Christi Piper
 - Rosa Lawrence
- The following SPH team members were absent:
 - Sam Wang
- Dr. Urbina provided an introduction to the new member of the Council: Dr. Archana Shrestha. She will be filling the Council role of Neurologist.

- Changes to COI forms for any Council members
 - None
- Review of agenda with Council
 - Agenda shown on screen for the panelists (Council and Colorado SPH) as well as public attendees.
 - No questions to Chair.

Overview of Project Team's THC Industry Tour

- Dr. Jonathan Samet, Dean of Colorado School of Public Health, gave an overview of the Project Team's recent tour related to the THC industry on December 17, 2021.
- The Project Team found the tour to be very helpful to expand their knowledge of the topic area in an official manner. It was particularly helpful with gaining familiarity with terminology that is coming up in the scoping review.
- A similar industry tour for the Council members was proposed. Members interested in attending:
 - Chris Urbina
 - Erica Wymore
 - Susan Calcaterra
 - Kent Hutchison
 - Greg Kinney
- Dr. Sam Wang will lead the organization of the tour. Truman Bradley (Marijuana Industry Group) also offered to help arrange a tour.
- No questions to Dr. Samet from the Council.

Overview of Interaction with University of Washington Researchers

- Dr. Jonathan Samet, Dean of Colorado School of Public Health, gave an overview of the recent discussion of similar work with researchers from the Addictions, Drug & Alcohol Institute at the University of Washington on December 14, 2021.
- The University of Washington researchers described their legislative mandate and work. The teams discussed areas of overlap and agreed to continue discussions as each group's work progresses.
- Questions:
 - How many other groups across the country may be doing similar work?
 - Dr. Samet replied that the Project Team will look into that.

Response to Council Feedback on the Protocol

- Dr. Lisa Bero, Research Professor, Department of Health Systems, Management & Policy, Colorado School of Public Health; Internal Medicine, University of Colorado School of Medicine, led the discussion.
- The summary of changes document was presented and is available on the project website (<https://coloradosph.cuanschutz.edu/research-and-practice/practice/cannabis-research/resources>).
- A tracked changes version of the protocol was sent to Council members in November of 2021.

- The final protocol was published after feedback.
 - <https://osf.io/wv7e9>
 - The protocol is also linked on the Project website
- Questions:
 - Regarding the “summary of changes to the protocol”, my recollection is that we also discussed and recommended bolstering developmental consideration of the differential health effects of cannabis (e.g. pre-natal exposure, adolescents v adults) in data extraction, analysis and results?
 - Answer:
 - The tracked changes version of the protocol has this information: the section on Population (3.4) addresses this as well as the analysis section
 - The data extraction form will also reflect this.
 - Concern confirmed as addressed.

Discussion of Progress Report

- Dr. Lisa Bero, Research Professor, Department of Health Systems, Management & Policy, Colorado School of Public Health; Internal Medicine, University of Colorado School of Medicine, led the discussion.
- Timeline of the project was reviewed.
 - The Team is currently at the beginning of the data extraction step and is finishing full text screening.
- Screening:
 - Approximately 12 students have joined the team as trained screeners.
 - Some are also helping the Strauss Health Sciences Library (located on the Anschutz Medical Campus) locate full text articles, including via interlibrary loan.
 - Louis Leslie and Muky Rittiphairoj have developed training materials for the students.
 - DistillerSR software is being used for screening as well.
 - Quality checks are built in.
- PRISMA:
 - Approximately 61,000 records identified.
 - Approximately 46,000 records screened for inclusion.
 - Approximately 5,000 records to be screened as full text.
- The progress report is due to the Colorado State Legislature on January 31, 2022.
 - Both written and verbal reports will be made.
- Questions submitted by absent Council members:
 - Feedback from Dr. Archana Shrestha: The data extraction elements appear quite complete and accurate. For the in-utero exposure in addition to offspring stage maybe also including duration of exposure if this information is included in the study. Also, for the pregnancy exposure population. The pregnant women I see often stop cannabis use after realizing they are pregnant or after seeing a physician.
 - Answer: The project team will be capturing that information under “duration of exposure,” if listed in the study. Studies report in many different ways, so the extraction tool is broad to capture this information.

- Feedback from Dr. Joseph Schacht: I don't have any comments on the progress report or additions to the data extraction elements
- Feedback from Dr. Lesley Brooks: In general, I think we have to be explicit and deliberate as we seek to address and evaluate health inequities which necessarily involve racial/ethnic inequities and structural inequities. This means being explicit and specific in our language and in what we seek to analyze. Rather than "did the study analyze SES...", we should call out race/ethnicity in addition to the other markers identified, and ensure that we are as inclusive as we can be.
 - Answer: We have a separate category that captures race/ethnicity that is also open-ended for capturing anything relative to disadvantage (i.e., socioeconomic status, etc.). We can isolate studies based on whether the "yes" box is checked.
 - "Study location (regions/countries where participants were recruited)
 - US (If US, list US state)
 - Non-US (list countries)"
 - LCB: I wonder if we might consider whether any of the studies focused on a rural or urban population
 - Answer: This distinction is not currently in the data extraction tool. We can add this but we need to determine how to operationalize this. Currently we are capturing setting.
 - "Sex
 - Female
 - Male
 - Both"
 - LCB: Should this section be referred to as gender with a more expanded array of choices (non-binary, transgender, etc). This would allow us to consider whether any of the studies took a broader approach to this category and therefore might be able to speak to impact on persons/populations with different identities
 - Answer: We can add other options to the data extraction tool that would capture this, if specified in the study. The issue becomes how to include this information and how valuable it is overall. An evidence map will be helpful to understand this.
 - Potential for Health Equity analysis
 - "Did the study analyze SES (income, education, poverty), employment, living situation, location (eg, low income area), disability, other indicators of disadvantage?"
 - LCB Suggested Edit: "Did the study analyze or stratify its results using a racial equity or health equity approach including stratification by race, ethnicity, income, education, poverty, employment, housing circumstances, geographic location, disability or other indicators of structural racism and its

impacts?” We might also add “Did the study specifically analyze structural racism or structural inequities as it/they relates to the study question?”

- “Did the study include any subgroup analyses or stratify by any population health equity characteristics?”
 - LCB Suggested Edit: Did the study include any subgroup analyses or stratification by racial, ethnic, or other health equity elements?
- “Study exclusively focused on a marginalized or disadvantaged community (low-income communities, populations with disabilities, or other non-white racial group focus)”
 - LCB Suggested Edit: Study exclusively focused on historically or systemically excluded populations (racial/ethnic groups, low-income communities, populations with disabilities).
- “This is not necessarily indicating that a study prioritized health equity, but rather that it could be useful for health equity scholarship.”
 - LCB: Do we need to specify what we mean by ‘useful for health equity scholarship’? I assume that we mean that whether or not a study prioritized health or racial equity, we want to collect information that will allow for a framework within which to assess health and racial equity. Is that accurate? If so, I wonder if this statement resonates “The indicators above do not necessarily indicate that a study prioritized health or racial equity, but rather that assessing these factors allows for scholarship focused on the impacts of structural racism, health and racial inequities.” Or something like that...
- Answer for this section: Categories can be added to questions about health equity for analysis. Language provided by Dr. Brooks will be provided to the systematic review team.
- Questions by attending Council members:
 - No questions on screening and training.
 - For the next stage, what is the anticipated timeline?
 - The project team is currently finalizing the data extraction tool. Full text record review will begin next week (week of January 31, 2022). This screening stage will take approximately 3-4 weeks to complete. The project team anticipates including 10% of the records for data extraction. Data extraction can begin during full text review stage.
 - How is the Scientific Review Council going to make useful recommendations based on the information being gathered?
 - Both the Scientific Review Council and the Project Team will make separate recommendations.
 - Potential evidence examples: range of outcomes identified; what are the benefits/negatives; physiological outcomes
 - The project team is also charged with identifying the gaps in the literature.

- The review may also identify clusters of studies that could be potentially synthesized at a later date.
- Of note, the main screening criteria is related to high potency products.
- The scoping review helps to prioritize where there is or is not enough information.
- Non-statistical synthesis methods are also available as well.
- There is potentially heterogeneity between studies.
- All of this hinges on knowing what studies are out there.

Discussion of the Data Extraction Pilot

- Dr. Lisa Bero, Research Professor, Department of Health Systems, Management & Policy, Colorado School of Public Health; Internal Medicine, University of Colorado School of Medicine, led the discussion.
- The pilot is ongoing and the systematic review team is currently looking at articles for inclusion/exclusion and attempting to apply the data extraction tool.
- The data extraction tool was shared and discussed. Edits were made live, in meeting.
 - Post-partum was added for lifecourse impact
 - Topics added to comorbidities: diabetes, IBS, sleep, sexual health
 - Population characteristics will be expanded.
 - Health/equity analysis: will be re-written based on Dr. Brooks' feedback.
 - Appendix A (names of cannabis): Dr. Kinney will be sending additional terms
- Inadvertent pediatric exposure (under unintentional ingestion), secondhand, and tertiary exposure will be added.
- Of note: concentration of dose is what we are really looking at in the review.
- Questions:
 - Is there a consensus in the field as to what "chronic" means?
 - Answer: Not that anyone (project team or Council) is aware of.

Discussion of Next Meeting Point and Conclusion of Meeting

- The Chair closed the meeting with the following information:
 - The Progress Report prepared by the Project Team is to be submitted to the State on January 31, 2022.
 - The full report is due to the State on July 1, 2022.
 - Preliminary data review update:
 - An email update will be sent to the Council by the Project Team in February 2022 with a full-text numbers update.
 - A Council meeting will be scheduled for the end of March/beginning of April for a mid-extraction update from the Project Team.
 - SRC will be polled for date/time
 - Meeting will likely last 2 hours