# IRB Member Responsibilities:

## *Requirements for Conducting a Meaningful and Substantive Review*

2008

# What is the IRB?

An institutional committee established to ensure that the rights and welfare of human subjects are safeguarded.

# IRB Composition

(Common Rule, 38CFR16.107)

- Each IRB shall have at least five members, with varying backgrounds to promote complete and adequate review of research activities commonly conducted by the VAPHS.
- Each IRB shall include at least one member whose primary expertise is in scientific areas and at least one member whose primary expertise is in non-scientific areas
- Each IRB shall include at least one member who is not otherwise affiliated with the VAPHS and who is not part of the immediate family of a person who is affiliated with the VAPHS.

# IRB Responsibilities & Authority

**38 CFR 16.109**

- (a) An IRB shall review and have authority to approve, require modifications in (to secure approval), or disapprove all research activities covered by this policy.

- (b) An IRB shall require that information given to subjects as part of informed consent is in accordance with §16.116. The IRB may require that information, in addition to that specifically mentioned in §16.116, be given to the subjects when in the IRB's judgment the information would meaningfully add to the protection of the rights and welfare of subjects.

- (c) An IRB shall require documentation of informed consent or may waive documentation in accordance with §16.117.

# IRB Responsibilities & Authority (cont'd)

**38 CFR 16.109**

- (d) An IRB shall notify investigators and the institution in writing of its decision to approve or disapprove the proposed research activity, or of modifications required to secure IRB approval of the research activity. If the IRB decides to disapprove a research activity, it shall include in its written notification a statement of the reasons for its decision and give the investigator an opportunity to respond in person or in writing.

- (e) An IRB shall conduct continuing review of research covered by this policy at intervals appropriate to the degree of risk, but not less than once per year, and shall have authority to observe or have a third party observe the consent process and the research.

# IRB Responsibilities & Authority (cont'd)

- The IRB is also responsible for ascertaining the acceptability of proposed research in terms of medical center commitments and policies, applicable law, validity of study design as it relates to risks and benefits, sensitivity to community standards and attitudes, as well as standards of professional conduct and practice.

*Therefore: The IRB's composition plays a pivotal role in its ability to fulfill its role.*

# IRB Responsibilities & Authority (cont'd)

**Criteria for Approval 38 CFR 16.111**

- (a) In order to approve research, the IRB shall determine that all of the following requirements are satisfied:
  - (1) Risks to subjects are minimized: (i) By using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.

# IRB Responsibilities & Authority (cont'd)

**Criteria for Approval 38 CFR 16.111**

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

# IRB Responsibilities & Authority (cont'd)

**Criteria for Approval 38 CFR 16.111**

- (3) Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons.

# IRB Responsibilities & Authority (cont'd)

## Criteria for Approval 38 CFR 16.111

- (4) Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by §16.116.

# IRB Responsibilities & Authority (cont'd)

## Criteria for Approval 38 CFR 16.111

- (5) Informed consent will be appropriately documented, in accordance with, and to the extent required by §16.117.

# IRB Responsibilities & Authority (cont'd)

## Criteria for Approval 38 CFR 16.111

- (6) When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.

# IRB Responsibilities & Authority (cont'd)

**Criteria for Approval 38 CFR 16.111**

- (7) When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.
  - (b) When some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

# Responsibilities and Authority (cont'd) Special Considerations

- The IRB may require special monitoring of the consent process by an impartial observer.
- Such monitoring may be warranted when the research presents significant risks to subjects, or if subjects are likely to have difficulty understanding the information provided.
- Monitoring may also be appropriate as a corrective action

# Responsibilities and Authority (cont'd) Special Considerations

- At VAPHS third party monitoring is conducted by the Research Compliance Officer(s)
- The IRB may request this action through the IRB Coordinator, who will forward the request to the RCO(s).
- After the monitoring process, the RCO(s) will prepare a formal report which will be placed on the next IRB agenda.

# Responsibilities and Authority (cont'd) Special Considerations

- The IRB must also determine whether the medical records need to be flagged to protect the participant's safety. The IRB may not require that the medical record be flagged if participation in the study involves only one encounter, the use of a questionnaire, or previously collected biological specimens or if identification as a participant will place the participant at greater than minimal risk.

# How should I prepare for IRB meetings?

- Get your packet
  - Sent to arrive no less than 7 days before the meeting
  - Keep in mind that the information contained in the IRB review packet is to be kept confidential. Investigator's ideas and findings expressed in their written protocols are their intellectual property and should not be shared with individuals who are outside of the IRB.

# Preparing for meetings (cont'd)

- See if you have been assigned reviews
  - Typically your name will be highlighted in your packet
- Review agenda items
  - Minutes – R&D are FYI; Contact Kathy if you notice a problem with IRB Minutes
  - New Submissions that are assigned to you
  - Continuing Review Submissions that are assigned to you
  - Anything else that is assigned to you

# Assigned Review - New Protocols

- Primary and Secondary reviewers are assigned
- Read the consent form first
- Make special note of recruitment materials and survey instruments
- Complete checklists and forward to Kathy at least 3 days prior to the meeting
- Primary reviewers (only) must write a *brief* summary to present at the meeting and to be filed

# Assigned Review - New Protocols

- The VAPHS protocol must be specific about how the study will be conducted locally.
- If there is a multi-site protocol, the local protocol must also include all relevant information about study procedures, risks, and benefits – it must give a complete picture of the study.

# Assigned Reviews - Continuing Review

- Primary reviewer only
- Complete checklists and forward to Kathy at least 3 days prior to the meeting (Note grammar corrections on a separate sheet)
- Write a *brief* summary to present at the meeting and to be filed
- Focus on activity that has occurred in the continuing review interval both in the trial and outside of the trial (recent literature)
- Address any requested modifications

# Assigned Reviews - Amendments

- Primary reviewer only
- Many amendments are expedited
- Focus on the proposed modifications only
  - Specifically address any change to the risk/benefit ratio that may be caused by the modifications
- Modification form should assist in quickly locating changes and the rationale for the change

# Checklists

- Checklists can be located on the IRB Committee Members page of the VAPHS Research Website (http://www.vaphs.research.med.va.gov)

- Complete all applicable review checklists
  - Waiver checklists
  - Device checklist

  *If you aren't sure which checklists are needed contact Dr. Van Cott or Kathy*
- If you can't find a checklist contact Kathy
- Checklists are needed for complete documentation in the IRB file
- Provide clear and specific comments when deficiencies are noted

# Why provide clear and specific comments?

OHRP Guidance on Written IRB Procedures (July 11, 2002)

A. (4) **"Conditional" Approvals.** Convened IRBs often set conditions under which a protocol can be approved. OHRP recommends the following guidelines in such cases:

(a) When the convened IRB requests substantive clarifications or modifications regarding the protocol or informed consent documents that are directly relevant to the determinations required by the IRB under HHS regulations at 45 CFR 46.111, IRB approval of the proposed research should be **deferred**, pending subsequent review by the convened IRB of responsive material.

(b) Only when the convened IRB stipulates specific revisions requiring simple concurrence by the investigator may the IRB Chair or another IRB member designated by the Chair subsequently approve the revised research protocol on behalf of the IRB under an expedited review procedure.

# When You're Not a Primary or Secondary Reviewer…

- Expected to review all submissions
- You may use the reviewer checklists as a guide while you review protocols and consent forms, but only the primary and secondary reviewers should submit them to Kathy
- You may submit written comments, especially suggested wording changes, to Kathy

# IRB Meetings

- Member Education
  - The first 30 minutes of the meeting is devoted to member training
  - Your suggestions are always welcome!

# IRB Meetings

- Reviews and Deliberations
  - IRB business can only take place with a quorum- over half of the members are present and one of the members present is a non-scientific member
  - Quorum must be maintained throughout the meeting.
  - **It is important that you notify Kathy as soon as possible if you know that you cannot attend all or part of an IRB meeting.**

# IRB Meetings (cont'd)

- Review Process
  - Primary reviewer speaks first
    - Protocol summary and deficiencies
  - Secondary reviewer
    - Comments that are in addition to or opposition to the primary reviewer comments
    - Does not need to reiterate comments made by the primary reviewer or repeat the synopsis of the study.
  - Open floor for other reviewers

# IRB Actions

- Approved – No changes required
- Contingently Approved – Approvable after specific changes are made
- Tabled/Deferred – Substantial changes are required
- Disapproved

# Other Considerations/Determinations

- Risk Level
- Scrutiny Level
- Adverse Event Reporting Level

# Risk Level

- Minimal
  - the probability and magnitude of harm or discomfort in the research are no greater in and of themselves than those encountered in daily life or during the performance of routine physical or psychological examinations or tests
- Greater than Minimal

# Scrutiny Level

- Low – 1 year continuing review interval
- Moderate – 6 month continuing review interval
- High – 3 month continuing review interval

# Adverse Event Reporting Level

- AE1
  - Requires that all serious AE and all unanticipated but not serious AE need to be reported
- AE2
  - Requires that all serious AE that are <u>at least possibly related to the study procedures</u> and all unanticipated but not serious AE that are <u>at least possibly related to the study procedures</u> need to be reported

# IRB Meetings - Motion to Vote

- Disagreement will exist over some issues and not all votes will be unanimous.
- Split the vote
  - Vote on a single issue before voting on approval action
- Vote to Approve/Contingently Approve
  - Must state risk level, level of scrutiny, and adverse event reporting level
- Vote to Table/Disapprove
  - Should provide at least the general rationale for decision

- The VAPHS Office of Research and Development would like to extend a very sincere THANK YOU to all members of the IRB. The protection of human subjects in research is a noble cause. Your time and expertise is very much appreciated!