Continuing Review of Human Subjects Research Activities

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Requirement for Continuing Review

Exempt studies do not expire and do not require continuing review.

Unless the IRB determines otherwise, continuing review of research is not required in the following circumstances, for new studies submitted after January 21, 2019:

- Research eligible for Expedited Review (minimal risk studies)
- Research that has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study:
  (A) Data analysis, including analysis of identifiable private information or identifiable biospecimens, or
  (B) Accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care.
All FDA regulated studies will still require annual Continuing Review (or more often than annual, if specified by the IRB).

**If Approval Expires**

If approval expires, ALL RESEARCH ACTIVITIES INVOLVING HUMAN SUBJECTS MUST STOP, even if the continuing review application has been submitted to the IRB. Research activities include, but are not limited to, study visits, medical records review and data analysis. The only exception is that activities needed for participant safety should continue; contact the IRB if this occurs. No new subjects may be enrolled.

If any project activity occurs or continues after the expiration date, the investigator is out of compliance with both federal regulations and University policy. Retrospective approval for work done after the expiration date cannot be granted.

PI’s will be asked to submit administrative research updates via Cayuse IRB every three years. However, researchers must submit to the IRB any modifications to the research protocol (e.g., changes to personnel, protocol amendments, recruitment materials, etc.) and report any adverse events as often as necessary.

As a courtesy, the IRB will send three reminders to PIs before the study expires. A second and a third notice will be sent at one-month intervals until the project has been formally renewed by the IRB. The PI will continue to receive reminders until the study renewal has been formally reviewed and approved. However, it is ultimately the PI’s responsibility to complete and submit the IRB Continuing Review Application in time for IRB review prior to the study’s expiration of approval.

Generally, if a protocol was approved at a convened meeting of the IRB at initial review, it must be reviewed at a convened meeting of the IRB for its continuing review. However, if the research initially did not qualify for expedited review the IRB may designate the protocol as minimal risk and determine that the protocol may undergo an expedited review process for continuing review under Category 9. The project will not require continuing review going forward. This determination can be made at the time of initial review or at a subsequent continuing review.

**Submission Requirements**

Continuing reviews must be submitted through the Cayuse IRB. Full committee studies require the following be submitted for continuing review:

1. Completed IRB continuing review application which includes the following information:
a. Number of participants accrued.
b. A summary since the last IRB review of:
   i. Adverse events, untoward events, and adverse outcomes experienced by participants.
   ii. Unanticipated problems involving risks to participants or others.
   iii. Participant withdrawals.
   iv. The reasons for withdrawals.
   v. Complaints about the research.
   vi. Amendments or modifications.
   vii. Any relevant recent literature.
   viii. Any interim or significant findings that might affect participants' willingness to continue.
   ix. Any relevant multi-center trial reports.
   x. The Researcher's current risk-potential benefit assessment based on study results.

2. Completed research protocol.
3. A summary of the research.
4. Consent form, if applicable:
   a. Current version being used with IRB stamp and date.
   b. If no changes are made in the consent form a new copy must be submitted so it can be stamped with a new approval date.
   c. If changes are being made the PI must submit an amendment.
5. If the protocol is being amended, submit a copy that highlights changes are being made (i.e. Track Changes).
6. Other documents relating to the research activities that have not been reviewed by the IRB during initial review or by an amendment to the protocol.
7. Renewal letters from cooperating IRBs as relevant (e.g., site still operational). If the site(s) in question did not have an IRB of record and thus submitted an official letter granting permission for the researcher to conduct the research, then a second letter is not required.
8. Data and Safety Monitoring Plan (If applicable).

If a protocol receives a status of "Deferred - Modifications Required" and the required documents are not submitted within 30 days, or no communication has been received from the PI, the protocol will be administratively closed and receive a status of "Closed - Expired." PIs requesting re-review/re-consideration of their protocols are required to complete the initial submission process.

**Continuing Review at an IRB Convened Meeting**

**Assignment of Primary and Secondary Reviewers**
Upon receipt, the IRB Administrator will assign each protocol to IRB members who, as primary, and in some cases secondary reviewers, will review the protocol in detail and act as a liaison between the IRB and the PI. Primary and secondary reviewers are
assigned, as closely as possible, according to their expertise with the research being proposed and/or the subject population(s) being enrolled and their appropriate scientific or scholarly expertise to review the protocol. Protocols are not assigned to reviewers who have a conflict of interest or have academic appointments in the same administrative unit as the PI. The primary and secondary reviewers may contact the investigator, co-investigators, other IRB members, or outside sources as necessary to insure a thorough evaluation of risks and benefits of the proposed research.

At times, the IRB may not have the appropriate expertise to review the study for scientific or scholarly validity. In those cases, the IRB Chair will consider who in the University faculty or community has the appropriate scientific expertise to serve as an expert consultant to perform an in-depth review of the study. Consultants will disclose any conflict of interest (COI) prior to performing the review and those with a COI will not be used for protocol review.

**Distribution of Submitted Documents**
The following continuing review documents are provided to all IRB members (including alternate members, if attending) and consultants for review:

1. IRB Continuing Review Application (Status report) containing the following information:
   a. The number of participants accrued;
   b. Adverse events and outcomes experienced by participants;
   c. Unanticipated problems involving risks to participants and others;
   d. Participant withdrawals and reasons for withdrawal;
   e. Complaints about the research;
   f. Amendments or modifications;
   g. Any relevant recent literature;
   h. Any interim findings;
   i. Any relevant multi-center trial reports, if applicable;
   j. The researchers current risk-potential benefit assessment based on study results.

2. Research protocol.

3. New informed consent form.

4. Data and Safety Monitoring Plan (if applicable).

**Presentation and Discussion of Protocols**
Protocols undergoing continuing review are presented individually to the IRB by the assigned Primary Reviewer. IRB staff will assure that appropriate scientific expertise, local knowledge, and other expertise specific to the protocol(s) is present at the IRB meeting and at least one member who is knowledgeable about or experienced in working with such subjects, when research involving subjects who are vulnerable to coercion are reviewed, will be present at the IRB meeting. If a member with the appropriate expertise, knowledge, or experience in working with the specific vulnerable population cannot be
present, the IRB staff will notify the IRB Chair to obtain a consultant if needed. To be properly presented and discussed, a quorum of the members must be present for the presentation, discussion, and deliberations of the protocol. Members not present for a substantial part of the discussion and deliberations should abstain from voting. For those protocols undergoing continuing review, the following are discussed in detail (list is not all-inclusive):

1. The regulatory criteria for approval at 45 CFR 46.111 are met.
2. The new consent form to be used for the next approval period and the adequacy of the consent process.
3. Demographics of recruited/enrolled subjects.
4. Reports of protocol deviations, unanticipated problems, amendments, multi-center/ Data and Safety Monitoring Board reports, and audits reports.

Possible IRB Determinations
After presentation by the primary and secondary reviewers and complete discussion by the IRB, each protocol is voted upon for one of four possible dispositions:

1. **Approved:** It is approved as written with no explicit conditions.
2. **Approved with Modifications Required:** Approval with conditions is not a final approval. The protocol was approved with minor changes or simple concurrence of the PI. These will be identified to the PI and must be completed and documented prior to beginning the research. For these conditions, the IRB Chair's designated reviewer, (IRB member, IRB Administrator) upon reviewing the PI's response(s) to the conditions, may approve the research on behalf of the IRB. PI responses to conditions deemed to be significant or that are directly relevant to regulatory criteria must be reviewed at a convened meeting.
3. **Deferred:** The information in the submitted documents has deficiencies that prevent accurate determination of risks and benefits or requires significant clarifications, modifications, or conditions that, when met or addressed, require full IRB review and approval of the PI's responses and revisions. The deficiencies will be specified to the PI, who must address all IRB concerns in a written response. On occasion the PI is asked to attend the full committee meeting in order to clarify the points in question. PIs may respond to a "deferred" decision with a written request. The IRB will review the appeal and invite the PI to the IRB meeting if the IRB has additional questions. The IRB will reconsider its original decision in light of new information presented by the PI. The second decision is final.
4. **Disapproved:** The submitted materials describe events or situations that indicate that research risks now outweigh potential benefits. PIs may appeal a determination for disapproval in writing or by attending an IRB meeting and presenting reasons for reconsideration. Upon appeal, the IRB will reconsider its original decision in light of new information presented by the PI. The second decision is final.
Researchers may be invited to attend the meetings to address specific concerns regarding research protocols but will be asked to leave the meeting during all deliberations and votes.

**Length of Approval Period**
The IRB will determine the interval for the continuing review of the research, appropriate to the degree of risks that will be experienced by subjects. The interval for continuing review will be at least once per year (not to exceed 365 days; 366 days during a leap year) but may be shorter. When the IRB grants approval for one year at the time of continuing review and performs the continuing review and re-approval (with or without explicit conditions) of the research within 30 days prior to the IRB approval period expiration, the IRB will retain the anniversary of the expiration date of the initial IRB approval as the expiration date of the subsequent one-year approval period. Protocols that have not undergone continuing review will expire at midnight on the expiration date. Research activities may not continue after midnight of the expiration date.

The IRB may require certain protocols be reviewed more than once a year. Reasons for the IRB to require more than annual review include but are not limited to the following:

1. Increase in risks over what was originally anticipated.
2. Noncompliance history.

**Third Party Observation**
The IRB has the authority to observe or appoint a third-party to observe research conduct, including consent procedures. It may also consider whether a study requires independent verification from sources other than the PI to ensure that no material changes have occurred since the last IRB approval. The IRB will require verification of the information provided for continuing review when:

1. Continuing review materials appear inconsistent or inaccurate compared to prior applications or records and discrepancies cannot be resolved via communication with the PI; or
2. The IRB determines that such actions are useful as part of a corrective action plan for any unanticipated problem or event.

If the findings of such investigations during the continuing review process warrant corrective actions, the IRB may suspend or terminate a research project to ensure the quality of research and protection of research subjects.

**Criteria for IRB Approval of Research Continuation**
In order to approve research for continuation, the IRB must consider the PI's continuing review report and assure that the requirements 45 CFR 46.111 remain satisfied as follows:

1. Risks to subjects are minimized:
a. By using procedures that are consistent with sound research design and which do not unnecessarily expose subjects to risk; and
b. Whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.

2. Risks to subjects continue to be reasonable in relation to anticipated benefits, if any, to subjects and the importance of the knowledge that may reasonably be expected to result from the research. In evaluating risks and benefits, the IRB will consider only those risks and benefits that may result from the research, as distinguished from risks and benefits of therapy the subjects would receive even if not participating in the research.

3. Selection of subjects is equitable and considers the purpose of the research and the setting in which the research will be conducted. Special attention is paid to problems of research involving vulnerable populations.

4. Unless waived by the IRB, informed consent will be appropriately sought from each prospective subject or the subject’s legally authorized representative in accordance with and to the extent required by appropriate local, state, and federal laws or regulations. The IRB is responsible for the review and approval of the informed consent form submitted by the PI.

5. Informed consent will be appropriately documented according to local, state, and federal laws or regulations.

6. Where appropriate, there are adequate provisions to protect the privacy of the subjects and to maintain the confidentiality of their identifiable data.

7. When appropriate, the research plan continues to make adequate provision for monitoring the data collected to ensure the safety of subjects.

8. When some or all of the subjects are likely to be vulnerable to coercion or undue influence, additional safeguards have been included in the study and in the IRB review process, to protect the rights and welfare of the subjects.

**Notification of IRB Determinations**

Within five (5) working days after the IRB meeting at which the protocol was reviewed for continuation, the PI will be notified of the IRB determination for their protocol. Approved protocols require no further action. Protocols that are approved with modifications required will have a list of conditions provided and PIs are notified that final approval will not be granted until all conditions have been met. For protocols reviewed at a convened meeting, the IRB will determine, at the convened meeting, whether the PI's responses to modifications must be reviewed by the entire IRB or may be reviewed for appropriateness and completeness by the Chair or the Chair's designee. Responses to clarifications that are directly relevant to regulatory criteria must be reviewed by the convened IRB. When the PI has responded appropriately and completely to all conditions, via Cayuse IRB, a final approval is granted. The PI will be issued an approval letter that research can resume and when the protocol will require continuing review.
For deferred protocols the PI will be notified by letter posted in Cayuse IRB, of the reasons the protocol was deferred. The entire submission, with all required documents, will need to be resubmitted after revision for IRB review.

For protocols that are disapproved for continuation, the PI will receive a letter that delineates the reasons for disapproval. PIs may appeal the determination in writing to the IRB Chair.

**Failure to Comply with Continuing Review Requirements - Lapsed Protocols**

IRB approval can be for no longer than a one-year period of time and there is no grace period beyond the expiration date of IRB approval. Extensions of approval beyond the expiration date cannot be granted. Failure to submit the required documents and receive IRB approval for the protocol before the end of the approval period will result in a status of "Closed - Expired." This will occur even if the PI has provided the required documents but IRB review and approval is not completed before the expiration date. If a protocol is placed in this status, the PI will be notified that they must cease all research activities (recruitment, advertisement, screening, enrollment, consent, interventions, interactions, and collection and analysis of private identifiable information) until the required documents are submitted, reviewed, and approved by the IRB.

During the "Closed - Expired" period, subjects who are currently enrolled and for which continuation would be in the best interest of their health or well-being, may continue to participate if the PI requests and justifies, in writing, the need for continuation. The request will be considered by the IRB Chair. If the IRB Chair is of the opinion that stopping participation could result in increased risk or potential injury or hardship to subjects, the IRB Chair may approve continued participation for a reasonable time beyond the expiration date. Therefore, to prevent expiration of IRB approval and stopping research, it is of vital importance to ensure timely completion and submission of the continuing review documents to allow sufficient time for IRB review prior to the expiration date. No research protocol may continue activities after the expiration date of the protocol until final approval for continuation is granted.