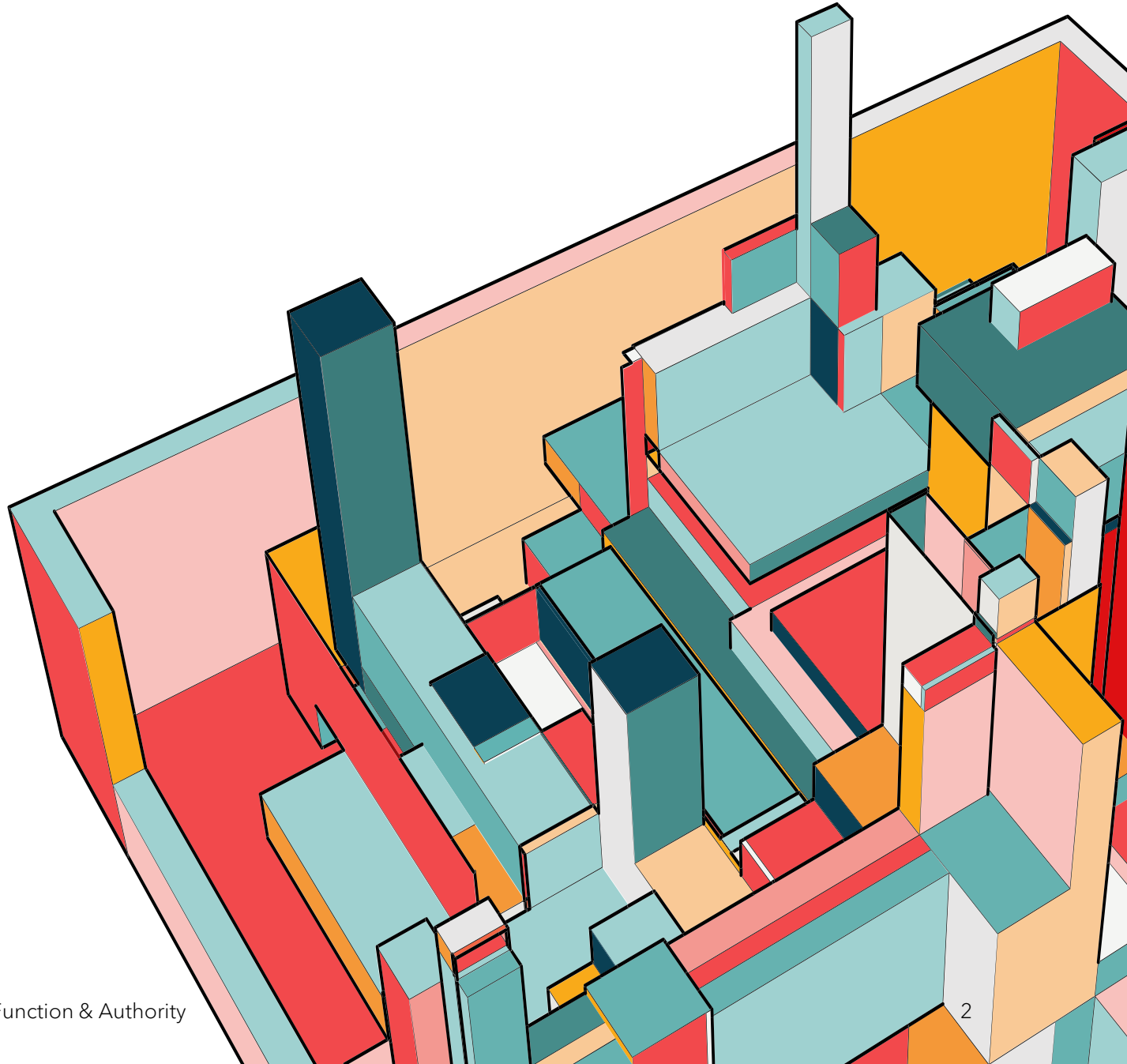
IRB ROLE, FUNCTION & AUTHORITY

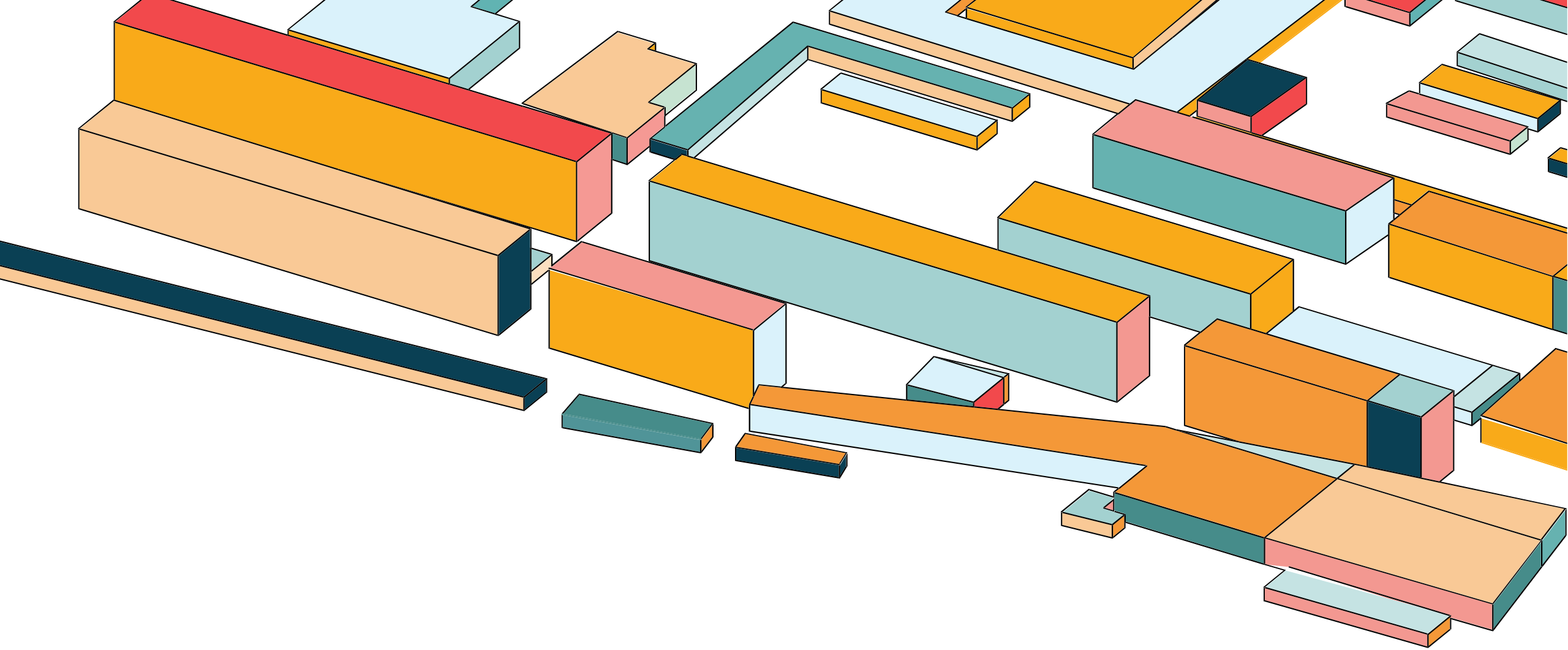
Heather Bridge and
Tiffany Gommel

AGENDA

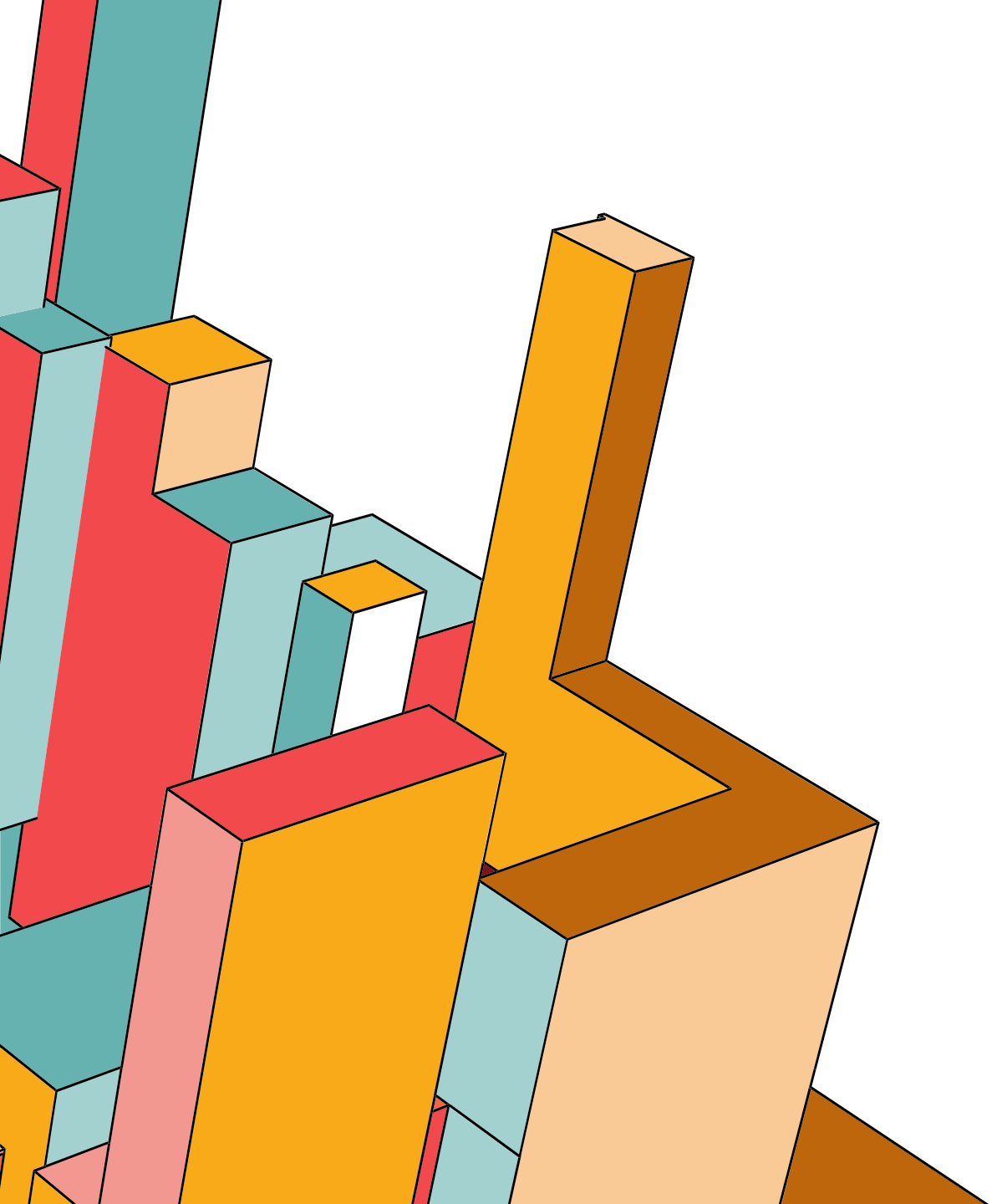
Today you will learn about:

- Role of the Institutional Review Board
- IRB Authorities
- Function of the IRB





ROLE OF THE IRB



REGULATORY BODY

The IRB is a regulatory oversight body that gets it's authority from regulation:

- HHS Common Rule (45 CFR 46)
- FDA Regulations (21 CFR part 56)

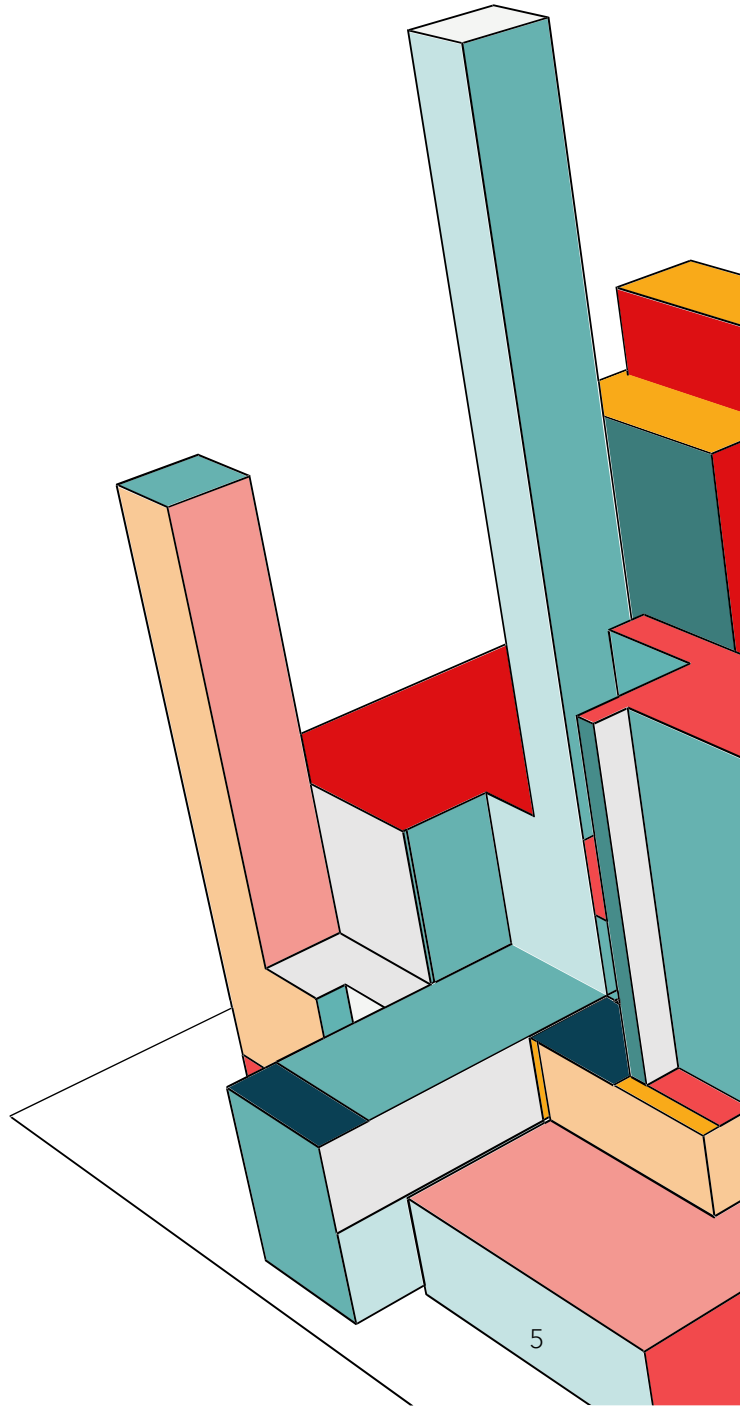
It's role and authorities are specified by these regulations, including:

- How it is constituted
- How it conducts its reviews
- What is reviews
- Criteria for review
- Its authorities

THE IRB IS RESPONSIBLE FOR:

Protecting the Rights, Safety and Welfare of human subjects participating in research. This is achieved by:

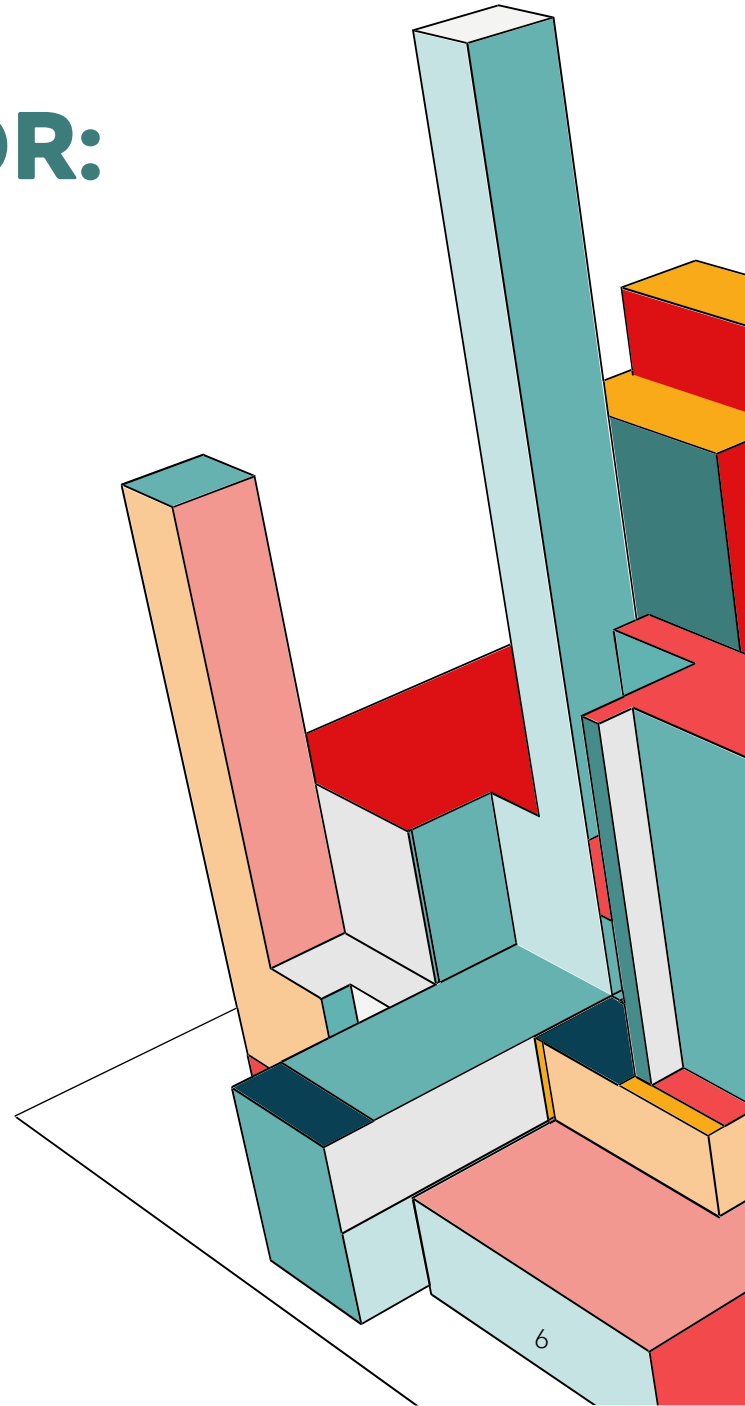
- Determining level of IRB oversight needed research :
  - Not research/not HSR
  - Exempt from IRB oversight
  - Non-exempt HSR requiring IRB review either by expedited procedures or by the convened Board
- Prospective Review of Research including:
  - Initial review of the protocol and consents/assents
  - Recruitment materials, communications with subjects, etc.
  - Modifications
- Determining engagement for a pSite or collaborating investigator



THE IRB IS ALSO RESPONSIBLE FOR:

Once the research is approved, the IRB monitors the status of the research by:

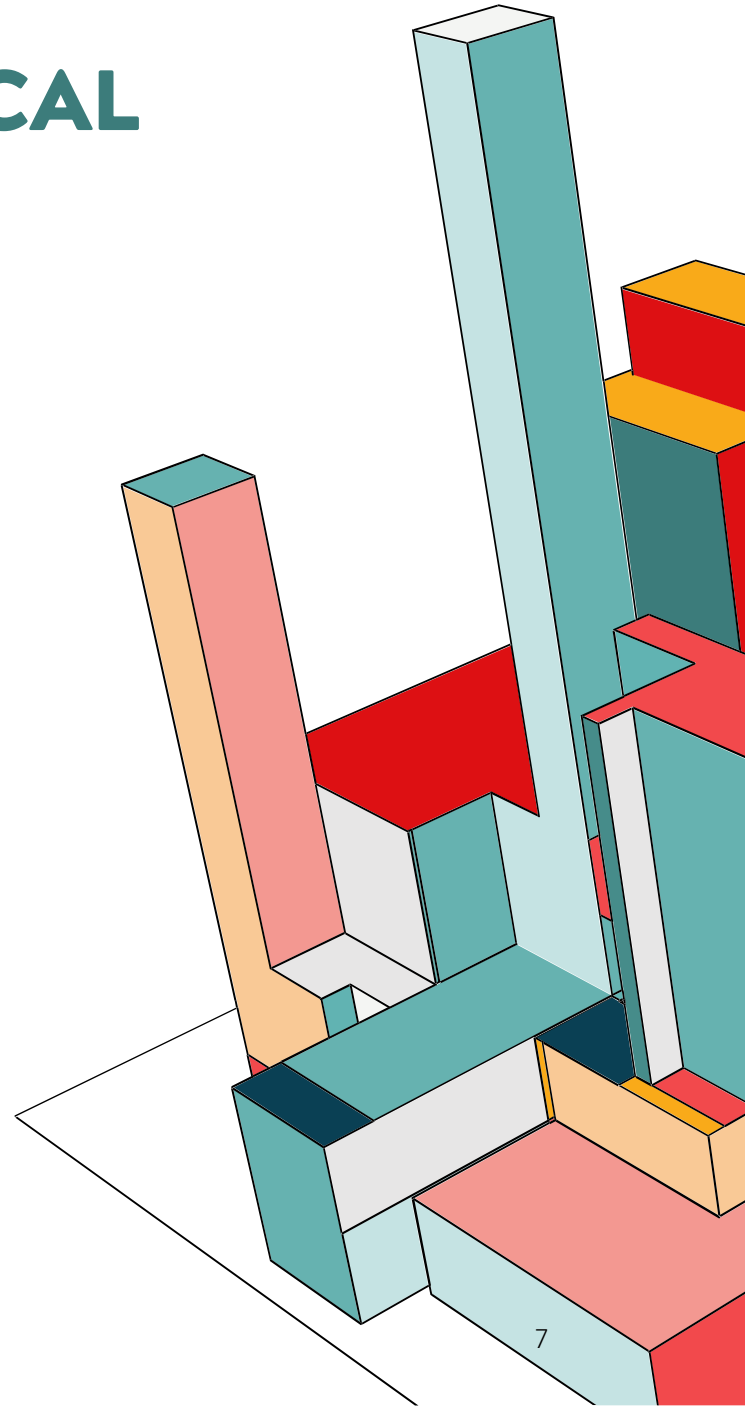
- Conducting Continuing Review (when required)
- Review of Unanticipated Problems involving risks to subjects or others
- Review of alleged non-compliance
- Review of subject complaints
- Observe or have a third party observe:
  - Informed consent
  - Conduct of the research

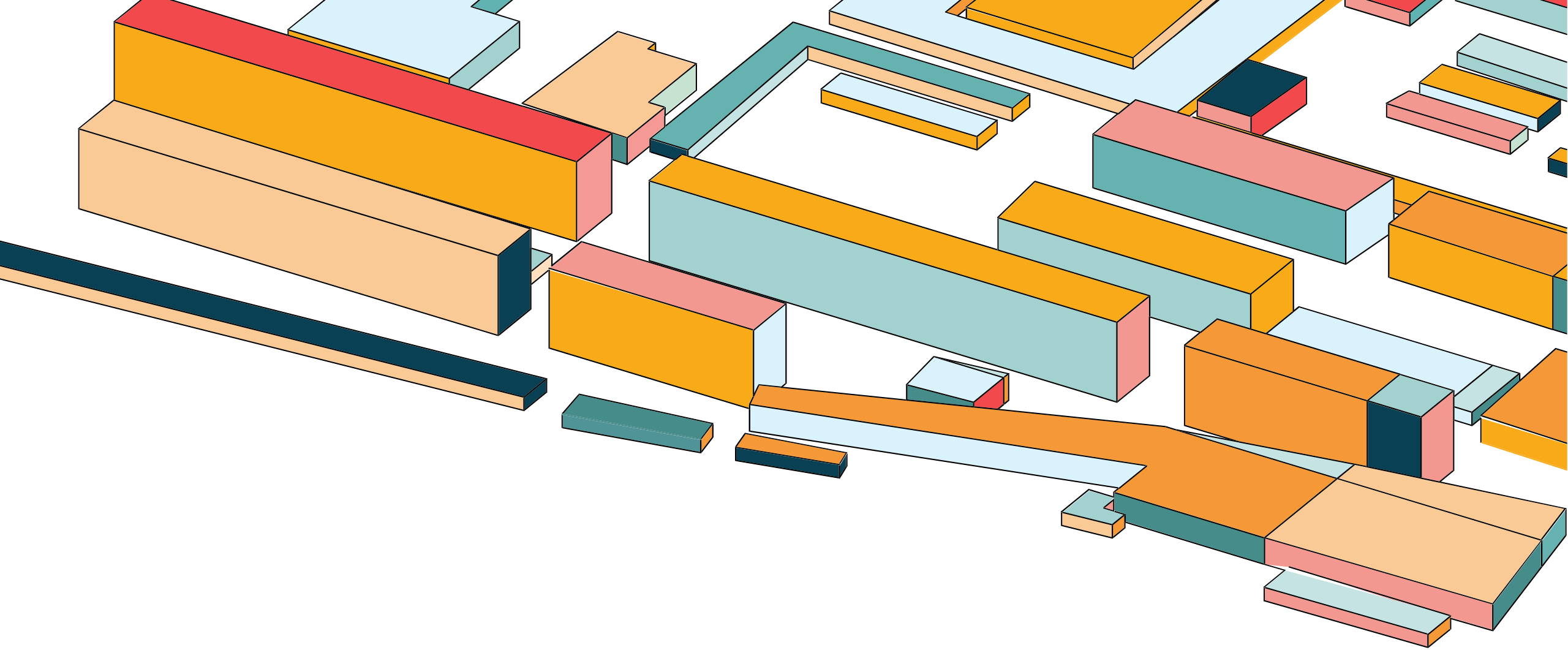


IRB OVERSIGHT OVER CERTAIN CLINICAL ACTIVITIES

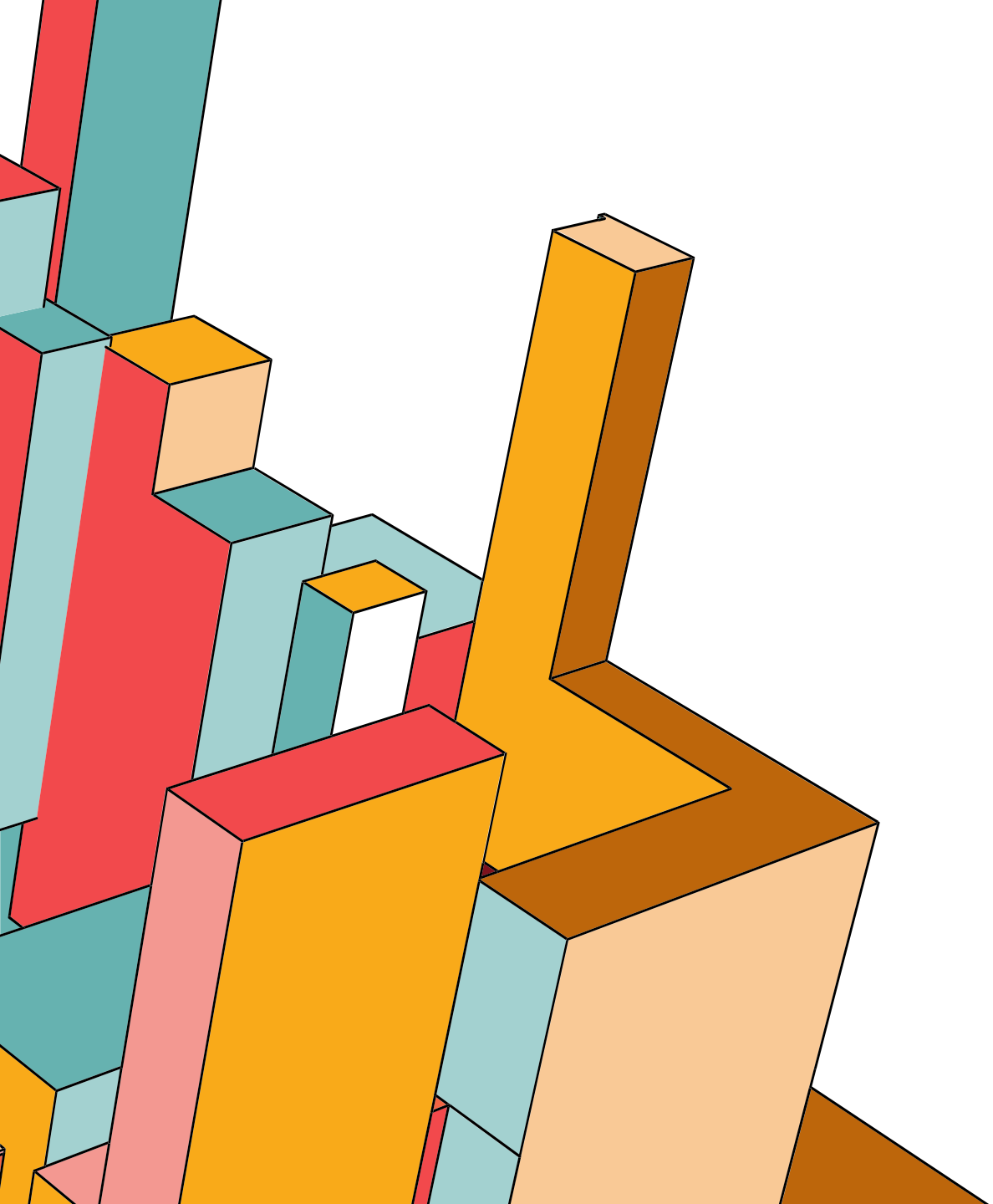
By Food and Drug Administration (FDA) regulation, the IRB must also provide regulatory oversight over:

- Expanded Access to investigational drugs and devices for treatment purposes including:
  - Single Patient INDs (emergency and non-emergency INDs)
  - Expanded access INDs (intermediate and population INDs)
  - Humanitarian Use Devices (HUDs)





IRB AUTHORITIES



IRB AUTHORITIES

The IRB has the authority to:

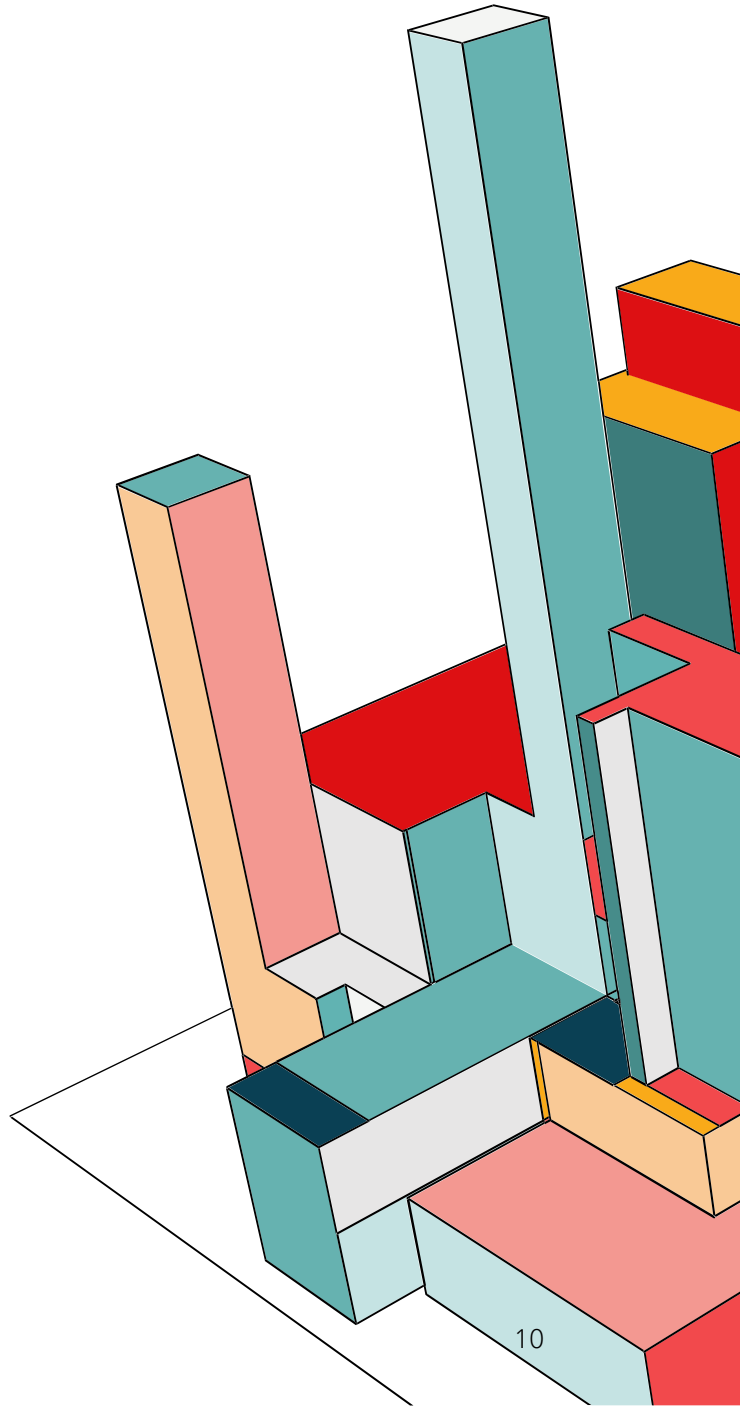
- Approve research
- Require modifications to secure approval
- Disapprove research
- Suspend research, or
- Terminate research

Note: When an IRB disapproves research, the institution does not have the authority to approve that research, even though the institution may subsequently disapprove research that was approved by an IRB.

SUSPENSION OR TERMINATION:

Protecting the Rights, Safety and Welfare of human subjects participating in research by:

- Temporarily suspending approval of research that is not being conducted in accordance with:
  - IRB requirements
  - NIH policy
  - Federal Regulation
- Suspending or Terminating research that is associated with serious events, serious problems or serious unexpected harm
- The Chair has the authority to take immediate action to suspend a project to protect research subjects from serious harm

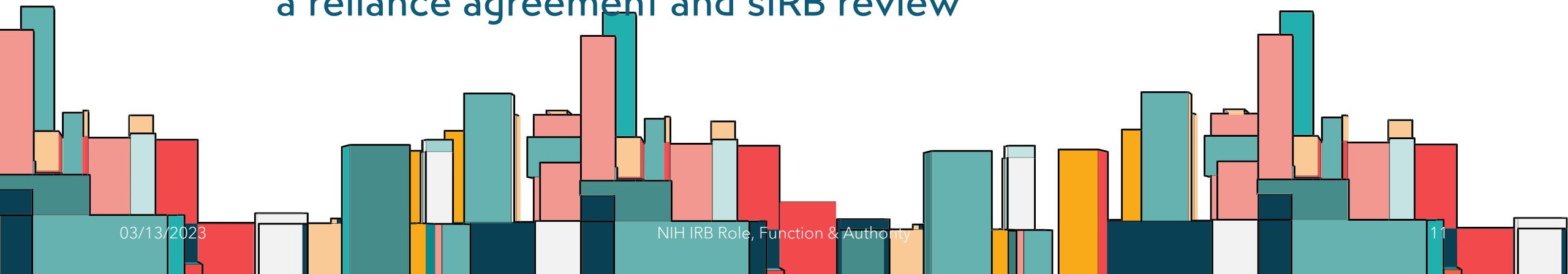


IRB AUTHORITY CONTINUED

Only the NIH IRB (via IRBO) has the authority to determine:

- Which projects meet the criteria for human subjects research under the regulations (including exempt, and non-exempt human subjects research that requires IRB oversight)

- Whether a project causes the NIH or a collaborating institution to be engaged in human subjects research, requiring coverage under a Federalwide Assurance (FWA), a reliance agreement and sIRB review



HUMAN SUBJECTS RESEARCH

In order to determine if a project is Human Subjects Research (HSR) under the regulations:

- Review the definition of “Research” (45 CFR 46.102(l))
- Review the definition of “Human Subject” (45 CFR 46.102(e)(1)), and

In order to determine if a project requires IRB oversight:

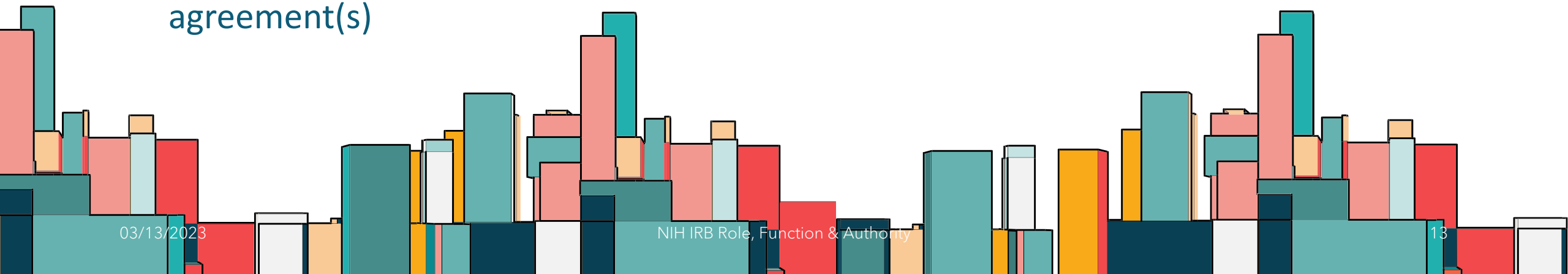
- See if the project is exempt (45 CFR 46.104) from IRB oversight, requires limited IRB Review or is not HSR
- Is non-exempt HSR requiring IRB review
- Is FDA regulated requiring IRB review

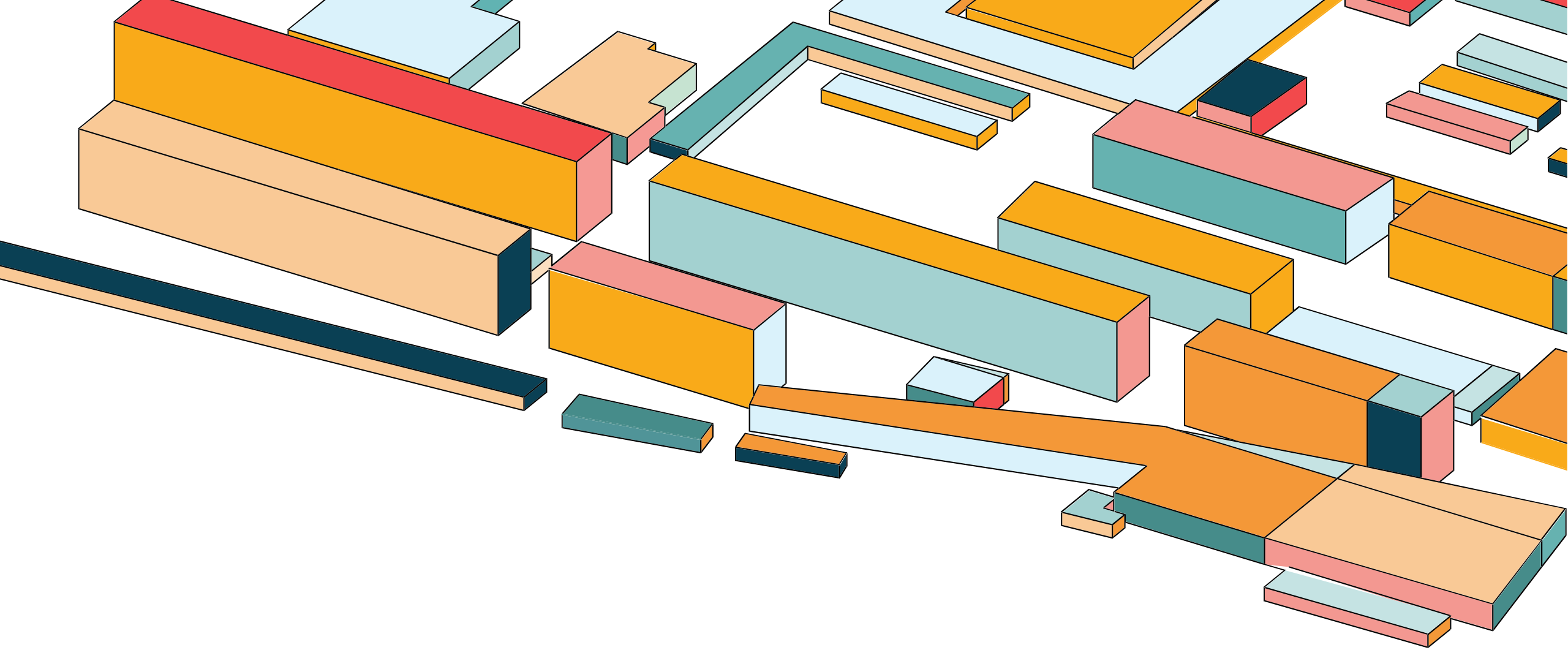
ENGAGEMENT

The institution is “engaged” in HSR when its investigators: 1) obtain consent, 2) obtain data through interaction or intervention with human subjects, or 3) obtain identifiable private information from subjects

When the institution is engaged in HSR, then:

- It must have an active FWA on file with the Office for Human Research Protections (OHRP) (NIH can only do cooperative research with other FWA-holding institutions)
- Ensure IRB oversight over HSR projects
- Cooperative research requires a single IRB for oversight and a reliance agreement(s)





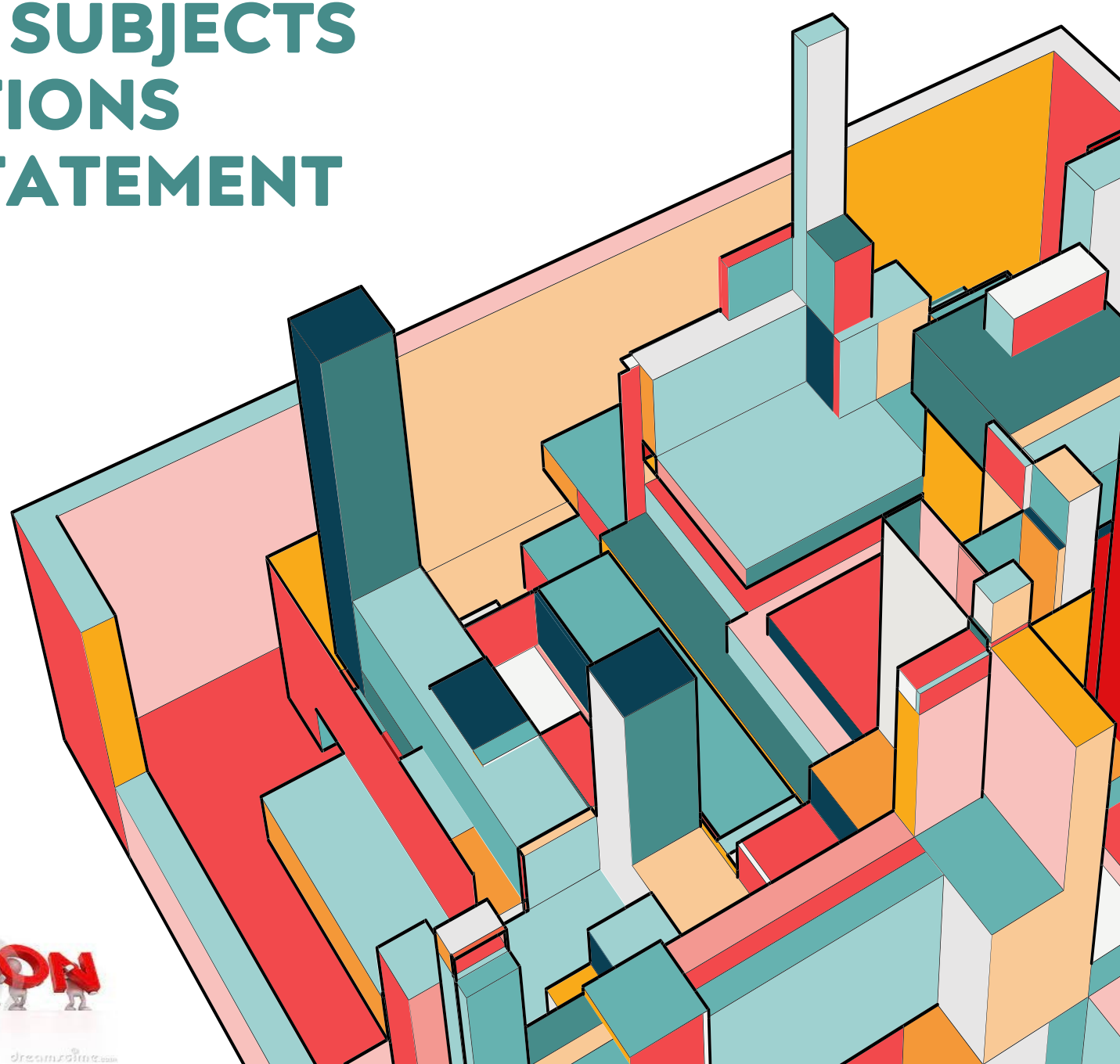
FUNCTIONS OF THE NIH IRB

OFFICE FOR HUMAN SUBJECTS RESEARCH PROTECTIONS (OHSRP) – VISION STATEMENT

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.



OHSRP STRUCTURE

Jonathan Green
Director, OHSRP

Nicole Grant
Assoc. Director & IRB Executive Chair

Tiffany Gommel
Director, IRB Operations (IRBO)

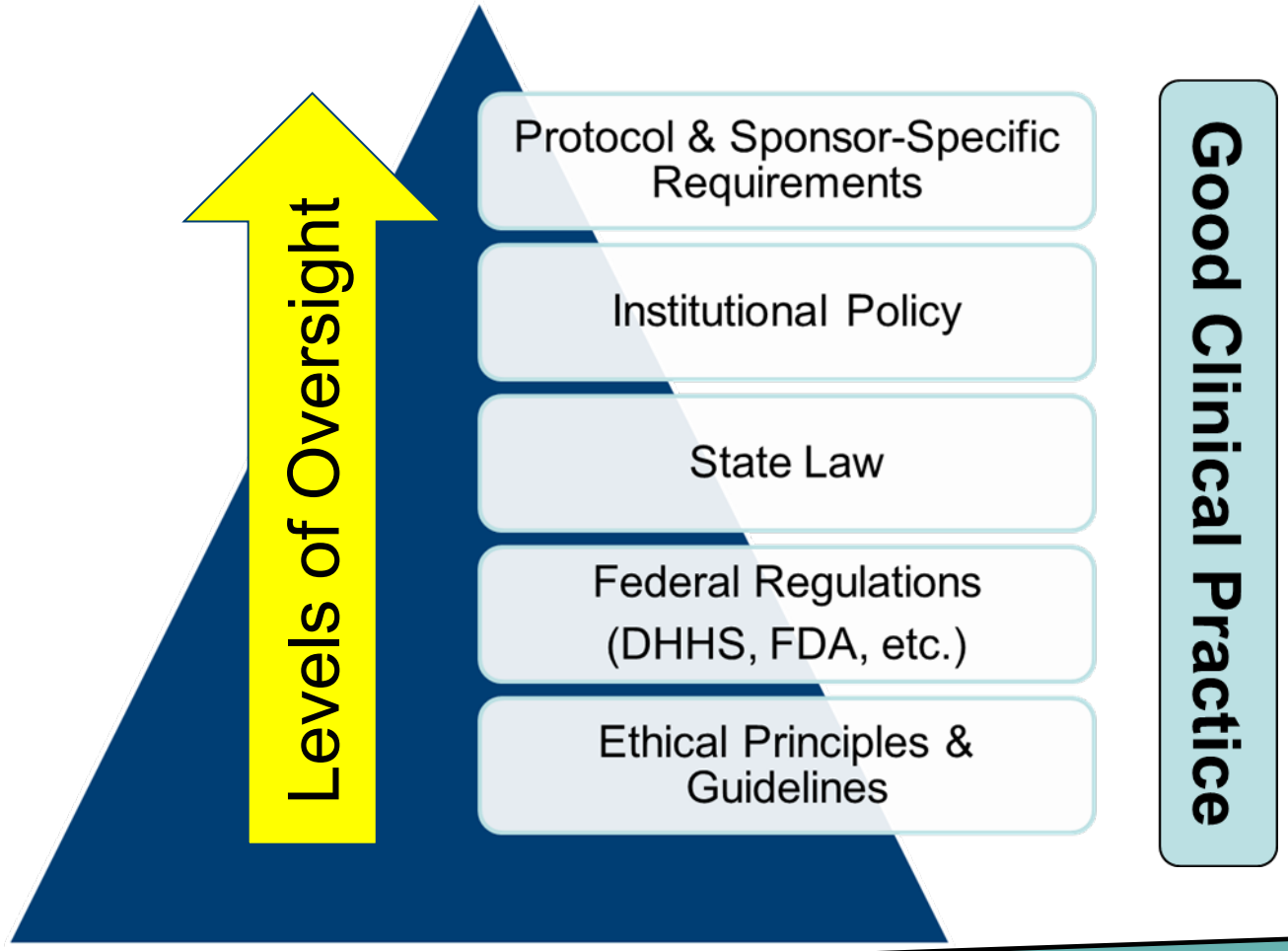
Heather Bridge
Director, Policy & Accreditation

Margaret (Peg) Sanders
Director, Compliance & Training

Melissa Bryant
Deputy Director, IRBO

Meet our Team

FUNCTIONS OF IRB: RESEARCH OVERSIGHT



IS IT HUMAN SUBJECT RESEARCH?

RESEARCH

Means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge

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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

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IRB REVIEW Required

Submit to NIH IRB Via PROTECT

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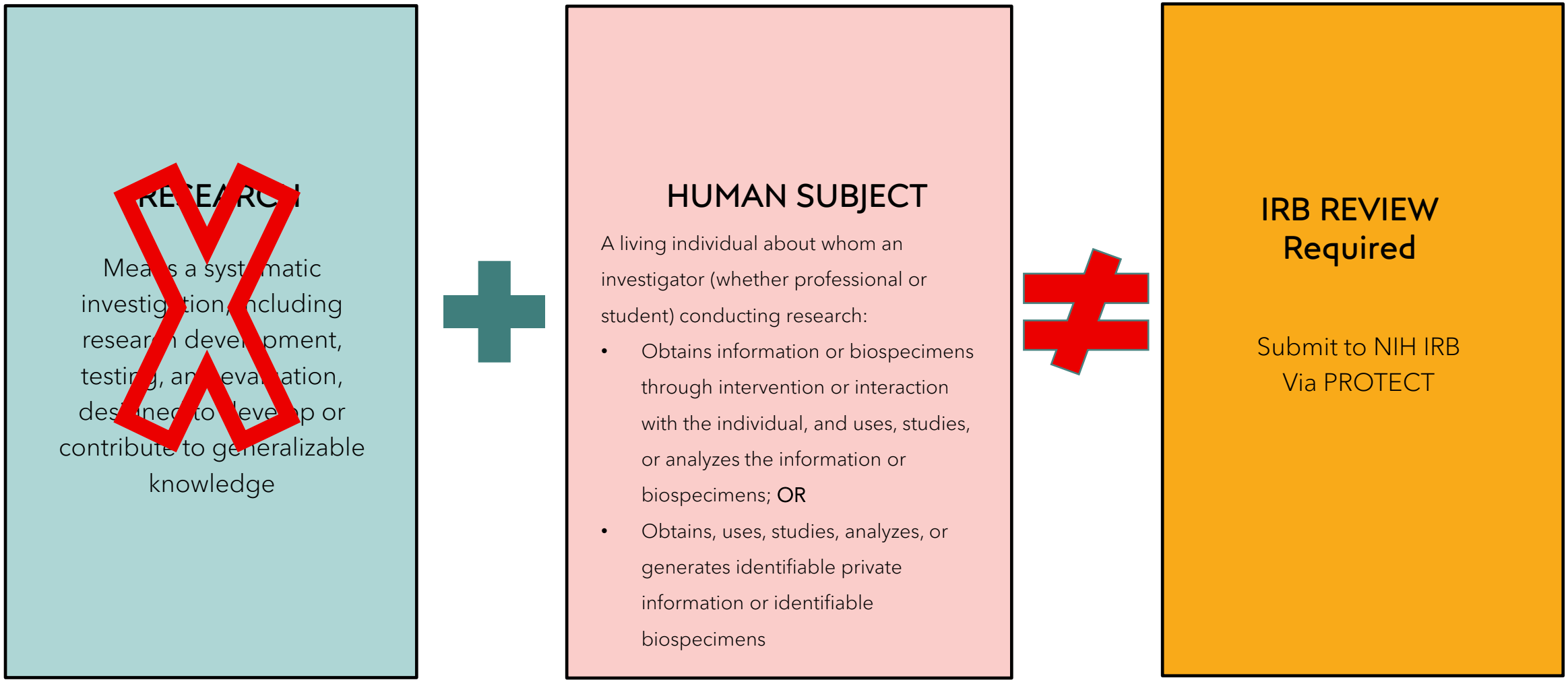

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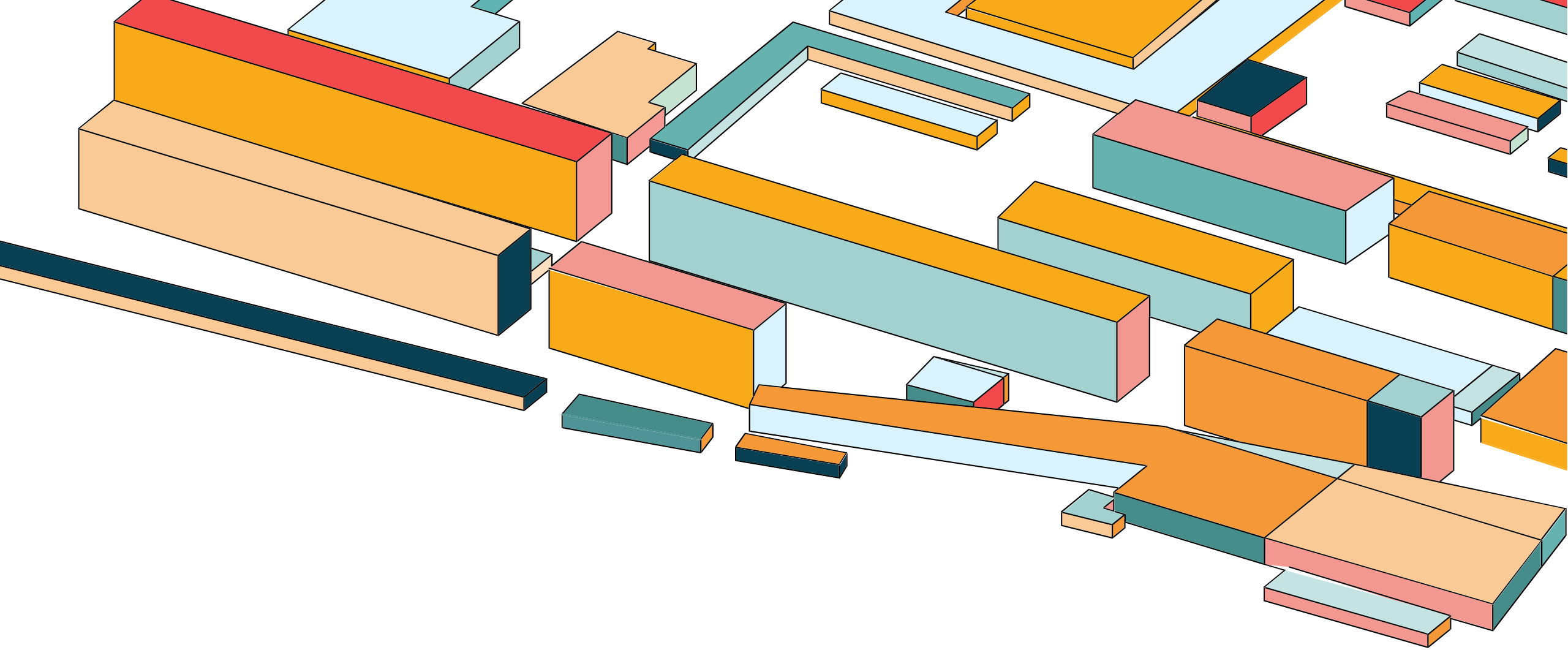

NIH IRB REVIEW PROCESSES

LEVELS OF REVIEW

The IRBO determines which level of review the study qualifies for:

EXEMPT

- Little to No Risk
- Exempt from regulations, not from NIH IRB review
- Reviewed & confirmed by IRBO Staff

EXPEDITED

- Minimal Risk (MR)
- Analyst Pre-review
- Reviewed by Chair/Chair Designee

FULL BOARD

- Greater than Minimal Risk(GTMR)
- Analyst Pre-Review
- Reviewed & Approved by Convened Board

** Regulatory-Defined Categories**

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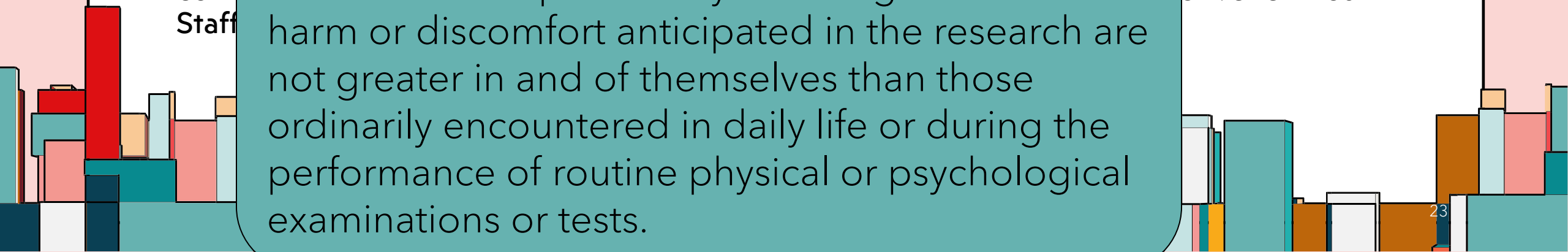
Minimal Risk:
means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.



REVIEW LEVELS: NON-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**

**DOES NOT MEAN FAST

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

Convened Committee Meeting

- No regulatory defined categories
- 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

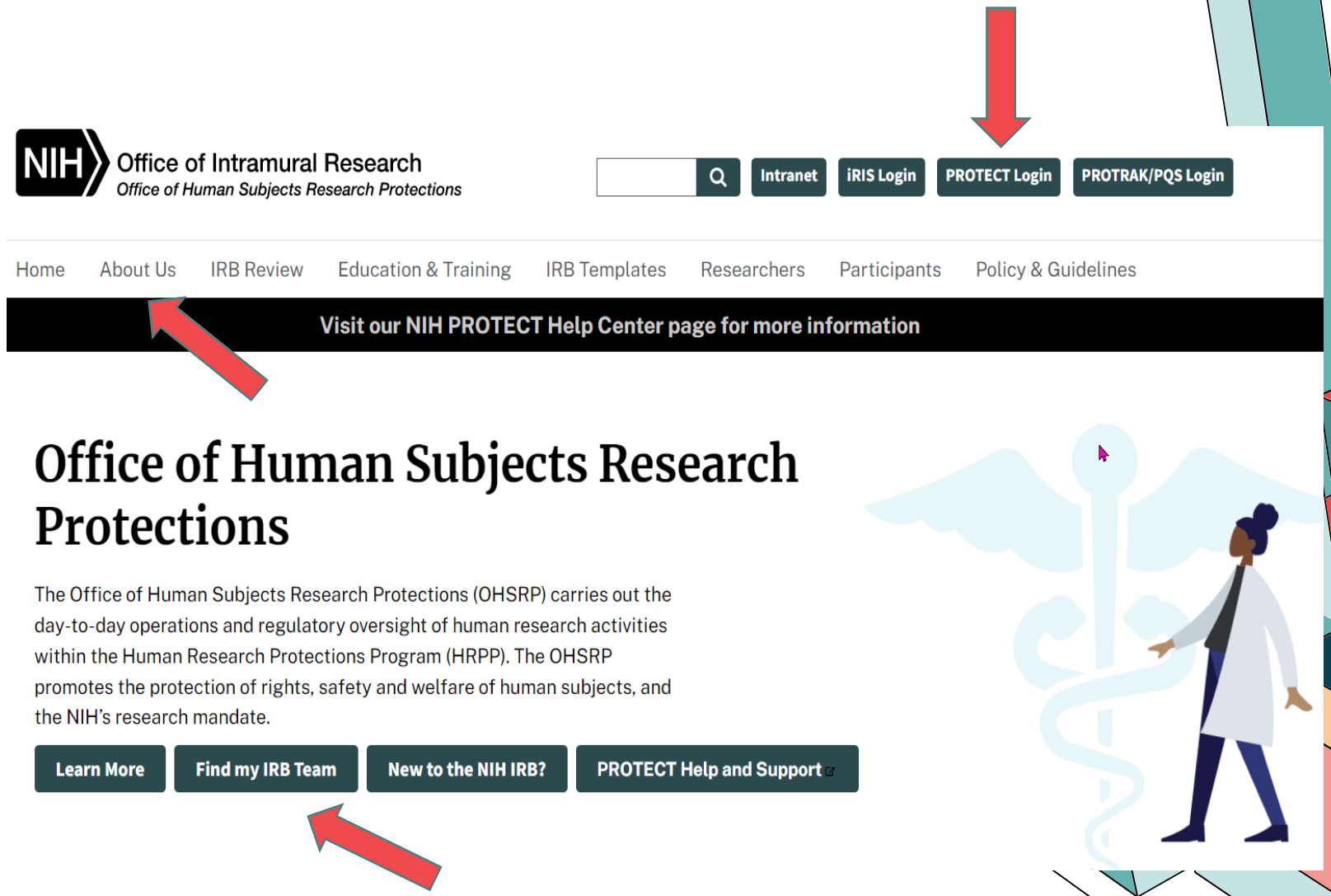
SUBMITTING TO THE NIH IRB

PROTECT – eIRB system

Facilitates Online Submission Review

Ancillary Committee Review – for example:
- Scientific Review
- Radiation Safety

"Smart" Form



BASIC SUBMISSION – INITIAL REVIEW (IR)

IRB Submission Form via PROTECT

- Attach Protocol Document
- Attach Informed Consent/Assent Documents
- Attached Recruitment Material(s)
- Attach Subject-Completed Measures (e.g., questionnaires, subject diaries)

Templates & Forms

DRUG/DEVICE SUBMISSION

- 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)

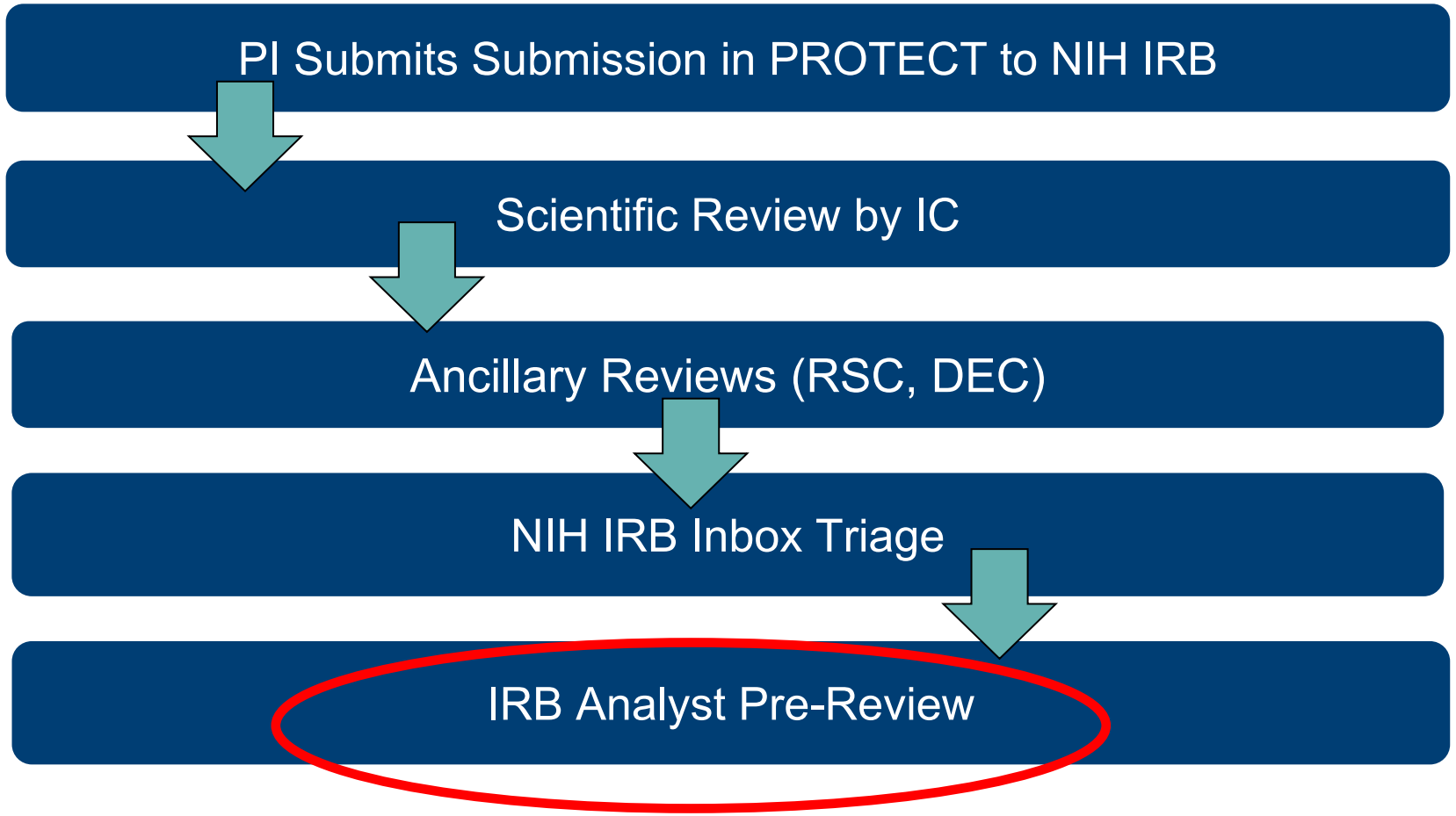
ADDITIONAL SUBMISSION CONSIDERATIONS

- Study Personnel – Completed CITI & GCP training?
  - ✓Added to PROTECT as study team members
- Ancillary Review(s) Required (e.g. RSC or IBC)
- Additional pSites (participating)
- DEC Review Required

Policy 102 - Investigator Conflict of Interest and Government Royalties

Policy 103 – Education Program

BASIC SUBMISSION – INITIAL REVIEW



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. **PROTECT Submission Form**
   - 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?

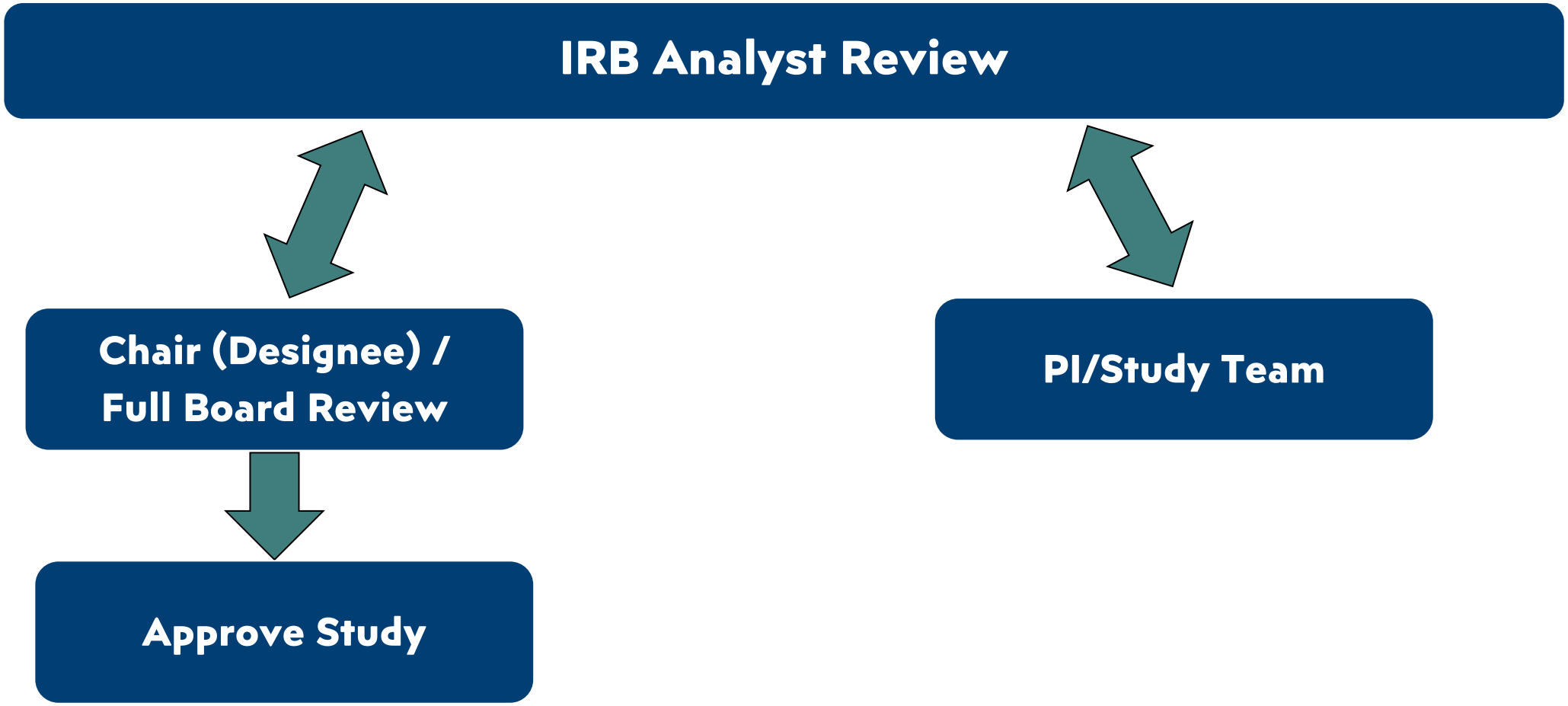
Chair (Designee) / Full Board Review

PI / Study Team

ADDRESSING PRE-REVIEW CLARIFICATIONS

- Email notification sent via PROTECT to PI & PI Proxy
- Description of changes provided either in PROTECT directly and/or in a outcome letter in PROTECT (you'll need to log into the system!)
  - Make the directed changes/clarifications to:
    - Protocol, submission form, consent/assent documents, recruitment and other documents as applicable.
  - Re-submit in PROTECT and any additional communications back to IRBO for continued review

ANALYST PRE-REVIEW OF RESPONSES TO CLARIFICATIONS



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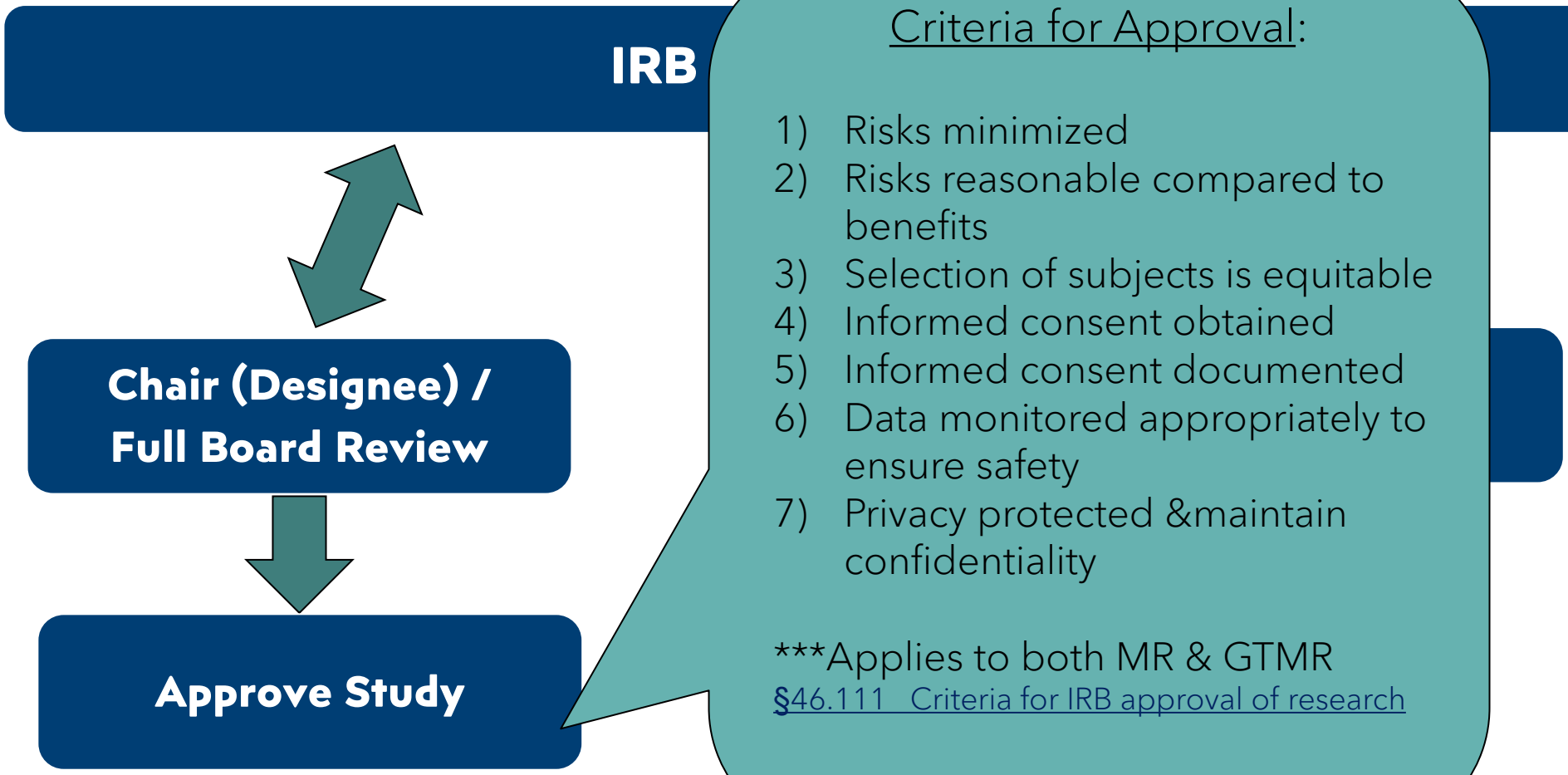

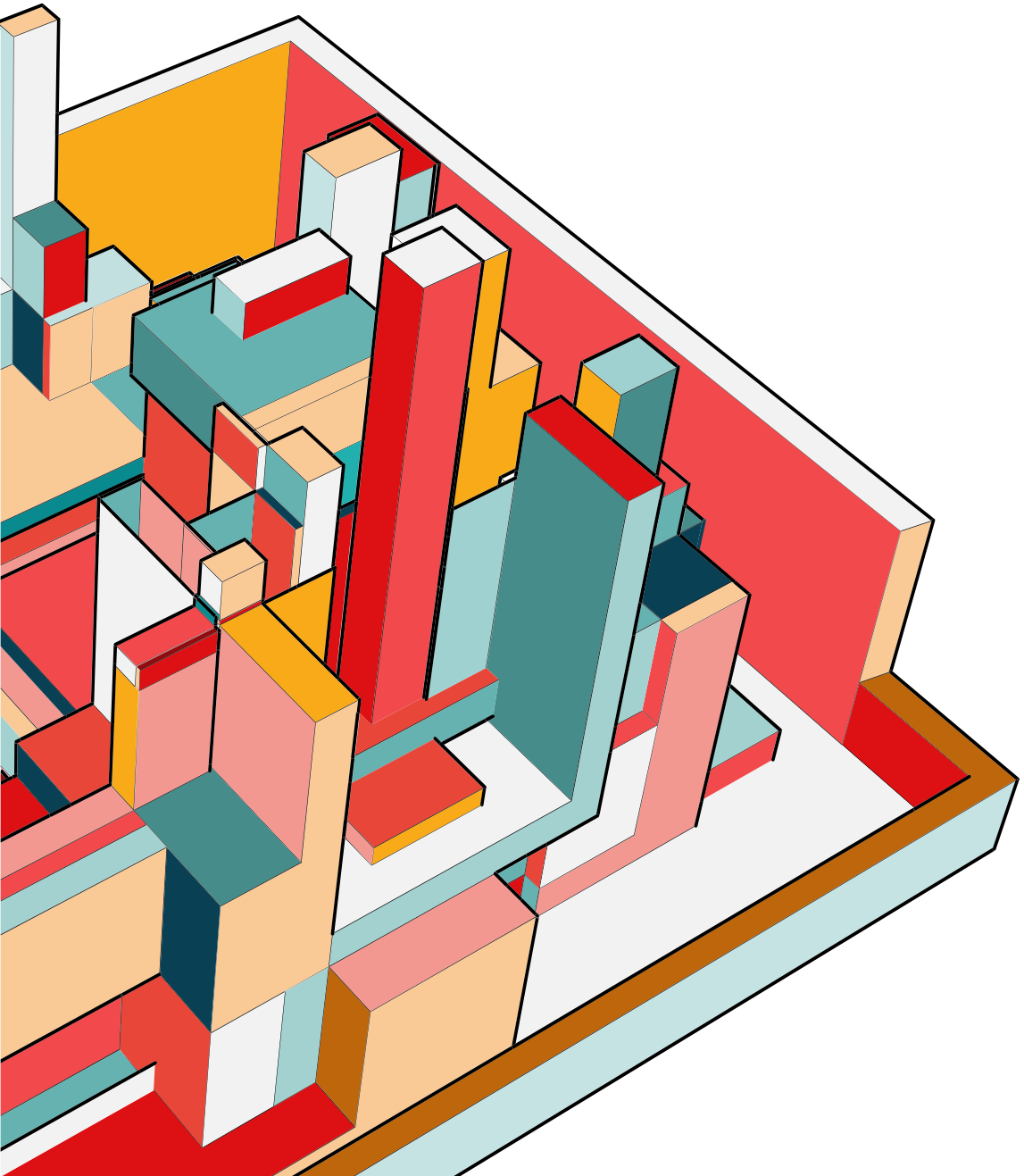

REFERENCES

- Manual Chapter 3014-200 IRB Scope and Authority
- OHRP Guidance – Engagement of Institutions in Human Subjects Research (2008)
- Common Rule - 45 CFR 46
- FDA Regulations - 21 CFR 56 (IRB), 312 (drugs) and 812 (devices)

THANK YOU

Tiffany Gommel, CIP, MS

IRBO Director

Heather Bridge

OHSRP Director of Policy & Accreditation

Questions? irb@od.nih.gov