IRB Tip Sheet: Communicating New Information to Currently Enrolled Research Subjects

What do the HHS regulations say about the need for communicating new risks or obtaining re-consent?

"The following elements of information, when appropriate, shall also be provided to each subject or the legally authorized representative: … A statement that significant new findings developed during the course of the research that may relate to the *subject's willingness to continue participation* will be provided to the subject" (45 CFR 46.116(c)(5) (July 19, 2018))

What type of new information may or may not affect a research participant's wiliness to continue?

Examples where changes to the study may affect a research participant's willingness to continue
• Identification of new research-related risks (risks on current study or related studies, updated IB or package insert)
• Increase in the frequency or magnitude of previously described risks
• Decrease in expected benefits to participation (decreased efficacy signals, less effective than current therapy)
• Protocol change resulting in increased burden or discomfort (increased follow-up time or visit frequency, new procedure)
• Availability of new alternative therapies or impacts participation on alternative therapies
• Change in the PI or the *only* Study Contact listed on the consent document
*Examples where changes to the study may **NOT** affect a current research participant's willingness to continue*
• Changes that only affect future subjects
• Increase in the overall number of subjects
• In most clinical trials, interim results are not disclosed to researchers or participants until the study has been concluded

When changes are made to research or new information related to the current research becomes available, the IRB should consider the significance of the new information in the context of the study:

- The **nature of the study** (natural history study, treatment study, type of condition involved)
- The **nature of the new information** (would the new information be important to a *reasonable person?*)
- The **urgency** of the new information (is there immediate risk to the subjects involved?)
- The **status of subjects** (screening phase, receiving an intervention, long term-follow-up)

Note: IRBs, sponsors and investigators should *balance the need for documentation with respect for the subjects* and choose the *least burdensome* method of providing new information and/or obtaining and documenting re-consent consistent with the circumstances.

What does the IRB need to include in their determination to provide clear instructions to the research team?

- **MODE** of communication (Note: More than one mode can be used for the same information):
  - Reconsent
  - Addendum
  - Information Letter
  - Verbal Notification
- **WHO** needs to be informed?
  - Evaluate the perceived impact on currently enrolled subjects.
  - Consider where the subjects are in the research (screening phase, receiving an intervention, long term-follow-up). Subjects may be in different stages of the research, and only some may need to be informed of the new information.
  - Be careful with the terms used in communicating instructions to the investigators. E.g., The term "active subjects" may have a different meaning to various investigators. Be precise.
- How **TIMELY** does subject notification need to be?
  - Depends on the specific circumstances: The IRB may instruct the researchers to inform subjects immediately if subjects are at immediate risk vs. provide a due date for completing the process, vs. wait until the next scheduled subject visit.
  - Consider how frequently subjects are being seen by the research team and any concerns with compliance.

IRB actions to complete before the IRB Meeting:

- Pre-review the investigator's proposed plan for informing subjects of any changes in the research.
- The members should feel free to question the submitted proposal and send a clarification request if more information is needed.

IRB actions to complete during the IRB Meeting:

- Determine if the investigator's proposed plan for informing subjects of any changes is sufficient. The IRB has the final say and can make the plan stricter or decide to reduce the burden of subjects based on the information being communicated.
- The IRB's determination and the documentation to the research team should clearly indicate what mode of communication should be used, which enrolled subjects need to be informed, and how timely the process of informing subjects needs to be completed.

From SACHRP Recommendations sent in a Letter to the HHS Secretary (April 7, 2020)-See Attachment A, Attachment A1 and Attachment A2 (table).

SACHRP Recommendations Regarding New Information Provided to Previously Enrolled Research Subjects: Frame-Work for timing of dissemination considering nature of the information and study status with respect to enrollment.

Information is:	Study status is:	Information represents a minor change (likely would not change the individual risk/benefit calculus or an individual's willingness to participate):	Information represents a significant change (some possibility that the individual risk /benefit calculus will be changed or an individual's willingness to participate):	Information represents a major change (changes the overall risk/benefit and is likely to affect an individual's willingness to participate):
Not time-sensitive	Not yet recruiting	Full consent form	Full consent form	Full consent form
	Recruitment started and still open	Verbal communication with documentation in the study record	[1]Information sheet/addendum with signature for existing participants*, full consent for new participants	Full consent form
	Recruitment complete: intervention ongoing	Verbal communication with documentation in the study record	Information sheet/addendum with signature.	Information sheet/addendum with signature.
	Recruitment complete: intervention complete**	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record
Time-sensitive	Not yet recruiting	Full consent form	Full consent form	Full consent form
	Recruitment started and still open	Verbal communication with documentation in the study record (no change in full informed consent form for any group)	[1]Information sheet/addendum with signature for existing participants*, full consent for new participants	Full consent form
	Recruitment complete: intervention ongoing	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record, followed by information sheet/addendum with signature.	Verbal communication with documentation in the study record, followed by information sheet/addendum with signature.
	Recruitment complete: intervention complete**	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record
Urgent	Not yet recruiting	Full consent form	Full consent form	Full consent form
	Recruitment started and still open	Verbal communication with documentation in the study record (no change in full informed consent form for any group)	[1]Verbal communication with documentation in the study record, followed by Information sheet/addendum with signature for existing participants*, full consent for new participants	Verbal communication with documentation in the study record, followed by full consent for all participants
	Recruitment complete: intervention ongoing	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record, followed by information sheet/addendum with signature.	Verbal communication with documentation in the study record, followed by information sheet/addendum with signature.
	Recruitment complete: intervention complete**	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record	Verbal communication with documentation in the study record

[1] Cells in which two versions of the consent form would be created.

* For studies that have been transitioned to the updated Common Rule, information sheets or addenda would not be "consent forms" considered to be subject to the new §116 requirements.

** There may be interventions that cannot be considered "complete" (e.g. implantable devices). In such circumstances, the judgement of the study team and IRB should dictate whether participants are asked to reaffirm their participation by signing a new information sheet or addendum.