Understanding the NIH IRB Review Processes to Improve Submissions

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DIRECTOR, IRBO

OHSRP

OHSRP EDUCATION SERIES – JUNE 2, 2020

Objectives

Overview of Structure IRBO

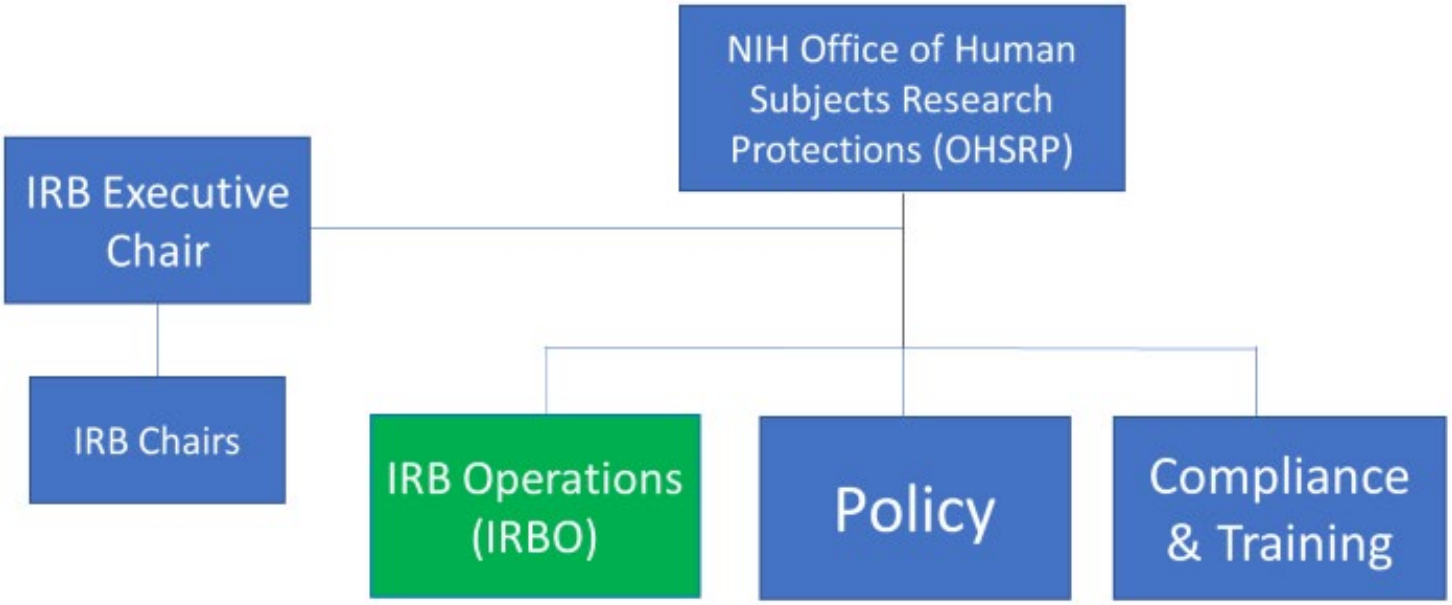
Purpose and Function of NIH Intramural IRB (NIH IRB)

NIH IRB Review Processes: Review levels, internal processes & criteria for approval

Tips & Tricks

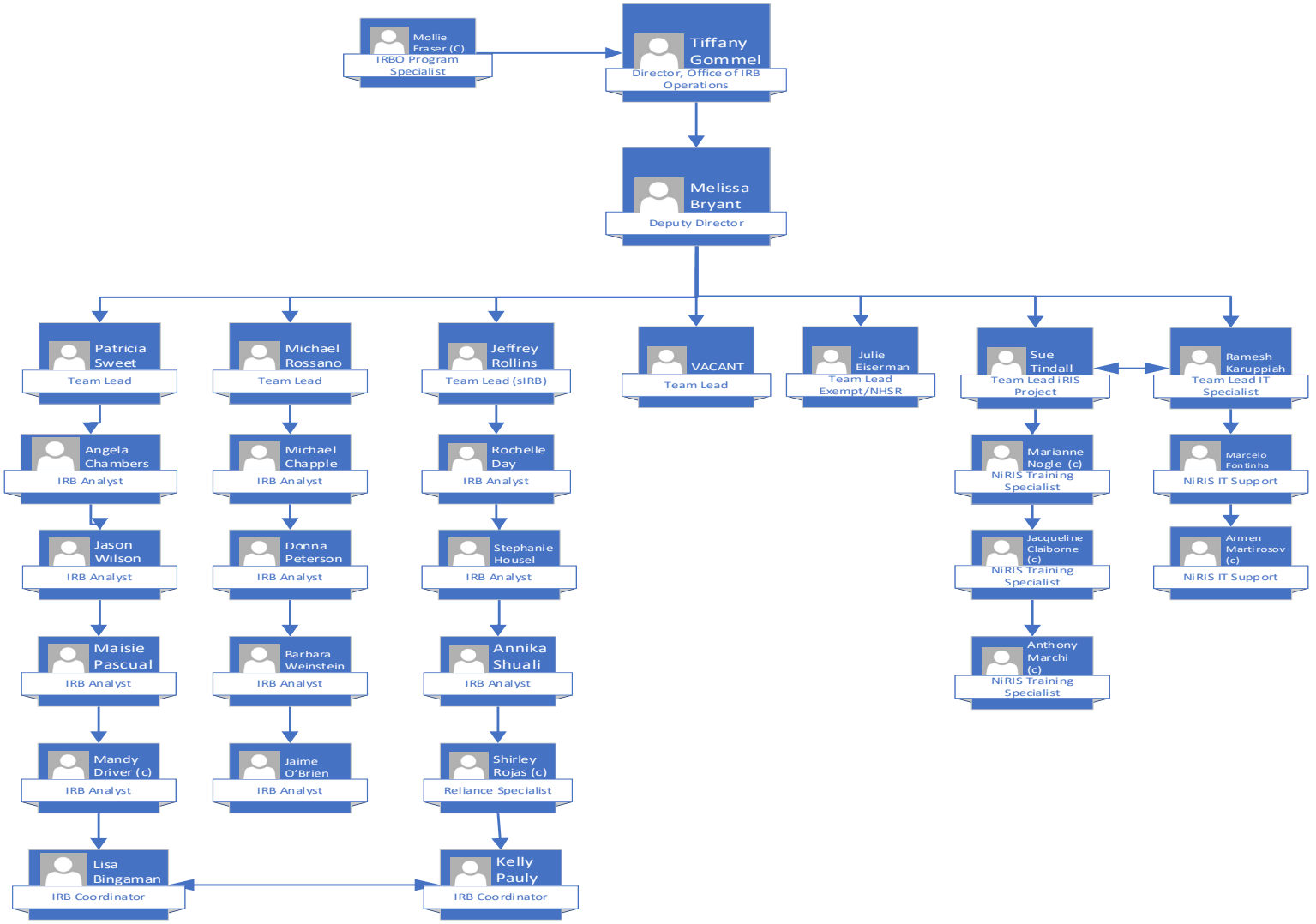
Structure of IRBO

OHSRP – High level



Meet our Team

IRBO Org Chart



IRBO Staff

Leadership –

- Director – Tiffany Gommel
- Deputy Director – Melissa Bryant

Program Specialist –

- Mollie Fraser – (6/15)

Team Leads –

- Julie Eiserman (Exempt/NHSR)
- Jeffrey Rollins (sIRB)
- Michael Rossano
- Patricia Sweet
- TBD

Reliance Specialist –

- Shirley Rojas

IRBO Staff – IRB Analysts

- Angela Chambers
- Mike Chapple
- Rochelle Day
- Mandy Driver
- Stephanie Housel
- Jaime O'Brien
- Maisie Pasqual
- Donna Peterson
- Annika Shuali
- Barbara Weinstein
- Jason Wilson

IRB Coordinators –

- Lisa Bingaman
- Kelly Pauly

iRIS Team

- Sue Tindall – iRIS Team Lead
- Jacqueline Claiborne – iRIS Trainer
- Anthony Marchi – iRIS Trainer
- Marianne Nogle – iRIS Trainer

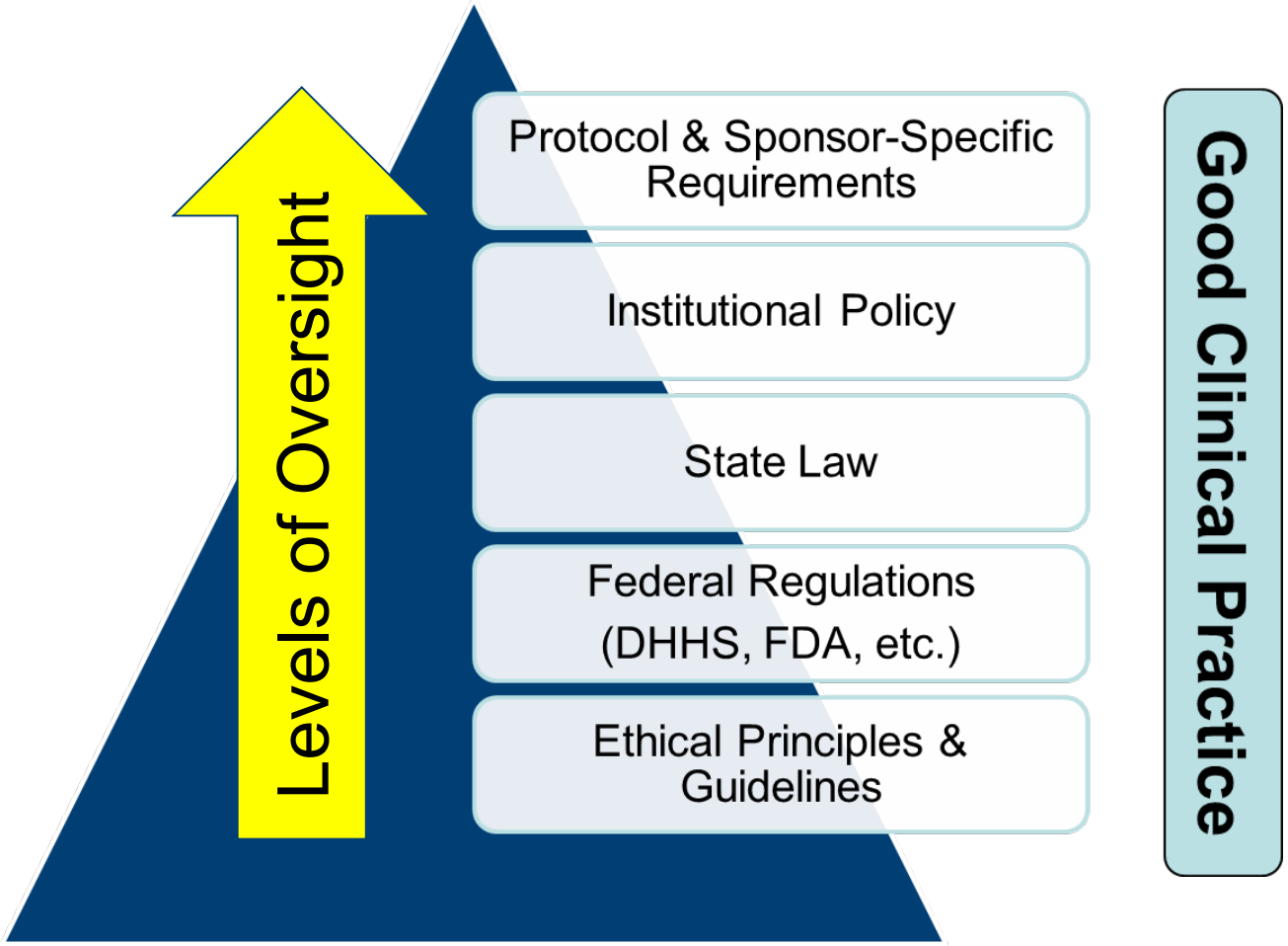
- Ramesh Karuppiah – Lead IT Specialist
- Marcelo Fontinha – IT Specialist
- Armen Martirosov – IT Specialist

Purpose & Function of NIH Intramural IRB (NIH IRB)

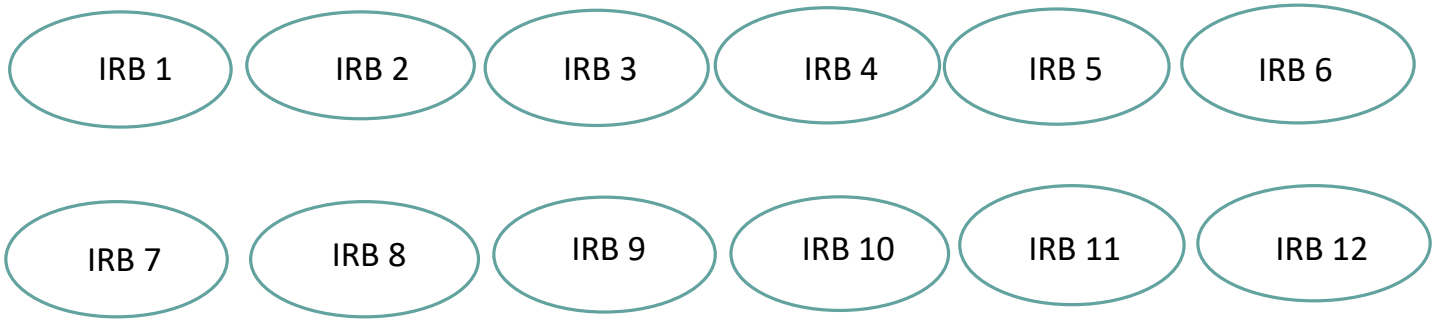
NIH IRB Purpose

- To protect the rights, welfare and safety of human subjects participating in research conducted by the NIH Intramural Research Program.
- To promote the ethical conduct of human subjects research by collaborating with investigators throughout the research lifecycle.

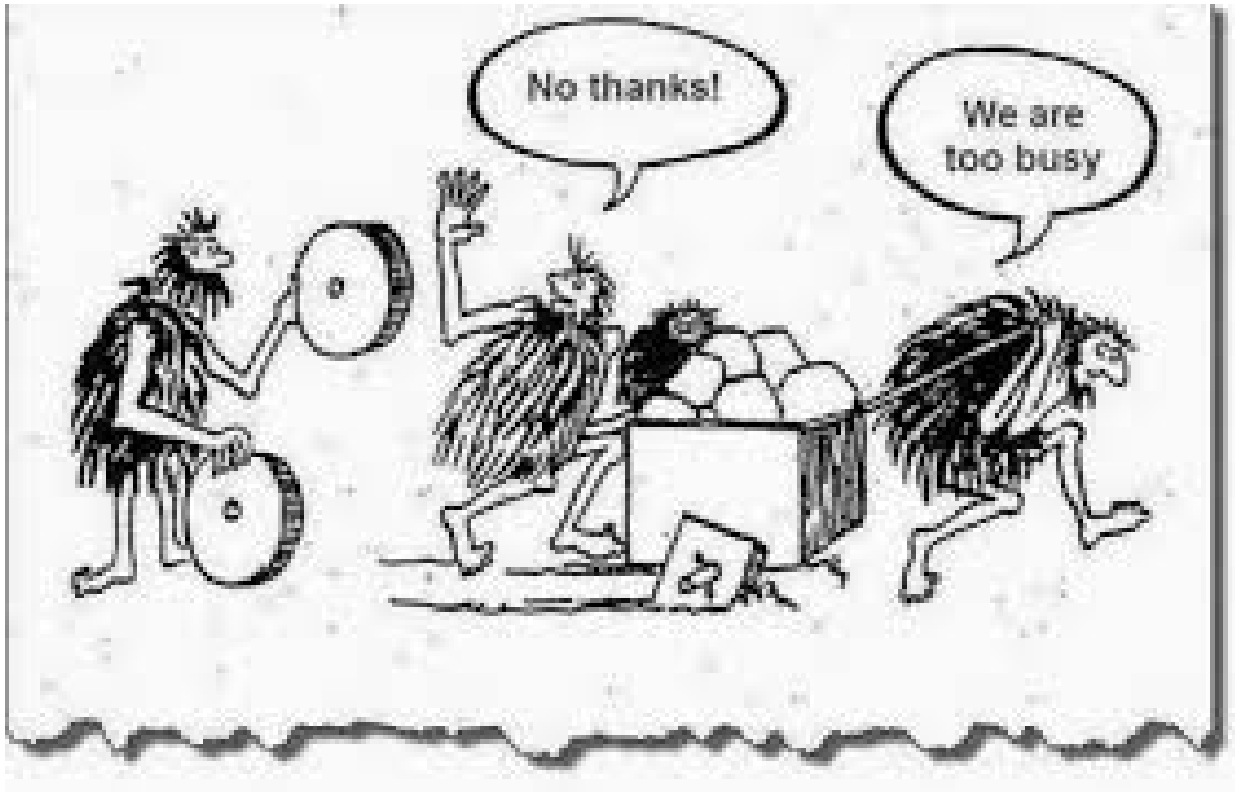
Research Oversight



Pre NIH IRB Reorganization



15-20 members/committee
Meet monthly for 2-6 hours
??? Agenda items


No thanks!
We are too busy

NIH Intramural IRB (NIH IRB)

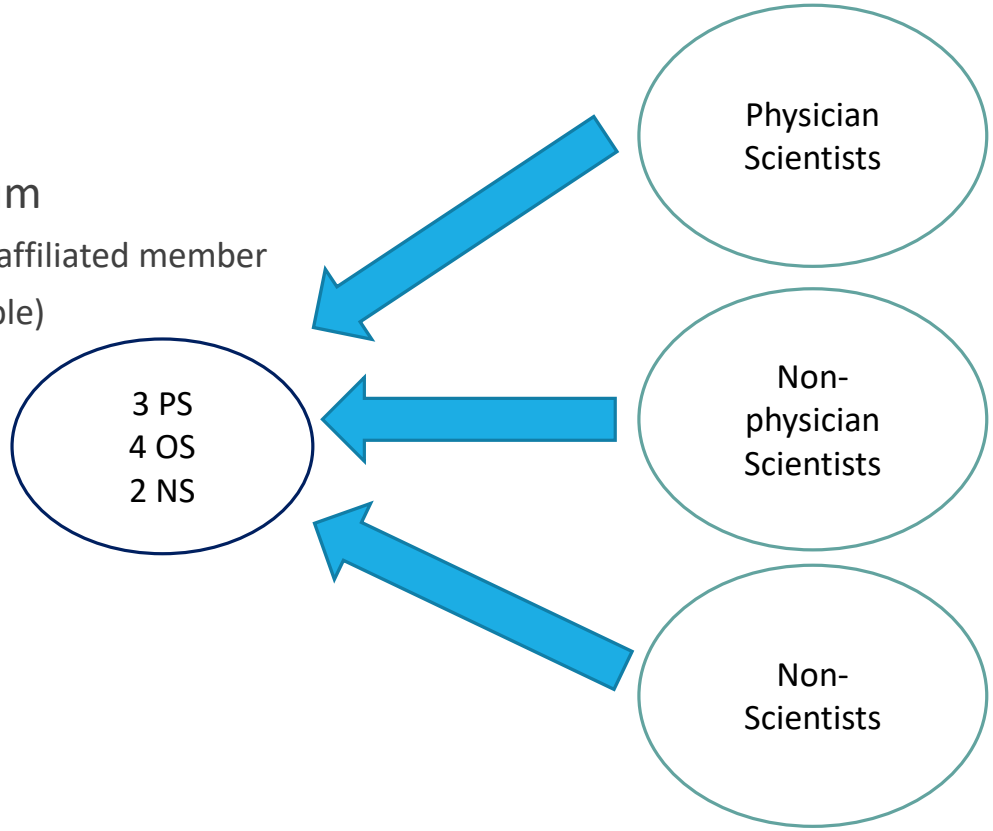
1 IRB
1 Central administrative office
1 way of doing things

Compliance
Efficiency
Consistency
Independence

Post NIH IRB Reorg (12/2019)

NIH IRB makeup

- 9 primary members
- at least 5 members for quorum
  - 1 scientist, 1 non-scientist & 1 non-affiliated member
  - Prisoner representative (as applicable)
- rest of members alternates
  - Consultants, as needed



4 - 6 meetings per week
1.5 hour per meetings
6-8 agenda items

NIH IRB Review Processes

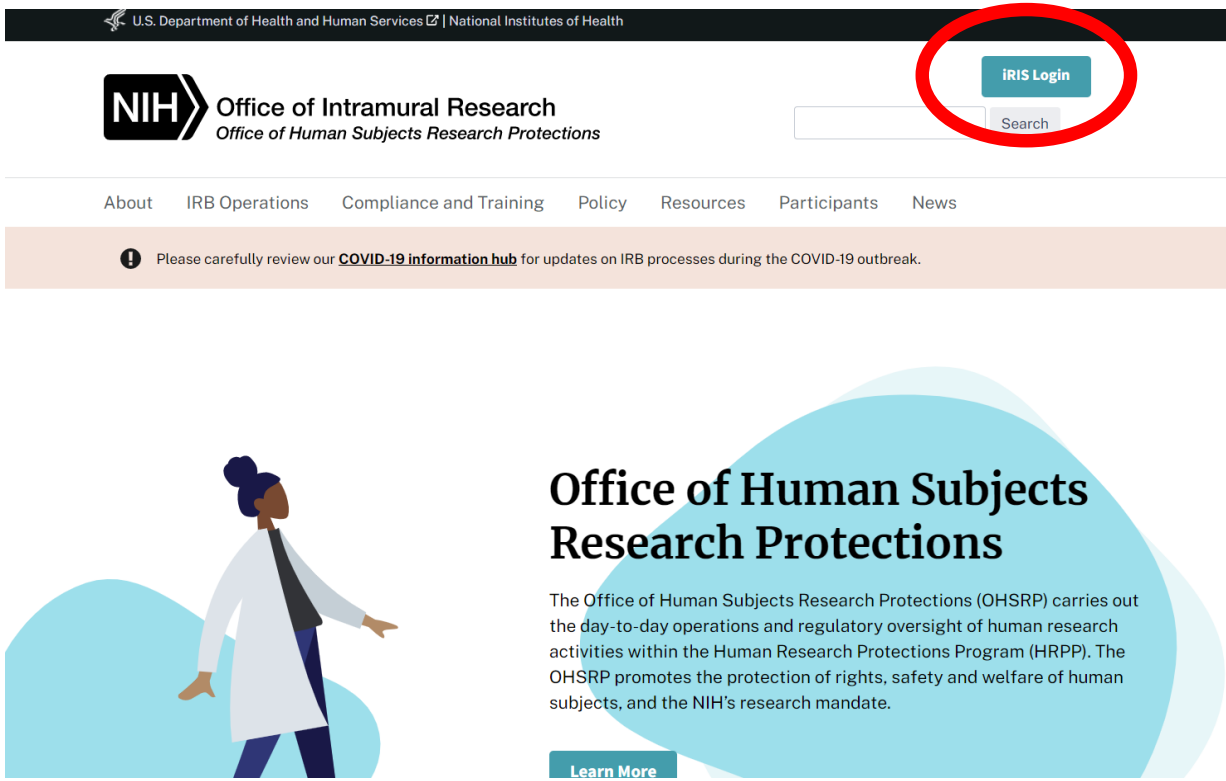
iRIS – eIRB system

Facilitates Online Submission Review

Ancillary Committee Review

- Scientific Review
- Radiation Safety

“Smart” Form



iRIS log-in = https://irb.nih.gov/

Basic Submission - IR

- IRB Application Form/IR Form
- Protocol Document
- Informed Consent/Assent Documents
- Recruitment Material(s)
- Subject-Completed Measures (e.g., questionnaires, subject diaries)

Templates & Forms

Drug/Device Submissions

Drugs:

- Investigator's Brochure and/or Package Insert
- Documentation of FDA IND number or IND exemption (justification)

Devices:

- Documentation of FDA IDE or IDE exemption or justification for why the device is non-significant risk (NSR)

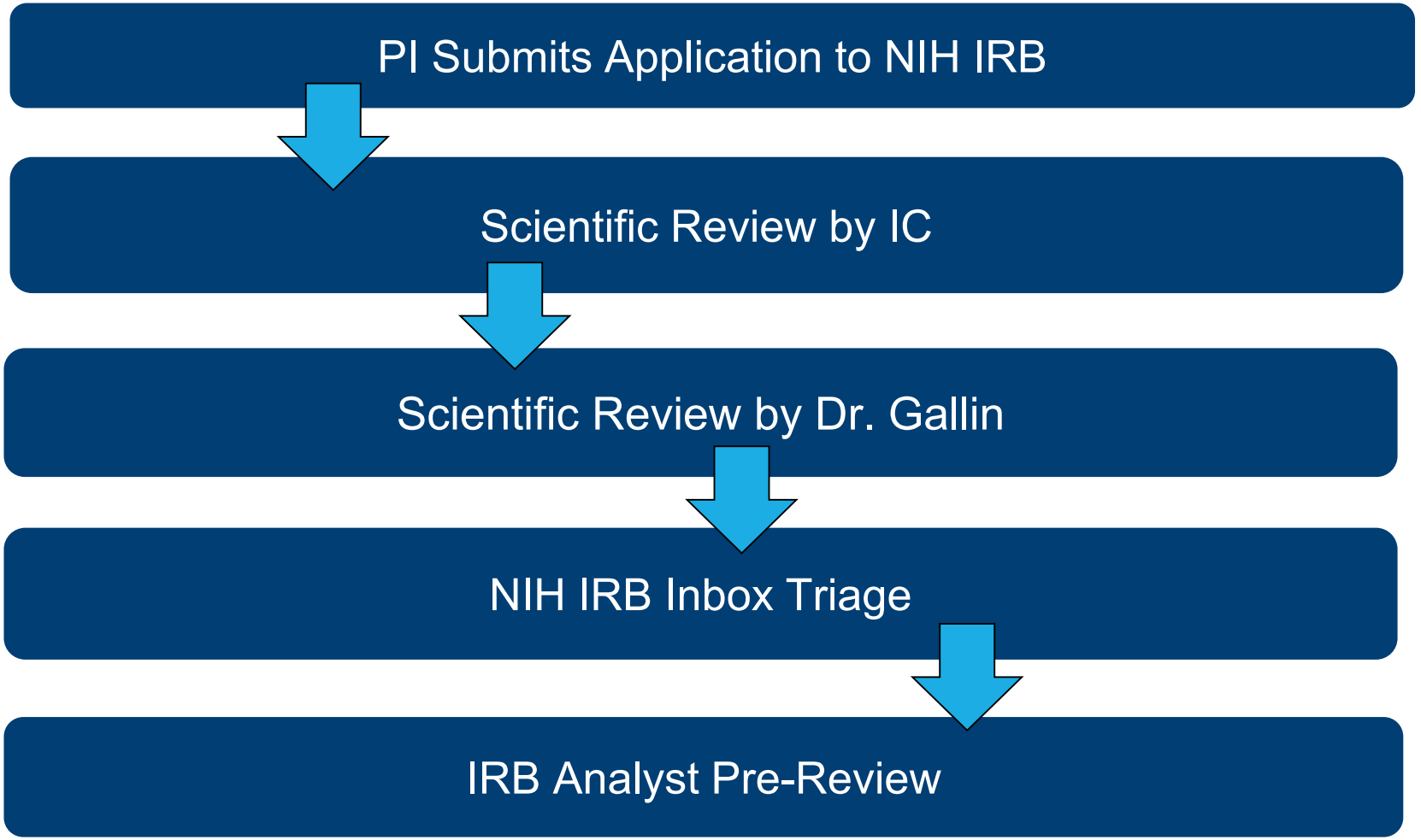
Additional Submission Considerations

- Study Personnel – Completed CITI & GCP training?
  - ✓Added to iRIS study application
- Ancillary Review(s) Required (e.g. RSC or IBC)
- Additional Study Sites
- DEC Review Required

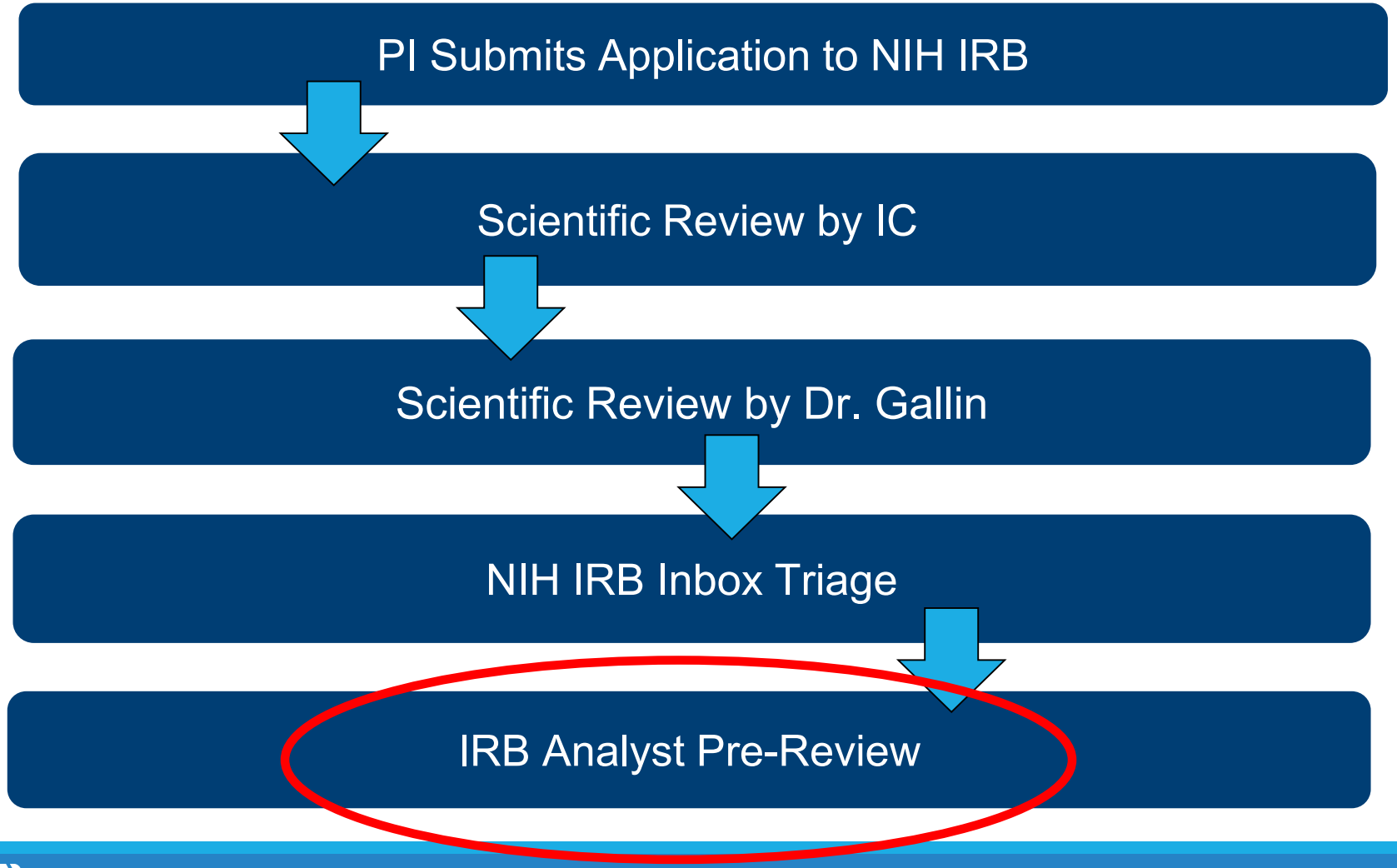
Policy 201 – Education Program

SOP 21 – Conflict of Interest Requirements

iRIS Submission – Initial Review



iRIS Submission – Initial Review



Is It Research?

Research – means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge.

Is It Human Subject Research?

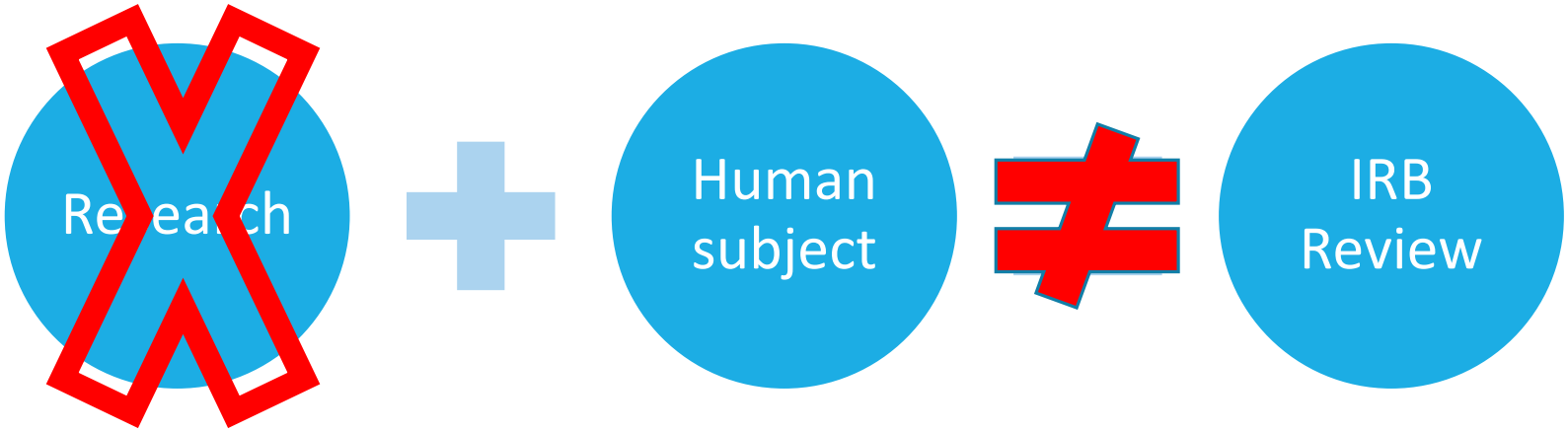
Human Subject = a *living* individual *about whom* an investigator (whether professional or student) conducting research:

- Obtains information or biospecimens through *intervention* or *interaction* with the individual, and uses, studies, or analyzes the information or biospecimens; **OR**
- Obtains, uses, studies, analyzes, or generates *identifiable private information* or *identifiable biospecimens*

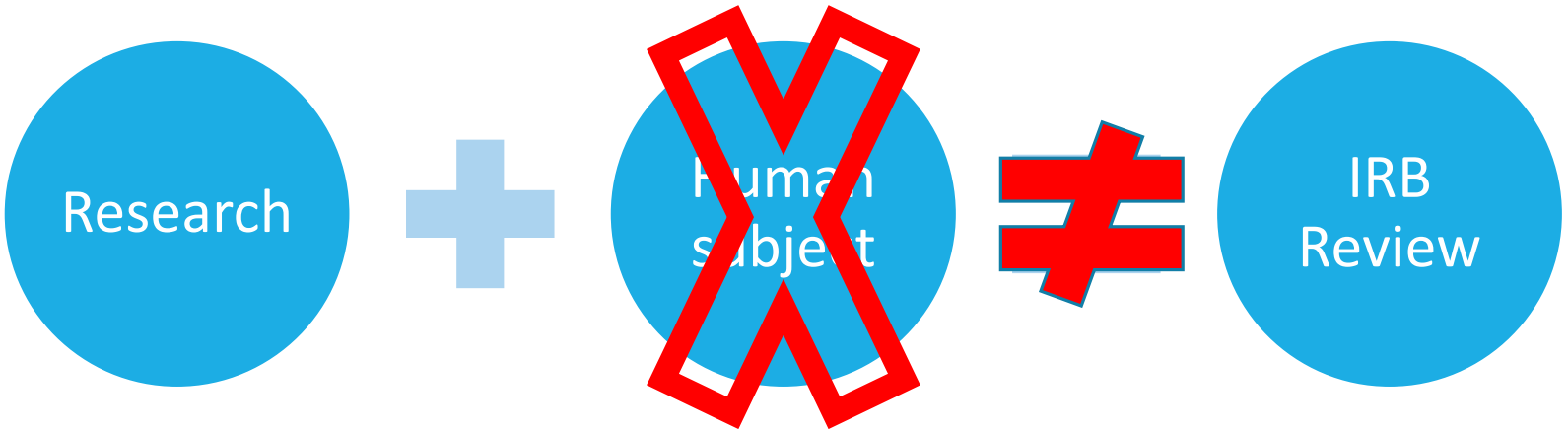
Human Subject (cont'd)

- **Intervention** = physical procedures by which information or biospecimens are gathered and manipulations of the subject/subject's environment performed for research purposes
- **Interaction** = communication or interpersonal contact between investigator and subject
- **Identifiable private information** = private information for which the identity of the subject is or may readily be ascertained by the investigator or associated with the information.
- **Identifiable biospecimen** = a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.

Human Subject Research



Human Subject Research



Human Subject Research

Review Levels

Levels of Review

Exempt	Expedited	Full Board
• Little to No Risk • Exempt from regulations, not from NIH IRB review • Reviewed & confirmed by IRBO Staff	• Minimal Risk (MR) • Analyst Pre-review • Reviewed by Chair/Chair Designee	• Greater than Minimal Risk(GTMR) • Analyst Pre-Review • Reviewed & Approved by Convened Board

** Regulation-Defined Categories**

Levels of Review

Exempt	Expedited	Full Board
• Little to No Risk • Reviewed &	• Minimal Risk R)	• Greater than Minimal

Minimal Risk:
means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

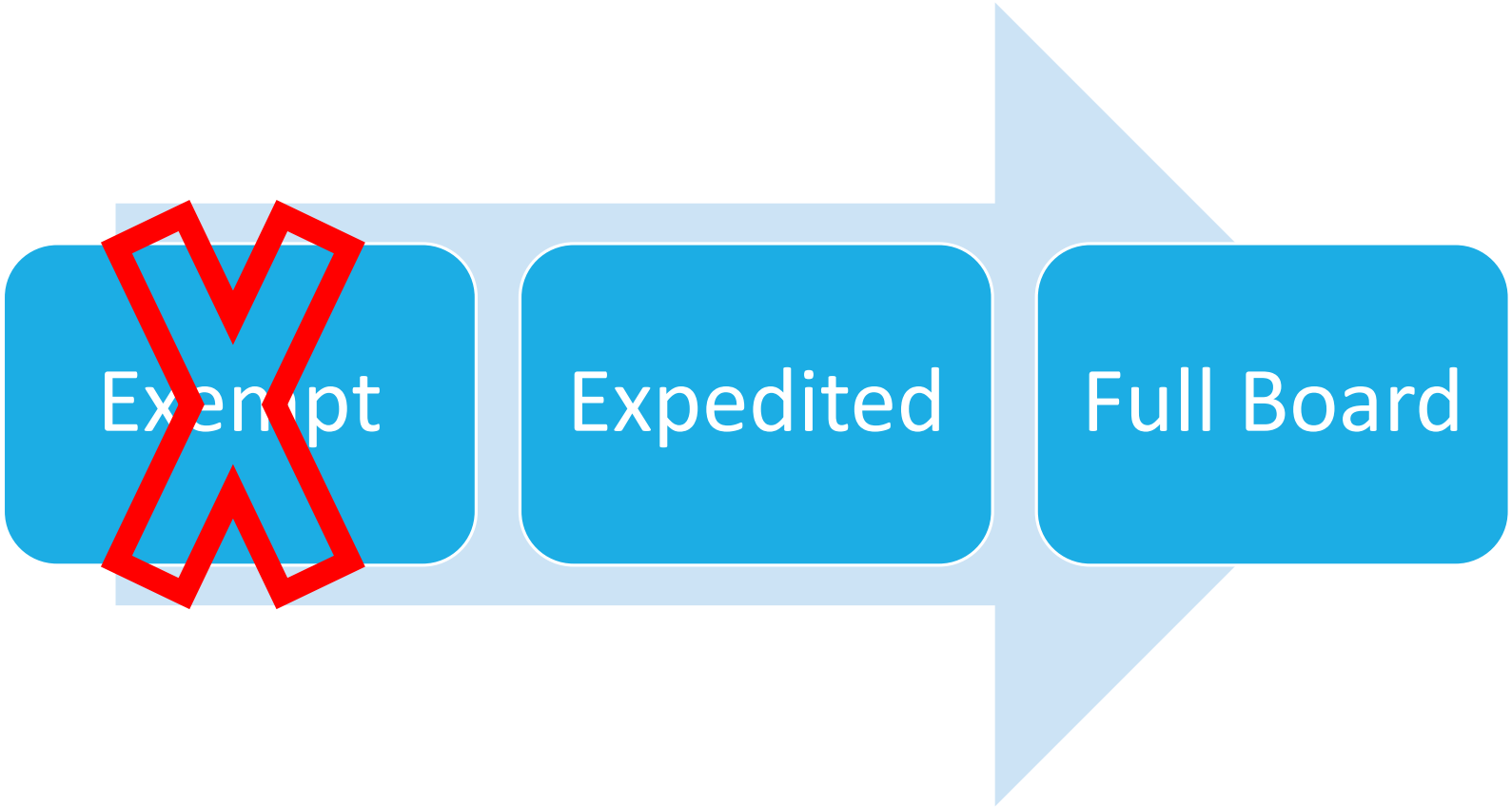
Review Levels: Exempt

Exempt Categories:

1. Research in Educational Settings
2. Survey, Interview, Educational Tests, Observations
3. Benign Behavioral Interventions
4. Secondary Research use of identifiable private information or identifiable biospecimens
5. Public Benefit or Service Program
6. Taste and Food Quality
7. Storage/Maintenance for Secondary Use
8. Secondary Use of Information or Biospecimens

Prospective Data (Request for Exemption)
Retrospective Chart (or Biospecimens) Review (Request for Exemption)

Review Levels: Non-Exempt



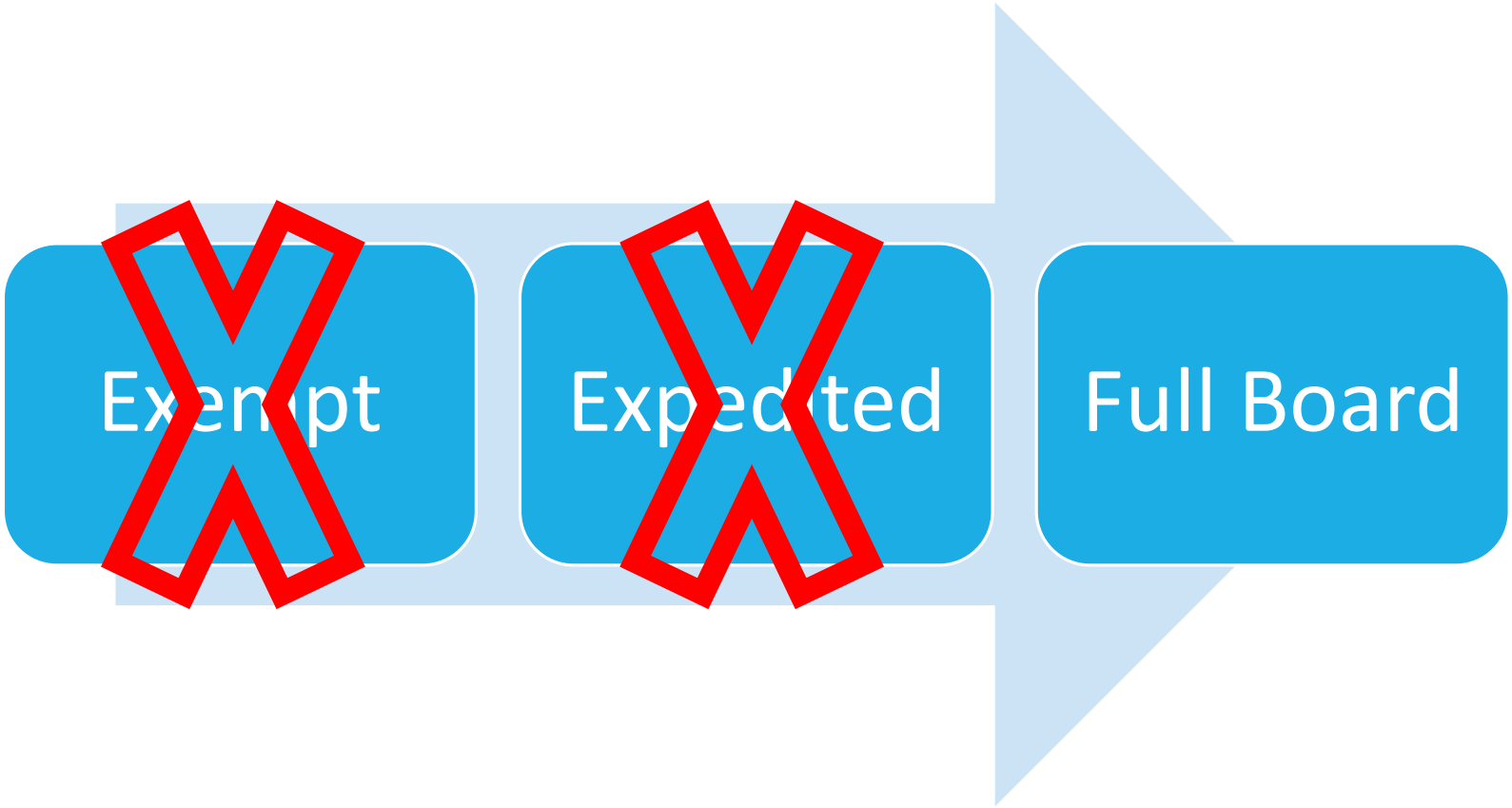
Review Levels: Expedited

Expedited Categories:

1. Drugs/Devices for which IND/IDE is not required
2. Collection of blood via finger/heel stick or venipuncture (regs identify specific amt/timing)
3. Collection of biological specimens by noninvasive means
4. Collection of data through noninvasive procedures routinely employed in clinical practice (excludes x-rays)
5. Material (data, documents, records or specimens) that have been/will be collected solely for non-research purposes
6. Collection of voice, video, digital or audio recording
7. Research on individual or group characteristics or behavior; Research employing survey, interview, oral history, focus groups, etc.

OHRP Expedited Review Categories

Review Levels: Non-Exempt



Review Levels: Full Board

- Doesn't meet definition of Minimal Risk (MR)
- Doesn't fit into 1 (or more) of the expedited category(s) – examples:
  - Dexa Scan
  - Non-significant Risk Device (NSR)
  - Blood volumes outside expedited 2 category
  - Skin biopsies that are limited to 3 mm
- Greater than Minimal Risk (GTMR) – examples:
  - Research that involves IND or Significant Risk Device (IDE)
  - Lumbar Puncture
  - CT Scan
  - Bone Marrow Biopsy
  - Apheresis/Leukapheresis

Review Levels: Full Board

Board Votes…

- To Approve, Approve with Stipulations, Defer or Disapprove
- On the review period (no more than 1 year)
- On the risk level, including (as applicable):
  - GTMR vs. MR - if MR, whether future review can be expedited Category 9
  - Subparts B, C & D – vulnerable populations
  - Device risk categorization (NSR vs SR)

Internal Review Processes

Analyst Pre-review

1. Protocol
   - All necessary elements addressed?
   - What procedures are involved?
   - What level of review does the study need?
   - Is consistent information provided throughout the document
2. iRIS Study Application
   - Is it consistent with the protocol?
   - Is it complete?
   - Accurate?

Analyst Pre-Review

3. Informed Consent/Assent Document(s)
   - All of the required elements addressed?
   - Is it consistent with the protocol?
   - Is it consistent with the consent template language (CoC, Comp. for Injury, CRADA, etc.)?
   - Plain 8th grade language?
   - Readable
4. Recruitment Material(s)
   - Consistent with Protocol?
   - Coercive?
   - Imply favorable outcomes?
   - Are the described benefits beyond those outlined in the protocol/consent?

Analyst Pre-Review

Analysts Thinks - Hmmm…

Where to go from here??

A lot of inconsistencies? Have all of the documents been submitted? What review level? Need input from leadership?

Chair (Designee) / Full Board Review

PI / Study Team

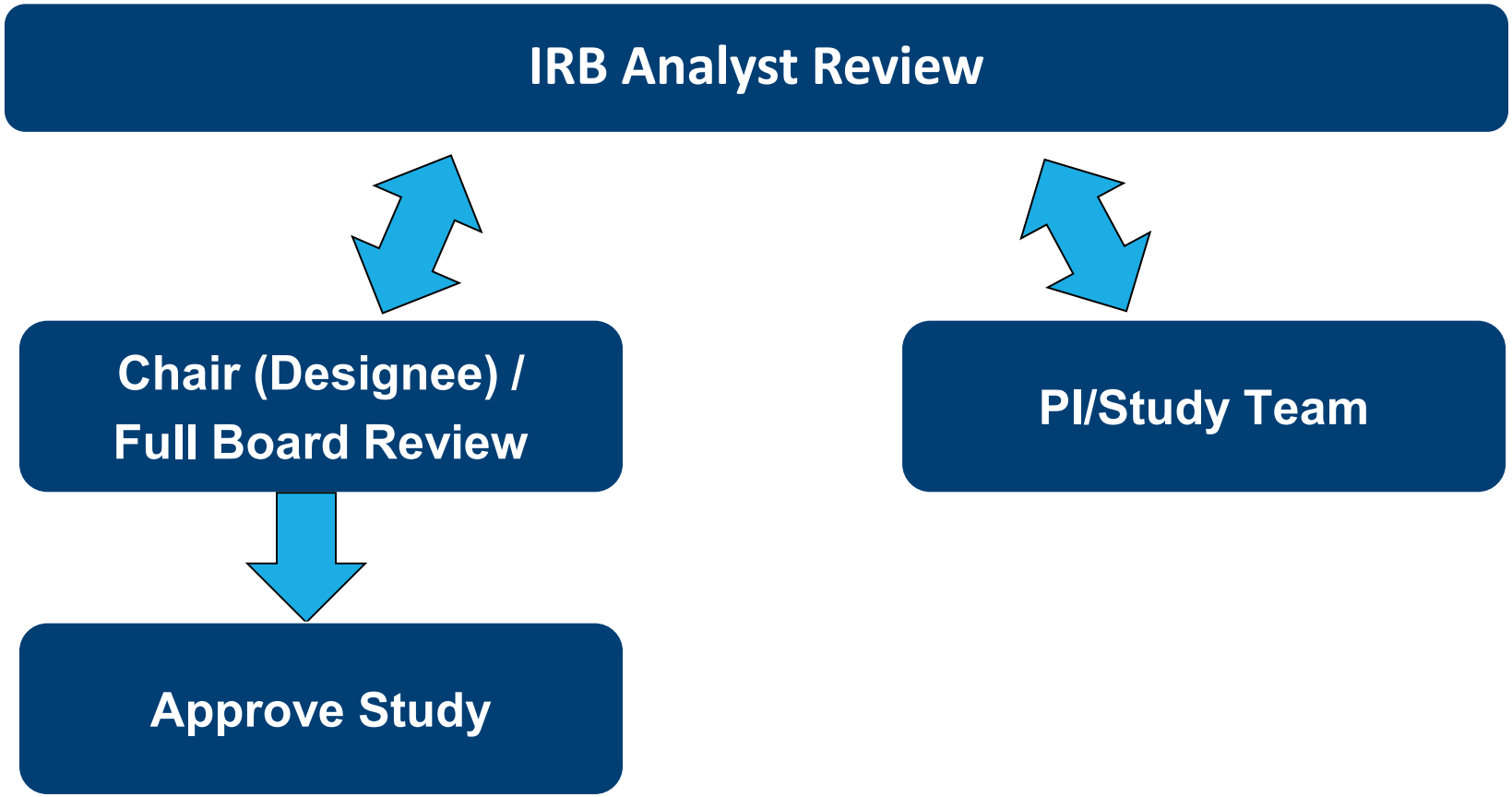
Addressing Pre-review Change (Stipulations)

Notifications sent via iRIS to e-mail to: Study Team

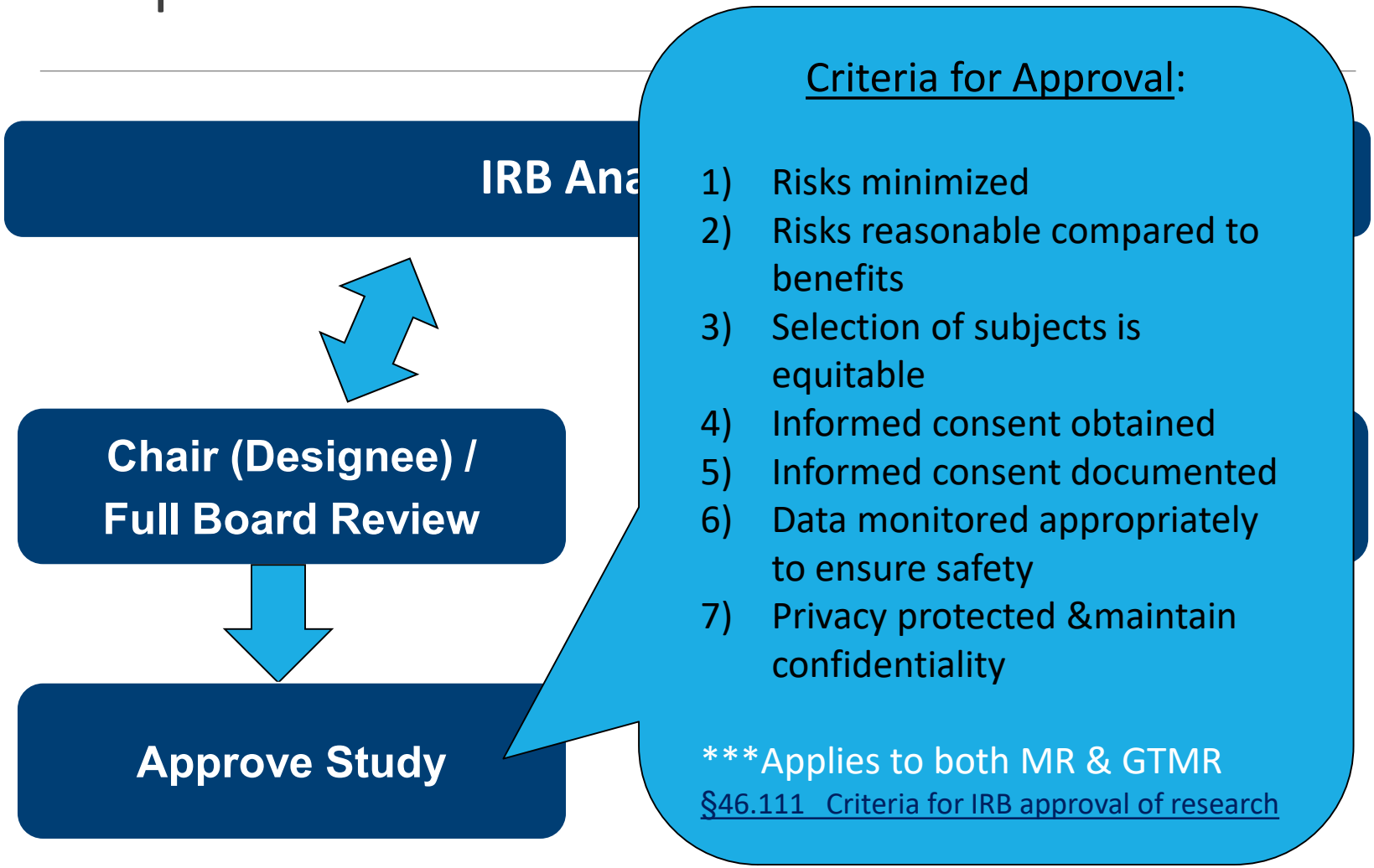
Description of changes provided either in iRIS directly or in a outcome letter in iRIS (you'll need to log in!)

- Make the directed changes/clarifications to:
  - Protocol, study app, consent/assent documents, recruitment and other documents as applicable.
- Re-submit iRIS application and any additional communications

Analyst Pre-Review of Study Team Responses



Analyst Pre-Review of Study Team Responses



IRB Approval

INSTITUTIONAL REVIEW BOARD OFFICE

NIH Intramural Research Program
Our Research Changes Lives

INITIAL APPROVAL

DATE: April 21, 2020

TO: Robert Kreitman
NCI - C - National Cancer Institute

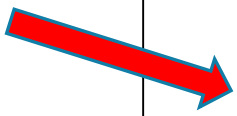
FROM: National Institutes of Health (NIH)
Institutional Review Board (IRB)

RE: **IRB #:** 20C0103
iRIS Reference #: 543880
Investigation of the B- and T-cell repertoire and immune response in patients with acute and resolved COVID-19 infection

Approval Date: 04/21/2020
Expiration Date: N/A
Risk Level: Not Greater than Minimal Risk under 45 CFR 46
Review Level: Expedited

Subjects Approved: 150

IRB Approval



INSTITUTIONAL REVIEW BOARD OFFICE

NIH Intramural Research Program
Our Research Changes Lives

Document-COVID-19_Initial Protocol_20200413	Version 1.0	04/21/2020
Document-COVID-19_Study Personnel Page_20200413	Version 1.0	04/21/2020
Document-COVID-19_Recruitment material_20200413	Version 1.0	04/21/2020

Regulatory Determinations:

Expedited Review Category:
Category 2: Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture (healthy non pregnant adults 110lbs or more, no more than 550mL in 8 weeks and no collection more than 2x a week OR other adults and children not exceeding the lesser of 50 ml or 3 ml per kg in an 8 week period and no collection more than 2x a week)

Adults Who are Decisionally Impaired:
Category A – Research not involving greater than minimal risk.

Surrogate Consent:
Use of LAR / Next of Kin

Documentation of Informed Consent:
Written consent in accordance with 45 CFR 46.117
Short form-oral presentation approved under 45 CFR 46.117 (b) (2)

Tips & Tricks for Successful Submission

Tips & Tricks

When completing submission to NIH IRB:

- Use IRBO protocol and consent/assent templates on website

- Answer ALL questions, don't leave blanks
  - If the question is not applicable, answer "N/A"

- Be consistent with your protocol, consent & recruitment documents

- Submit protocols, consents/assents & recruitment materials as Word documents
  - IRB will facilitate required changes by providing tracked changes

Templates & Forms

Tips & Tricks

When responding to changes/stipulations:

- Respond to study application questions directly in iRIS
- Provide written responses, when appropriate
  - Use the outcome letter provided by the analyst
- If a tracked document is provided by analyst…use it!
  - Review the changes, accept the changes and upload a clean(& tracked) version of the document into the application
  - If you don't want to accept changes…**provide justification**
- Make sure you address/respond to ALL changes/stipulations
- Return to IRB in timely manner

Tips & Tricks

Plan plenty of time for review:

- Scientific Review
- Ancillary Reviews – IBC, RSC
- IRB Review

SPEAK UP & ASK QUESTIONS!

- Are you unsure how to address something?
- Are we interpreting something incorrectly?
- Do you have questions about a determination?
- Do you disagree with the determination?


Q&A

Contact Us

General Questions

For general questions or comments for the OHSRP, please email IRB@od.nih.gov, or call 301-402-3444.

IRB Operations

For general questions or comments for IRBO, please contact irb@od.nih.gov, or call 301-402-3713.

NIH iRIS Training

If you need assistance from our NIH iRIS Training Team (for training and/or general "how to" assistance when using the iRIS system), please contact iris_training@od.nih.gov.

NIH iRIS Technical or System Access Issues

Please call the NIH IT Service Desk 301-496-4357 (6-HELP); 866-319-4357 (toll free) or submit a Service Desk ticket to report an issue, request assistance establishing user accounts, or accessing the training site.

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Meet Our Team

Leadership

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thank you!

GO TEAM!