NIH Office of Intramural Research
Office of Human Subjects Research Protections

OHSRP NEWSLETTER

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LETTER FROM THE OHSRP DIRECTOR

Dear Research Community,

PROTECT IS LIVE! After many months of planning and hard work, we finally flipped the switch and launched our new electronic IRB submission system. Overall, I am extremely happy with system performance. With the research community's assistance, we continue to identify a few bugs which are being addressed during this initial system stabilization phase. I greatly appreciate everyone's patience throughout the entire process, and the assistance of the many members of the research teams that chipped in to help us with design and testing.

This has been an incredibly complex project, spanning over 18 months from when we first began the procurement process to our go-live on January 17. I want to acknowledge the members of OHSRP that formed the "Core Team". Each of these people spent countless hours working on this project over and above their regular duties, often working weekends, scheduled days off and after business hours during the week. If I were to list all of the things each of these remarkable individuals did, it would take up the entire newsletter, so I won't. A huge thank you to Meredith Mullan, Nicole Grant, Tiffany Gommel, Melissa Bryant, Ramesh Karuppiah, Marcelo Fontinha, Armen Martirosov, Sue Tindall, Kelly Pauly and Kevin Rasmussen. Working with us day and night on the Huron side, Dmitriy Pindrik and Kavita Kalra have been wonderful partners. Mollie Fraser worked miracles with everyone's calendar to get countless meetings booked, and Kristan Brown provided virtual assistance to our training team. Thank you also to our eIRB Steering Committee

members for their guidance and input all along the way.

I would also like to specially thank our colleagues in the Clinical Center Department of Clinical Research Informatics (DCRI) and the Office of Protocol Services (OPS). Dr. Jon McKeeby and Phil Lightfoot developed an entirely new electronic platform to collect the data for OPS and integrated it with PROTECT. Kim Mitchell in OPS has worked to reconfigure the workflow to allow for this transition to proceed smoothly. Dr. Jason Levine and his team in NCI adapted their systems to allow for integration with PROTECT.

This project has touched many groups within NIH, all of which have worked graciously with us to make it a success. Thank you to those that lead Scientific Review, Radiation Safety Review, the CC PRIA process, Institutional Biosafety and the DEC review process for all of your assistance. Without your help, the project would not have been able to be done.

Although PROTECT is live, at present the system is only accessible inside the NIH firewall. We expect to begin testing an upgrade of the "Huron Portal" in early February that will enable us to be accessible to all users, inside and outside of the NIH firewall. Until then, external users cannot access this system. Multi-site researchers that are impacted by this will need to submit external site documents on the sites' behalf.

Several of our policies required updating to reflect changes resulting from the switch to PROTECT. Mostly these will have little impact on the day-to-day activities of study teams, but there are some changes of importance. Please review the additional information included in this newsletter.

As we adapt and refine PROTECT to best serve the NIH intramural community, we will be sending out communications. Please stay alert for these. You can also find updates on our **PROTECT help center webpage** along with instructions as to how to seek assistance.

—Jonathan M. Green, MD, MBA
DIRECTOR

GOLD STAR AWARD

This issue's Gold Star award goes to Krishnan Patel, a PI in the NCI Radia-tion Oncology Branch, and Hirity Shimellis, Sae-Jin Lee, and Stacie Jeter in the NCI CCR Protocol Support Office (PSO). In mid-October, the research team submitted an initial review for a Phase II trial designed to measure the efficacy of a novel application of stereotactic body radiation therapy (SBRT) for the treatment of prostate cancer (IRB000611). This study was clearly written and complied with the regulations and policy. The IRB review and approval process appears to have been very smooth for all involved. The study was returned with a few minor corrections, and the PSO responded to the stips in just five days. The study was then approved with no stipulations at the beginning of November. **Congratulations to Dr. Patel, the CCR PSO and all the other members of the research team!**

USEFUL INFORMATION FOR RESEARCHERS

We are continuing to grow the Researchers web page on the OHSRP website. Currently we have dedicated pages (referred to as 'tiles') to many important topics including:

NIH Investigator Manual for Human Subjects Research

Not Human Subjects Research

NIH IRB (Protocol & Consent) Templates

Alternate Consent Processes

How to Name Your Documents

Exempt Research

NIH Investigator Seminar Series Information

Multi-Site Research

Ancillary Reviews

Secondary Genomic Findings

Secondary Research

Sharing Data and Specimens

FAQs

On these pages you will find templates, forms, sample language, Guidelines, Guidance documents and other helpful links and information.

The IRBO is often contacted with questions about the GDS Policy, and the IRB requirements associated with the deposition of genomic data in repositories. In an effort to assist investigators with complying with this policy, we worked with OER and OSP to create the following guidance document, "Implementation of the NIH GDS Policy in the IRP". This document can be found on the **Sharing and Data Specimens** page. The newest tile is dedicated to **Secondary Genomic Findings** and addresses new IRBO requirements (as of Oct. 1st) for protocols which involve genomic sequencing. Please stay tuned as we add additional resources to this page in the next few months.

In closing, we want to strongly encourage you to check the "Researchers" page regularly as we are often adding new topics and resources which are relevant to the approval and conduct of human subjects research at the NIH.

eIRB PROJECT COMMUNICATIONS

PROTECT SYSTEM: POST GO LIVE SUPPORT

Now that the PROTECT system is live, we are in the maintenance/support phase of the project implementation. Huron and OHSRP have created a suite of support tools and ways to get help with the system:

NIH PROTECT HELP CENTER

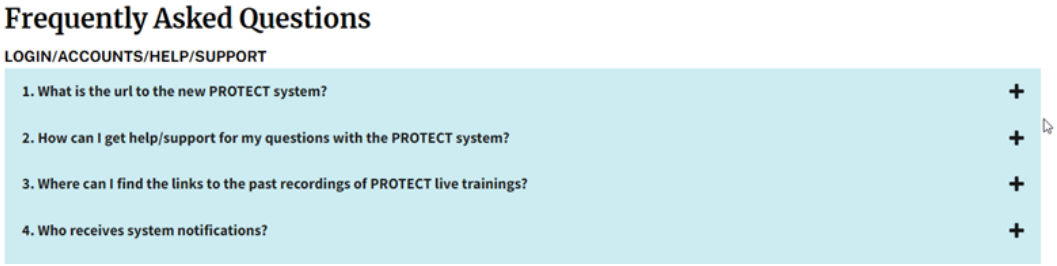
Our website has been revised to contain a **PROTECT Help Center**. Here you can find tips on migration, FAQs, past training recordings, user guides, find out who are your IC experts, and view our past PROTECT presentations.

MIGRATION TIPS

Also on our website is a section on migration, your first PROTECT action for a migrated study, & how to enter your first scientific review for a migrated study for a migrated protocol that do not have an initial scientific review in the system.

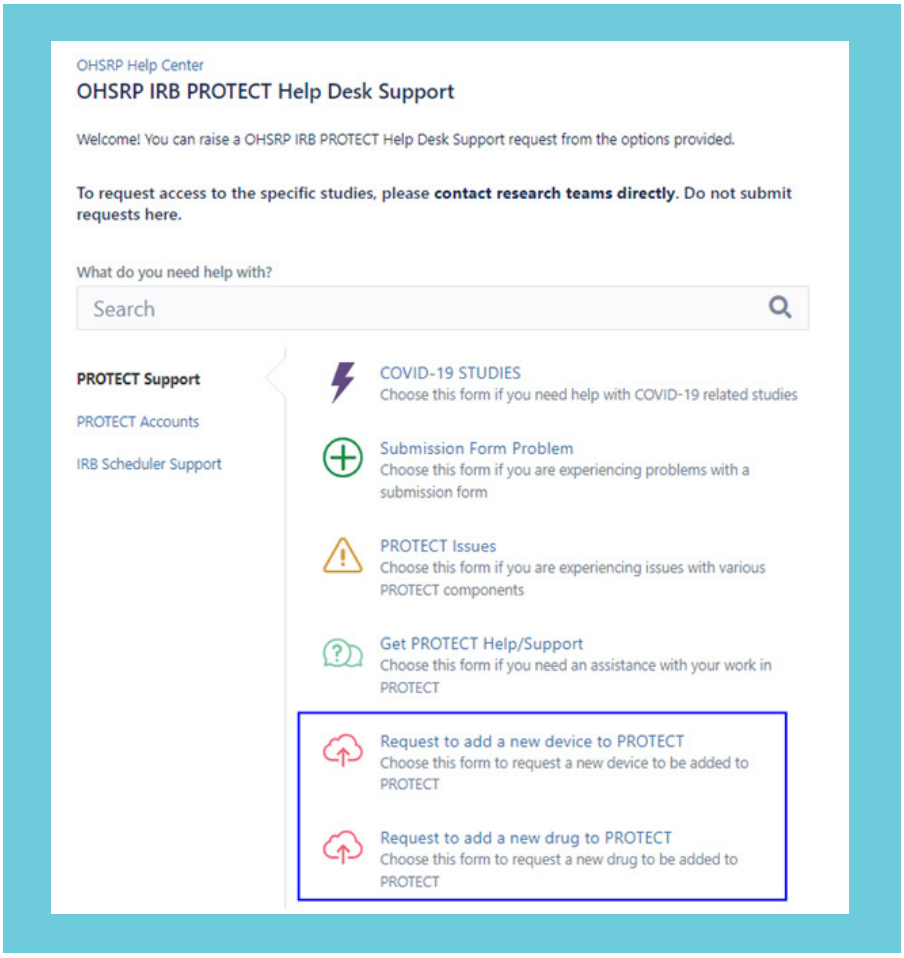
FAQS

Our website has a section on Frequently Answered Questions. Please be sure to look over these questions to see if you can get your questions answered here. If you don't see what you need there, you are of course welcome to reach out to our trainers via help desk tickets.



NEW JIRA HELP DESK

We have created a Protect Help Desk Support ticketing system for you to submit questions to. This can be found here: OHSRP IRB PROTECT Help Desk Support. You will notice on this ticket form; you can now request that we add your new drugs and devices into the list we maintain in PROTECT (or revise existing drugs).



POLICY AND ACCREDITATION UPDATES

POLICY UPDATES

As we mentioned in the last newsletter, the implementation of the new PROTECT eIRB system by Huron resulted in some minor policy revisions. These include, where applicable, the following types of changes:

- The term "modification" replaces the term "amendment" except in the context of an Investigational New Drug (IND) amendment. The following policies were impacted by this change: Manual Chapters (MCs) 3014 – 001 Glossary (the term "Modification" is added and the term "Amendment" cross references the term "Modification"), 102, 105, 106, 109, 204, 205, 206, 300, 302, 401, 403, 404, and 503.
- The term "Designated Reviewer" replaces the following terms, "exempt reviewer", "limited Institutional Review Board (IRB) reviewer" and "Expedited Reviewer." Now we refer to the role of "designated reviewer" and explain the review procedures that will be used, such as "expedited", "limited IRB" or "exempt" procedures. This revision is seen in MCs 3014-101, 204, 205 and 206.
- We no longer refer to a "reportable event form (REF) and instead we just refer to a "reportable event." This revision is seen in MC 3014-801.
- MC 3014-102 is also revised to reflect process changes brought about by the implementation of the PROTECT electronic IRB system by making the policy system neutral, in other words, by removing system-specific requirements.
- We have removed the requirement for a high-level summary of events to be submitted at the time of continuing review. Instead this type of information will be captured in PROTECT. This change is seen in MCs 205 and 801.
- The policies most affected by the change to the PROTECT system are MCs 3014-204 and 205 as they talk about different types of IRB reviews (convened Board or designated review as described above) and about specific submission types (e.g., initial review, continuing review, etc.). We have struck mention of specific types of submission forms used in iRIS since those forms do not have counterparts in PROTECT. In addition,
    - MC 3014-204 - IRBO will no longer send annual reminders to Principal Investigators (PIs) for studies that do not require continuing review reminding them that all other requirements apply and to remind PIs to close the study if research activities are complete. However, just because annual reminders will no longer be sent to PIs all other requirements still apply. For example, PIs must still submit modifications and event reports and must still close the study when all research activities are complete.
    - MC 3014-205 -IRBO now requires at continuing review a redacted copy of the last NIH signed consent(s)/assent(s) for each of the IRB-approved informed consent/assent forms used in the previous review period, if a subject was enrolled in the past year.

We also made some other needed edits to the policies to address the following:

- The new AAHRPP Standard I.1.H. which specifies the requirement for a continuity plan in case of an emergency that impacts the NIH Intramural Research Program (IRP) HRPP and/or

the rights, safety or welfare of its research subjects. In order to meet the new standard, we have added new policy statements and requirements for OHSRP to establish and maintain a Mission Essential Function and a Continuity of Operations Plan (COOP). We also added the OD Division of Emergency Management as a component of the NIH Human Research Protection Program (HRPP). This new requirement is seen in MCs 3014-100 and 101.

- MC 3014-100 now distinguishes coverage under the NIH Federalwide Assurance (FWA) between Intergovernmental Personnel Act (IPA) appointees and IPA detailees. This revision adds IPA appointees as a category of NIH staff covered under the NIH FWA with no agreement. IPA detailees are added as a category of NIH staff who are only covered under the NIH FWA with a written agreement. In addition, MC 3014-300 now indicates that IPA appointees may be NIH PIs with the concurrence of the NIH IC leadership and with approval by the NIH Institutional Official.
- As we informed you last Fall, we revised MC 3014-102 to indicate that there is now only one Conflict of Interest (COI) Certification to be signed by any NIH investigator or statistician working on a Covered Research Protocol (CRP) who is not an NIH ethics filer.
- We have added new training requirements for Associate Investigators who are postdoctoral Intramural Research Training Awardees (IRTAs)/Cancer Research Training Awardees (CRTAs) or post-doctoral Visiting Fellows (VFs) which will permit these postdoctoral trainees to obtain informed consent of a prospective subject without the presence of a qualified NIH federal employee investigator. These training requirements include: 1) Sufficient training by the PI about the protocol, meaning that the postdoctoral IRTA/CRTA or post-doctoral VF must be knowledgeable about, and able to explain, the protocol and all of the information contained the informed consent document and be capable of addressing all subject questions, and 2) The post-doctoral IRTA/CRTA or post-doctoral VF must have completed *Elements of a Successful Informed Consent* course and the validated *Objective Structured Clinical Examination (OSCE) for the Informed Consent Process* offered by the **NIMH Human Subjects Protection Unit** (HSPU) (or equivalent IC-based course). MCs 3014-103, 300 and 301 were revised to add these new training requirements for post-doctoral trainees.
- MC 3014-301 cleaned up the use of the terms “translation” and “interpretation” for accuracy and consistency.
- MCs 3014-101 and 801 specify that the NIH Institutional Official will be cc’d on reports to regulatory agencies (i.e., regarding reports of unanticipated problems, serious or continuing non-compliance, or suspension or termination of IRB approval).
- Rather than requiring that the PI provide “local context forms,” the NIH IRB will confirm institutional requirements have been met to external reviewing IRBs. This change is reflected in MCs 3014-105 and 205.

We delayed publication of these changes so that publication could align with the implementation of PROTECT. The revised policies were published on 1/11/2023.

WHAT IS NEXT FOR POLICIES?

As you may be aware, the Food and Drug Administration (FDA) recently published several Notices of Proposed Rule Making which intend to harmonize certain FDA regulations (21 CFR parts 50, 56 and 812) with the revised Common Rule (rCR), as required by the 21st Century Cures Act. The first **Notice** proposes to harmonize the waiver or alteration of informed consent for certain minimal risk research. The second **Notice** proposes to add certain terms and harmonize some definitions, such as Legally Authorized Representative, and to harmonize some informed consent provisions. However, because the focus of the FDA as a regulatory agency is on drug and device development,

the proposed revisions may not be identical to the rCR. In addition, the FDA is harmonizing the Cooperative Research Provisions with the rCR which is explained in this **Notice**. The FDA asked for comments from the public in the Federal Register for these Notices and is currently reviewing them. Once the final regulatory revisions are published and an implementation date is set, we will update our policies accordingly and educate you about the changes.

ACCREDITATION UPDATES

We are currently collecting data from the ICs for the upcoming Association for Accreditation of Human Research Protection Program (AAHRPP) Annual Report which is due in March. Once we have aggregated the data from the ICs we will submit it to AAHRPP. We will provide you a brief update in our next newsletter about what we learned from this year's survey. We want to send a big shout out and "Thank you" to our wonderful IC Liaisons, IC QAQI folks and ORSC for their help with this project.

COMPLIANCE AND TRAINING UPDATES

NEW EDUCATIONAL SERIES FOR NIH INVESTIGATORS FOR 2023!

OHSRP is happy to announce that we are initiating a new Investigator Seminar Series in 2023 targeted at needs of investigators who conduct human subjects research. This series is intended to provide nuts and bolts information about what investigators need to know regarding best practices on various relevant topics. Sessions are generally scheduled on the second Monday of each month from 3-4 PM, though for a few months we will move to a different Monday due to federal holidays or scheduling conflicts. The sessions will be presented by subject matter experts via Zoom. Dates and links for the initial few sessions can be found on the OHSRP website if you click on the tile labeled NIH Investigator Seminar Series Information. Topics to be covered include the following: determining whether a project requires an exemption or IRB review including secondary research protocols; IRB role, function and authority; planning your protocol; informed consent; investigator responsibilities; scientific review; GDS policy and data safety and monitoring plans; source documents, regulatory binders, and documentation; reporting research related events; post-approval monitoring/root cause analysis/creating corrective and preventive action plans; multi-site protocols; FDA regulated research; research with vulnerable populations; and international research.

Prior to each session we will send additional information about the speaker and details to be covered during the session as well as a calendar invite with the Zoom link via the Protocol Navigation listserv. If you are not already on this listserv, please sign up because OHSRP uses this list to broadly communicate information to the NIH Intramural Research Program (IRP) community members who conduct human subjects research (including investigators as well as navigators). To sign up, scroll all the way down to the bottom of our **OHSRP home page**, and click the green box that says "Subscribe" below "Join the Protocol Navigation Listserv."

REPORTING RESEARCH RELATED EVENTS IN PROTECT

Once NIH protocols are migrated into PROTECT, research related events that require expedited reporting will be submitted on a Reportable New Information (RNI) form rather than via the Reportable Event Form (REF) that was used in iRIS. Information on submitting an RNI form in PROTECT can be found on page 16 of the **PROTECT IRB Researcher's Guide on the OHSRP website**. Questions related to submission of RNI forms may be submitted to the OHSRP Compliance and Training mailbox at **OHSRPCompliance@od.nih.gov**.

ONGOING EFFORTS TO IMPROVE INFORMED CONSENT READABILITY

In 2023, we will continue to schedule training sessions for the OHSRP How to Write an Effective Consent Form: A Workshop for Investigators, Protocol Navigators and Research Staff. Since this workshop has an interactive component involving small breakout groups, workshop attendance size is limited, and advance registration is required. Information and sign-up for upcoming sessions will be announced on the Protocol Navigator listserv. Anyone at NIH who is interested in issues related to human subjects research can sign up to be part of this listserv. To sign up, scroll all the way down to the bottom of our **OHSRP home page**, and click the green box that says "Subscribe" below "Join the Protocol Navigation Listserv."

OHSRP is also currently piloting a new program, tentatively called the Informed Consent Enhancement Program, with the goal of improving the informed consent process across the IRP, as well as reducing the number of Reportable New Information reports (formerly REFs) submitted to the IRB. The program will have three components, and component one is underway now with the remaining two activities to start later in 2023.

1. Review of the Informed Consent Document – improving readability prior to IRB review and approval
2. Education– educating study teams about their protocol-specific, IRB-approved consent process, and how to handle unexpected situations related to the consent process as they arise
3. Observation- for newly approved IRs, observation by OHSRP of the informed consent discussion that takes place between the study team and the potential participant

Be on the lookout for readability feedback on newly submitted informed consent documents. We hope to partner with you to achieve as close to a 6th–8th grade reading level as possible (required template language excepted). If you have questions or feedback about this program, contact **Chris.Witwer@nih.gov**.

OHSRP EDUCATION SERIES SESSIONS

The fourth quarter of calendar year 2022 entailed OHSRP Education Series sessions on various topics of interest to those in the NIH IRP. Links to the videocasts and slides from our monthly OHSRP Education Series Sessions are posted in the **Presentation Archive section** of the OHSRP website.

Use of investigational medical devices within research overseen by the NIH IRB continues to be a topic that generates many questions for our IRP investigators. The session on October 6, 2022, featured a relevant presentation along these lines titled, *FDA Investigational Device Exemptions (IDE): Overview and Application to Research Involving MRI*. Dr. William Pritchard from the NIH Center for Interventional Oncology, who also formerly served as a medical officer in FDA's CDRH, started off the session and gave a comprehensive summary of Investigational Device Exemptions (IDEs) and how this information is relevant to research involving magnetic resonance imaging (MRI). Dr. Alan Koretsky, NINDS Chief of the Laboratory of Functional and Molecular Imaging and Director of the NIH MRI Research Facility, followed Dr. Pritchard and discussed the NMR Center at NIH. He addressed the regulatory status of MRI devices that are used during research conducted in the Center as well as those that utilized as peripheral devices (e.g., monitoring systems). Finally, Dr. Lauren Reoma, Director of the NINDS Clinical Trials Unit, provided information about resources and processes that NINDS provides to support the IDE review process. She also addressed important investigator responsibilities when use of a device within a specific protocol has been determined to represent nonsignificant risk or a significant risk.

In preparation for the launch of the new NIH electronic IRB (eIRB) system, PROTECT, OHSRP presented a Town Hall on this topic at the November OHSRP Education Series session. Dr. Jonathan Green, OHSRP Director, started the presentation with an update on plans for "go-live" timing and data migration from iRIS to PROTECT. He also explained the security vulnerabilities that were being addressed prior to launching the new eIRB system. Following Dr. Green, Nicole Grant, OHSRP Associate Director and IRB Executive Chair, provided information on the step-by step process investigators should follow once protocols have been migrated to PROTECT. She also showed screenshots of these steps in PROTECT to give attendees an idea of what they will see when logging into the new system. Finally, Tiffany Gommel, IRBO Director, and other members of the PROTECT implementation executive team joined to provide information during the question-and-answer part of the session.

Our final session for the 2022 OHSRP Education Series covered the topic *Considerations for Modernizing the Informed Consent.* OHSRP was thrilled to welcome two guest speakers, Nichelle Cobb, and Christine Suver. Nichelle Cobb, PhD, is the Senior Advisor for Strategic Initiatives for the Association for the Accreditation of Human Research Protection Programs (AAHRPP) and also serves as a Senior Advisor and Ambassador for SMART IRB. She previously was the Director of the Health Sciences IRBs for 16 years at the University of Wisconsin-Madison. Christine Suver, PhD, leads the research governance and ethics group at Sage Bionetworks which has, among many things, developed tools to enable participant-centered innovative electronic informed consent (eConsent processes) that explore real-world implications of using eConsent to support the autonomous decisions of populations with a wide range of cognitive ability. Nichelle and Christine presented information on an exciting project they collaborated on, along with others at Emory University and the University of Wisconsin-Madison, to improve the informed consent process for an Alzheimer's Disease Research Center study involving individuals with mild cognitive impairment. They helped to develop a platform for presenting information that incorporated best practices for informed

consent. During their presentation Christine and Nichelle discussed incorporating design considerations into improving informed consent beyond this specific project.

Help Us Name the New ICF Review Process!

We are seeking your help coming up with a catchy name for OHSRP's new program to improve the informed consent process and to minimize reportable events. The program will have 3 components:

- ***Readability Review** of the informed consent document during IRB pre-review,*
- ***Education** on your IRB-approved informed consent process and how to handle unexpected situations; and*
- ***Observation** of an actual consent discussion.*

Please send your naming suggestions to Chris Witwer, OHSRP Policy Analyst at: chris.witwer@nih.gov

Send your suggestions by 3/1.

Thanks!