NIH Office of Intramural Research
Office of Human Subjects Research Protections

Volume 3 • Issue 4 • January 2022

# OHSRP Newsletter

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## Letter from the OHSRP Director

We enter 2022 having come off a successful site visit from our accrediting body (AAHRPP). A big thank you to the entire intramural community for supporting our site visit. The success of the visit reflects the high priority that the entire research community places on protecting the rights and welfare of our subjects. Your commitment shows and was recognized by the site visitors.

During 2022 our efforts will be directed at continuing to develop our office capabilities and streamline operations. The second half of 2021 saw a significant decrease in turnaround times for all forms due to the changes in workflows and organization implemented by the IRBO. Kudos to all the IRB staff that made that transition so successful!

A major focus of the upcoming year is the implementation of our new electronic IRB submission system. We are working closely with the vendor and key stakeholders in the research community to build a system that decreases researcher burden and simplifies the process for both the study teams and the IRB. We are optimistic that the new system will work for you, not against you, as you conduct your important research.

I've said it before, and I'll say it again. We can only succeed as a collaboration. The mission of OHSRP is to work with you to advance research. Thank you for being our trusted and trusting partners.

*Jonathan M. Green, MD, MBA*

*Director*

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# IRBO Updates

Happy New Year from all of us in the IRBO. We hope everyone is staying warm and healthy during these very challenging times. In this and all future OHSRP Newsletters, we intend to feature a research team associated with a particularly excellent submission reviewed by the IRB. The featured team will be designated as the IRBO's "Gold Star Research Team" for that quarter.

In this quarter's newsletter, we also want to provide some reminders and clarification about addressing research blood volumes in protocols and consent forms. We hope this information will assist you in avoiding stipulations as a part of initial reviews. In addition, we understand that the topic of conflict-of-interest review by the DEC can be confusing and frustrating. Accordingly, we will go over the key points to remember about this process.

## "GOLD STAR RESEARCH TEAM"

This issue's Gold Star award goes to Dr. David Goldstein (NINDS), the following study team members, Mr. Donovan Stock, Ms. Patti Sullivan, Ms. Janna Gelsomino, Dr. Lauren Reoma, Ms. Rosalind Hayden, Dr. Avindra Nath, and Protocol Navigator, Ms. Rose Cuento. Dr. Goldstein's team submitted an initial review of a secondary research protocol which is focused on the mechanisms of autonomic and catecholamine-related disorders. This protocol incorporates specimens and data from twenty-four different closed or open protocols. The IRBO staff appreciate that all the required sections were addressed per the protocol template and that every aspect of the study plan was clearly described. The creation of this protocol required that the study team conduct a careful review of previous consent forms and then delineate all of language about future use and sharing. The research team's efforts led to a superbly written protocol that received no stipulations from the expedited reviewer. Congratulations to Dr. Goldstein and his research team!

# IRBO Updates (continued from page 2)

## TOTAL BLOOD VOLUME AMOUNTS

**What Information about Blood Volumes Belongs in the Protocol and Consent Form?**

The protocol should include **the frequency and the specific blood volume amounts** to be drawn for research purposes **over an eight-week period** (in milliliters). The blood volume taken with each draw should also be included in the consent form and referred to using household terms (e.g., teaspoons, tablespoons, cups, pints). Amounts must be addressed separately for each of the following respective populations, as applicable: affected adults, healthy adults, children, and pregnant individuals.

**Why is it Important to Include Blood Volume Amounts in the Protocol and Consent Form?**

- As we discussed in the 3rd Quarter OHSRP Newsletter, the DHHS *1998 List of Categories of Research That May be Reviewed Through an Expedited Review Procedure* which includes maximum blood draw amounts when the subjects are healthy adults **vs**. when they are affected adults (i.e., diagnosed with a disease), children, or pregnant.
- Of note, blood draw amounts allowed in a protocol that is reviewed and approved using the expedited procedure are more conservative than those allowed under the *M95-9 Guidelines for Limits of Blood Drawn for Research Purposes in the Clinical Center*.
- The IRB needs blood draw volumes to be clearly spelled out in order to assess the risk level and determine whether the protocol can be expedited or requires full board review.
- Subjects should be informed about the amount of blood that will be drawn, so that they consider this information when making their decision about whether to participate or not.

## DEC CONFLICT OF INTEREST (COI) REVIEW


***When is DEC Conflict of Interest (COI) Review Required?***

When a research study is a *Covered Research Protocol*, then Conflict of Interest (COI) review by the Institute's Deputy Ethics Counselor (DEC) is required.

COI review is required for the following submissions:

- Initial Review (IR): systematic ethics review performed for the first time to ensure that there are no conflicts with any of the investigators working on the *Covered Research Protocol*
- Continuing Review (CR): annual systematic ethics review performed to ensure no new conflicts have been identified as investigators' portfolios may change over the course of a year
- Amendment (AM): review triggered by the addition of new investigators or statisticians, a new product or device that is the object of the study, a collaboration involving the development of a product or device, or a change in the study sponsor/manufacturer of the investigational product or device

# IRBO Updates (continued from page 3)

***What is the Definition of a Covered Research Protocol?***

A protocol will be deemed a *Covered Research Protocol* when it meets the following criteria:

(1) A study of an investigational drug or device;

(2) A study with a research question about a commercially available drug or device; and/or

(3) A study involving a collaboration with a substantially affected organization (SAO) or another for-profit entity when the entity is receiving data or specimens from the NIH for the purpose of developing a product.

Most interventional protocols will be *Covered Research Protocols* unless the intervention does not involve the criteria listed above (e.g., a behavioral intervention might not meet the criteria for a Covered Research Protocol or use of a device for physiological exploration where there is no intent to develop a commercial application).

***How Does One Obtain DEC COI Review?***

The research team should submit the DEC Clearance Submission form to the Institute's Deputy Ethics Counselor (DEC) through iRIS. You can contact the iRIS Training Team if assistance is needed with navigating this form at iris_training@od.nih.gov.

***Does DEC COI Review Need to be Complete before Submitting to the IRB?***

The IRB will only approve an IR, applicable Amendment, or Continuing Review for a Covered Research Protocol when DEC COI Clearance is complete. The team is expected to **upload (or attach)** the DEC Outcome letter which shows clearance is complete as part of the submission.

***What if An Investigator Needs to Be Removed Before the CR Can Be Approved?***

If the team needs to remove an investigator before the CR is approved, be sure to check "Continuing Review and Amendment" in the DEC Clearance Submission form and complete the table showing which investigator is being removed. The team may choose "CR+AM" when submitting to the DEC, even though they must submit these actions as two separate forms to the IRB. Please contact the iRIS trainers for training on this process at iris_training@od.nih.gov. The Research Team should also submit an amendment to the IRB to remove the investigator at the same time.

***What Can the Research Team Do to Shorten the Time it Takes for the DEC Clearance Process?***


Here are some tips to shorten the protocol clearance process:

1) **Do not use outdated COI Certification forms or an outdated COI Guide** - To find the latest COI Certification forms, COI Guide and procedures, check out the Conflict of Interest Review by IC Deputy Ethics Counselors (DECs) ancillary webpage. The most up-to-date forms (for non-filers) and Guide should always be downloaded from the IRBO website before sharing with the applicable research team members. Review the IC DEC Submission Checklist for Study Teams to make sure that you are following the most up-to-date COI procedures.

2) **Submit the appropriate COI Certifications for the correct study staff** - There are two types of COI Certifications. There is one certification **for Federal Employees** (COI Cert for Federal Employees) **who are not financial disclosure filers**, e.g. NIH feds or non-NIH feds, such as DoD, IHS, EPA, etc. The other certification (COI Cert for non-Federal Employees) is used for **non-Federal Employees**, e.g. contractors, IRTAs/CRTAs, Special Volunteers or Guest Researchers. OHSRP has simplified the titles of the forms to help research staff to better distinguish them from each other and added footnotes to clarify who must sign them.

   Investigators on the protocol **who are financial disclosure filers** will either be NIH Federal Employees, Special Government Employees (SGEs) or Intergovernmental Personnel Act (IPA) appointees. These investigators *do not* need to complete a COI Certification. The PI should be the one to confirm with the federal employees on the protocol (investigators or non-investigator statisticians) whether they are filers or not.

# IRBO Updates (continued from page 4)

3) **Make sure you are submitting a *current* COI Certification Form** - At the time of CR, COI Certifications for all the applicable staff must be attached to the DEC form. When submitting a DEC form for a new investigator, one only needs to submit a COI Certification form for the investigator being added. Please note that the Ethics Office will not accept any COI Certification forms that are older than 6 months. In addition, at the time of COI review, the investigators' financial disclosures cannot be older than 6 months. Before the team submits to the Ethics Office, it is suggested that the PI gently remind any AIs who are filers to make sure their financial disclosures have been updated. Otherwise, if any of the investigators financial disclosures are out of date, the DEC will have to reach out to filers to update their filings. Please note that research staff and protocol navigators *should not* discuss filing or holdings with investigators or statisticians.

4) **Do not use an outdated Study Personnel Page (SPP)** - If you are attaching the SPP to your submission, make sure that the investigators listed in the SPP match your *current* research team.

5) **Complete the DEC Form Correctly in iRIS** - If members of the research team who require clearance have left the NIH but have not yet been removed from the protocol, make sure that you address this as part of your DEC submission for the CR. In this case, you should check "CR+AM" and list the investigators who you need to be removed from the protocol in the table. If you do not follow this guidance, when the DEC looks for the investigator(s) in NED and sees that he or she is no longer at NIH, this issue will require that the team correct the submission and will result in further delays.

**What if DEC COI Clearance is Taking Longer than Expected?**

We understand that the DEC may not be able to complete the COI clearance review quickly for various reasons (e.g., not all investigators have submitted up-to-date paperwork). For studies that require full board review for the CR and are at risk of expiring, please email your IC's IRB Team for guidance. However, in these cases, the IRB may allow the team to submit the CR without the DEC Outcome Letter, so that it can go through pre-review and get assigned to an agenda. If the study has not yet gone to full board review, the team can then email the Outcome Letter to the assigned analyst to request that it be uploaded into the system. Otherwise, the IRB will stipulate that the Outcome Letter be uploaded as part of its approval process.

**Can DEC COI Review Be Discontinued When the Protocol Status Changes to "Data Analysis Only"?**

DEC COI Review must be initiated at the required timepoints throughout the life cycle of the protocol. Please keep in mind that COI review must be conducted for all individuals who are engaged in human subjects research on the protocol. COI review must also be conducted for statisticians who are responsible for analysis of the primary endpoint data, even if they are not otherwise engaged in human subjects research, because their role has the potential to bias the research results."


**Where Can the Research Team Find More Information?**

For detailed information about how to obtain DEC clearance, please read the Conflict of Interest Review by IC Deputy Ethics Counselors (DECs) ancillary webpage, IC DEC Submission Checklist for Study Teams and Policy 3014-102 Investigator Conflict of Interest and Government Royalties and/or contact your DEC.

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# eIRB Project Communication

## eIRB Project - Implementation is underway!

In September Huron was selected as the vendor for our new eIRB system. Since then, OHSRP has worked closely with the Huron Team learning about the system and determining requirements for the new system to work for NIH. We are pleased with the progress to date and are eager to begin involving key stakeholders in the NIH community.

### Community Engagement

The OHSRP has and will continue to seek the community's involvement in the implementation process in a number of ways:

**eIRB STEERING COMMITTEE**

This committee serves as a group of key stakeholders that provide input during the project. They remain up to date on project milestones, weigh in on key decisions, and plans for training and outreach. This committee meets regularly and consists of carefully chosen representatives of the research community and leadership at NIH that will be most impacted by the system.

**eIRB STAKEHOLDERS**

In addition to our steering committee, we work with key user groups in the research community who represent business processes that are ancillary to the IRB review, but are important to the human subjects research regulatory process. Examples of these stakeholder groups are representatives from Scientific Review, Radiation Safety, Office of Protocol Services, etc.).

**eIRB CHAMPIONS**

A group of leaders in the research community were identified to be eIRB Champions. These individuals will be involved in the implementation, early demos, and training for the system. They will assist us in spreading the word about the system to their groups. They will gather and relay IC feedback/concerns to us as well as relay project timelines. Some will be charged with assisting us with user acceptance testing. User acceptance testing is done by the intended users of the system to ensure that it meets the requirements before go-live. Some champions may be ideal for training their groups in addition to the large education efforts that will be delivered by our eIRB Training & Outreach team.

### Research Community

**TESTING**

In addition to the eIRB champions' role in the implementation and testing, we will also be reaching out to engage other members of the community in user acceptance testing when the system is ready for that.

**TRAINING & OUTREACH**

Our Training & Outreach Team has a detailed plan for training and informing the community along the way to ensure that everyone feels prepared and excited for the changes and improvements to come.

**eIRB NAMING CAMPAIGN**

The eIRB Implementation Team wants to hear from you, the research community, about naming our new system. We will be organizing a campaign this quarter to hear directly from the community what they would like to see in a new system name. Stay tuned for communications about this and a survey where you can tell us your thoughts and suggestions.

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**QUESTIONS & COMMENTS**

We have created an eIRB Project Mailbox for the community to send general questions and comments. This is manned by our eIRB Project Manager, Meredith Mullan and our eIRB Change Management Lead, Sue Tindall. Send your questions here and one of them will respond to you. OHSRPeIRBProject@od.nih.gov

# eIRB Project Communication (continued from page 6)

## PROJECT TIMELINE

**Fall 2021**

⇒ eIRB Implementation Team onboarding & training was completed by Huron

⇒ eIRB Implementation Team held IRB requirements sessions with Huron

⇒ eIRB Implementation Team began initial talks with ancillary committee leaders re: requirements

⇒ eIRB leadership chose key community stakeholders to serve as liaisons for the community

**Winter 2022**

⇒ eIRB Implementation Team will resume ancillary requirements discussions with relevant stakeholders

⇒ Huron will begin building IRB module

⇒ Huron will begin building ancillary areas of system that are determined to be needed

**Spring 2022**

⇒ Huron resumes ancillary module development

⇒ eIRB Implementation Team begins testing of IRB module

⇒ eIRB Implementation Team begins testing of any ancillary modules as they are developed

**Summer 2022**

⇒ eIRB Implementation Team resumes testing, focusing on end-to-end workflow, involving key user groups and stake holders in user acceptance testing as required

⇒ eIRB Training & Outreach Team begins training key end user groups

**Fall 2022**

⇒ eIRB Training & Outreach Team resumes training key end user groups and greater NIH community

**GO LIVE TIMEFRAME:** Estimated go-live in late 2022 (subject to change)

# Policy and Accreditation Updates

## Policy Updates

Now that we are on the other side of the AAHRPP site visit, we can now make revisions to the Human Research Protection Program (HRPP) policies. Policy 204 Levels of IRB Review and Criteria for IRB Approval of Research was revised to comport with IRB practice, and published on January 7, 2022. The requirement for a fixed anniversary date when continuing review is required has been struck at Section C.2.g.III. An example of when continuing review might be required more often than once a year was added at C.2.i. for clarity. Finally, a new addition at Section E.2.k. requires at the time of continuing review or amendment that the IRB document any significant new findings from review that will result in notification to, and reconsent of, subjects. Study teams should be aware such notifications to subjects must be approved by the IRB consistent with Policy 301 Informed Consent. Next will be some revisions to support the implementation of the new Huron electronic IRB system. Come back to this column in the coming months to learn more about these policy changes.

## Outcome of the AAHRPP Site Visit

The NIH Intramural Research Program (IRP) completed the site visit for reaccreditation of its Human Research Protection Program (HRPP) in early December. We are seeking our third accreditation of the IRP with the Association for Accreditation of Human Research Protection Programs (AAHRPP). The purpose of accreditation is to confirm that in addition to performing research important to the health of the American public, that we also prioritize the rights, safety and welfare of NIH research participants. Accreditation indicates to our scientific collaborators and to our potential participants, that in the conduct of human subjects research, we are a trusted partner, and we meet the gold standard for human research protections.

The site visit was a major step on the path to seeking reaccreditation. Earlier this year, OHSRP submitted two written applications (about 1800 pages each) that included our policies, checklists, and other documents to AAHRPP, intended to demonstrate that our HRPP meets AAHRPP accreditation standards which are recognized worldwide. The review of these applications by our AAHRPP Step 1 reviewer went very well. On paper at least, AAHRPP confirmed in June that our program is accreditable.

The purpose of the site visit was to confirm that our practices met what we stated on paper. The site visit was comprised of two types of reviews, 1) a records review and 2) interviews of staff from across the IRP. To give you a sense of scope, here is a snapshot of the site visit by the numbers:

- 4 Site Visitors (our peers from other accredited institutions)
- 108 NIHers from across the IRP including: PIs, Study Team members, OHSRP and IRBO staff, IRB Members, IC QAQI staff, Protocol Navigators, as well as IC and OHSRP/IRBO leadership
- 13 enthusiastic team members from OHSRP, IRBO, OIT and CIT to support the virtual site visit and to ensure it went smoothly and ran on time
- 23 IC Liaisons, without whom we could not have gotten every single interviewee on the agenda and scheduled to be prepped and interviewed, and
- You, our IRP colleagues who conduct important research *and* put the rights, safety and welfare of our research participants front and center every day

# Policy and Accreditation Updates (continued from page 8)

This year, the site visit was held virtually via Zoom (a first for the NIH, normally these are in-person visits). The Site Visit was a big success due in large part to the interviews. At the end of the visit, our site visitors provided us the preliminary results of the visit. They started out with commendations: They said our HRPP demonstrated 3 strengths: 1) "The newly transformed HRPP including the newly established IRB in 2018 which is comprised of 2 panels, a comprehensive HRPP equipped by strong leadership, and with knowledgeable and competent staff." During the interviews, the Site Visitors heard many praises about the new program; 2) "The rigorous Scientific Review process that enhanced IRB review and resources"; and 3) "The exemplary consenting process onsite for investigators." The Site Visitors were particularly "Impressed with the resources to educate researchers and to enhance their skills to improve and perform informed consent."

There was only one minor concern raised by the Site Visitors. The concern was focused on returning the results of the annual IRB member self-evaluation to the members. The Site Visitors felt that it would be helpful to members to compare their individual responses to the aggregate results. OHSRP appreciated this helpful feedback and plans to provide IRB members with the results of the annual self-evaluation going forward.

Given the breadth and depth of the recent changes to our HRPP, to our IRB and to IRB operations, this site visit was a huge endorsement of how far we have come in such a short period of time under the leadership of Jonathan Green and Tiffany Gommel, and our goal of achieving excellence for our program. We are well on our way to achieving our vision for OHSRP, namely that: "We will promote the safe and ethical conduct of human subjects research by

- providing timely, consistent and compliant reviews
- educating our community
- communicating effectively and responsively
- collaborating with stakeholders

and thus, will be recognized as national leaders in human subjects protections."

Thank you, to our IRP colleagues who participated in, or assisted us with, the site visit. Your participation demonstrated that we have a strong HRPP and helped us come through this undertaking with flying colors!

We have a few more minor steps before our reaccreditation will be considered by the AAHRPP Council in March 2022. We anticipate full accreditation at that time and will update you when we receive our formal notice. Next, we will be developing an emergency preparedness plan for our HRPP over the course of 2022 to meet the new AAHRPP *Standard I.1.H. Emergency Preparedness*, stay tuned for more information.

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# Compliance and Training Updates

## Required Human Subjects Research Training

Get ready! As you may remember, HRPP Policy 103 Education Program, was implemented in June 2019 with a compliance date of 9/1/2019. As a result, during 2019 many existing NIH investigators who conduct human subjects research (HSR) completed their required CITI basic HSR training course(s) (Biomedical 101 and/or the Socio -behavioral modules) and, if required by Policy 103, CITI GCP (US FDA focus). These course certifications will expire 3 years after the course is completed, so investigators on NIH protocols, as well as OHSRP and ORSC staff, and IRB members will need to complete refresher training when their existing training expires. Ninety (90) days prior to expiration of the CITI basic HSR course(s) and, as applicable, the CITI GCP (US FDA focus) course, you will receive a reminder from CITI about the pending course expiration. At that point, you will be able to log onto your NIH CITI account via the OHSRP website CITI logon and take the refresher course. You will not be able to access the refresher course prior to receiving the 90-day reminder notice from CITI. CITI will continue to send you periodic reminders until you have completed the refresher (s). As a reminder, if any investigator on a protocol reviewed by the NIH IRB is not up to date on training, NIH IRB analysts will not process the submitted action and will return it to the PI with a notice indicating that an investigator on the protocol does not have current HSR training. More detailed information on how to access the NIH CITI account to complete required refresher courses when your current training is expiring, as well the steps to check the status of your training in iRIS, can be found by going to the NIH CITI training page on the OHSRP website and then clicking on the green box on the right that says "Expired CITI Training."

## We Would Love to Hear from You!

If members of the NIH Intramural Research Program community have ideas for educational sessions or materials that relate to human subjects research, we would love to have you share these with us. Please email your ideas and suggestions to OHSRPCompliance@od.nih.gov.

## OHSRP Education Series Sessions

Links to the videocasts and slides from our monthly OHSRP Education Series Sessions are posted in the Presentation Archive section of the OHSRP website. In December, Dr. Christine Grady, Chief of the Department of Bioethics, gave a thought-provoking presentation that addressed an issue with which both investigators and IRBs struggle: *Benefits in research: How should we think about and communicate them?* Our January session featured a town hall with a look at the past and present state of the OHSRP, a report of 2021 IRB year in review, an update on the status of the Huron eIRB implementation, and the presentation also covered the recent AAHRPP reaccreditation site visit. (See additional information regarding the good news from the site visit in the *Policy and Accreditation Updates* section of this newsletter.) The February 2022 session will address issues related to IRB review of natural history studies and the unique considerations to take into account when conducting this type of research.

## Optimizing the Informed Consent Document

As noted in the most recent newsletter we have launched an initiative to help individuals who write consent forms improve the readability of these documents. We will be scheduling training sessions for *How To Write An Effective Consent Form: A Workshop for Investigators, Protocol Navigators and Research Staff.* This training activity has an active practice component and interested individuals will need to sign up for the session in advance. Information about upcoming sessions will be announced on the Protocol Navigator listserv, and anyone at NIH who is interested in issues related to human subjects research can sign up to be part of this group. To subscribe to this listserv, go to the landing page for the OHSRP website and scroll to the bottom of that page to click on the green button that says "Subscribe."

Join the Protocol Navigation Listserv

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