Operational Review Procedures: Full Committee Review

Policy

- Boston Children's Hospital has established and maintains an Institutional Review Board, the Institutional Review Board (IRB) that reviews research protocols for any issues in design and conduct that may potentially affect the safety, rights, and welfare of human subjects.
- The IRB has as its primary responsibility the protection of research subjects. The IRB establishes procedures to ensure a consistent review process for all initial reviews, continuing reviews, amendments/revisions, and unanticipated problems that involve risk to subjects or others.
- The review procedures must comply with federal and state regulations, and with institutional polices.

Purpose

The Purpose of this policy is to describe the conduct of IRB business as it pertains to protocols, continuing review, amendments/revisions, adverse events/ unanticipated problems that involve risk to subjects that undergo full committee review.

Procedures

Meeting Frequency

The IRB meets, at a minimum, on the second and fourth Monday of each month. More frequent meetings may be held as required. The IRB will accept a maximum of 12 new protocols for each meeting. Deferrals are always placed in the agenda for the next upcoming meeting regardless of the number of new protocols rewrites received. Protocols are accepted on a "first come first serve" basis after the pre-review process is complete. Protocols are placed on the agenda in the order in which they are received. If an agenda is full, the protocol will be placed on the next open agenda. IRB members are provided protocol materials five to seven days prior to the meeting.

Administrative Pre- Reviews

The IRB administrative staff will review all protocols for completeness and consistency and provide the investigator with feedback, questions or concerns to be addressed. IRB administrative staff will also provide advice as to what will likely be acceptable within IRB policies and provide input on the protocol and consent document prior to being reviewed. The investigator must respond to the issues raised and changes requested through the pre-review process before protocols are placed on the IRB meeting agenda or provided to a committee member for expedited review.

Quorum and Voting

In order for the Committee to hold a meeting at which actions can be taken a quorum of members must be present, including at least one member whose primary concerns are non-scientific, one member who is not affiliated with the hospital and one member who represents the general perspective of subjects. One member may serve more than one of these roles. A physician member must be present during the review of any clinical research study that involves the use of a Food and Drug Administration-regulated drug, device, or biologic. A quorum consists more than half of the IRB members. In extenuating circumstances only, a member may be permitted to participate in the meeting by telephone conferencing. In such instances, he or she receives all of the same materials other members receive in preparation for the meeting. The Director of Clinical Research Compliance or her designee will assume responsibility to make sure a quorum is present at all times. If a quorum is lost during a meeting, no further actions will be taken. In order for the research to be approved, it shall receive the approval of the majority of those members present at the meeting.

IRB policy does not allow a Committee member to participate in the initial or continuing review, requests for amendments, modifications, unanticipated problems involving risk or incidents of noncompliance of any project in which the member has a conflicting interest, except to provide information requested by the IRB. IRB members are expected to advise the rest of the committee if they have a conflict prior to the discussion of any item on the agenda.

Actions

Approval

An acceptable risk/benefit ratio exists, and the protocol is approved as submitted.

Conditional Approval

Conditional Approval means that at the time when the IRB reviews and approves a research study (or proposed changes to a previously approved research study), the IRB requires as a condition of approval that the investigator

> (1) make specified changes to the research protocol or informed consent document(s),
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> (2) confirm specific assumptions or understandings on the part of the IRB regarding how the research will be conducted, or
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> (3) submit additional documents, such that, based on the assumption that the conditions are satisfied, the IRB is able to make all of the determinations required for approval under the HHS regulations

Deferral

The changes proposed or questions raised by the IRB prevent the IRB from making one or more of the determinations required for approval by the regulations. The lack of information or concerns raised result in the IRB being unable to make the required determinations about research risks and benefits, the adequacy of privacy and confidentiality protections, or the adequacy of the informed consent process because the research protocol provides

insufficient information and the IRB is unable to specify changes to the research protocol that would allow the IRB to make the required determinations.

Some examples of reasons for a deferral are

- The protocol was poorly written, lacking significant amounts of information regarding scientific justification, procedures, risk reduction. Recruitment procedures
- There are significant ethical concerns that do not permit a favorable risk/benefit determination. More information is required or changes in design and procedures must be implemented.
- There are clarifications and modifications requested directly relevant to determinations required by the regulations such as the data and safety monitoring plans

Disapproval

After consultation with the investigator, the IRB determines that the research presents subject risks that far outweigh the benefit or value of the knowledge to be gained; or the research raises such serious ethical questions as to be unacceptable. In the event disapproval is foreseen, the investigator is invited to attend the meeting to discuss the protocol.

Initial Reviews of New Protocols: Full Review

1. New research protocol applications that do not meet the criteria for exemption or expedited review are placed on the agenda for full IRB review.
2. The following are provided to each IRB member:
   - i) Protocol application
   - ii) Attached protocol (Experimental Design)
   - iii) Consent/Assent/HIPPA Form and Process information
   - iv) Financial Disclosure
   - v) Investigational Drug Data (as pertinent)
   - vi) Investigational Device Data (as pertinent)
   - vii) Request for Clinical Imaging Equipment for Research (as pertinent)
   - viii) Radiation Exposure and Radioactive Materials (as pertinent)
   - ix) Supplemental Genetic Information (as pertinent)
   - x) Waiver of Parental Permission (as pertinent)
   - xi) Pregnant Women and Fetuses (as pertinent)
   - xii) Prisoners (as pertinent)
   - xiii) Any proposed informed consent/assent documents
   - xiv) Recruitment notices, postings, letters
   - xv) Complete Department of Health and Human Services (DHHS)-approved protocol (if different from above), and any DHHS-approved sample consents
3. In addition to the above items, the primary and secondary reviewers receive the following:
   - A copy of the DHHS grant if funded by DHHS
   - Investigational drug/device brochures or other information provided by the sponsor
   - Assessments, and questionnaires that are not standard
   - Additional reference information

4. Any member may request access to all of the protocol materials that are made available before, during, or after the meeting. IRB members must not be involved in the review of any protocol in the conduct of the research protocol or have any other conflict of interest. If it is not obvious that a IRB member is, in fact, involved in a protocol (e.g., is not listed as a participating investigator), and the protocol is assigned to that member, it is that member's responsibility to inform the IRB administrative office of this situation and to relinquish responsibility for reviewing the protocol.
5. All new protocols are assigned a primary and a secondary reviewer. At least one of the two reviewers must have the appropriate expertise to review the topic of the protocol. If there is not appropriate expertise, either an outside consultant would be sought or the protocol will be rescheduled for review when the expertise is obtained. The Primary and Secondary reviewers are responsible for a complete review and summary of the protocol application. These reviewers present the protocol to the entire IRB at a convened meeting. The primary reviewer presents a brief summary of the protocol, followed by his or her comments. The secondary reviewer presents his or her comments only.. Following presentation by the primary and secondary reviewers, the full IRB is invited to provide additional comments. All members are asked to review all protocols and informed consents in preparation for the discussion.
6. Primary and secondary reviewers receive a reviewer worksheet that must be completed and uploaded in IRB electronic system prior to IRB meeting. The use of this worksheet is mandatory. The worksheet requires that reviewers consider all of the regulatory criteria required for approval. Their comments at the meeting are structured to discuss the issues within the context of the regulatory criteria.
7. Protocols are discussed on an individual basis. Any IRB member who has a conflict of interest (e.g., is involved in the protocol or has other conflicts) must leave the room during the final discussion and vote. These individuals may be asked questions about the content of the protocol but must not be present beyond the discussion of questions and answers.
8. Following presentation by the assigned primary and secondary reviewers, discussion is opened to the full IRB. The primary and secondary reviewers suggest an action to be taken (see categories of **Actions**, listed above). Following discussion, the IRB Chair calls for a Committee vote. The Chair tries to continue discussion until it appears that consensus is reached but a vote may be called at any time.
9. A vote is taken and recorded. The total number of votes is always to equal the total number of members present at the meeting. The vote is recorded as follows:
   - the number of members who vote **for** the action recommended
   - the number of members who vote **against** the action recommended
   - the number of members who wish to **abstain** from voting
   - the number and name of members who are **present at the meeting, but who are not present in the room when the vote is called**
   - the number and names of **members who leave the room for reasons of conflict of interest**

10. In addition the committee determines the time frame for the subsequent continuing review. The continuing review time period must be set to occur within 1 year of the approval date.

11. The preparation of minority reports by those members who vote against a majority action on a research protocol is encouraged and will be filled with the minutes

Revisions/Amendments: Full Review

All revisions/amendments that do not meet the criteria for expedited review are placed on the agenda for full IRB review. Each amendment is assigned a primary and a secondary reviewer. Reviewers get a reviewer worksheet that needs to be completed and submitted at the end of the meeting. The procedures listed above apply to the review and voting process for revisions/amendments. (

see full section in policies and procedures that describes revisions and amendments)

All members are provided with

- a copy of the amendment/revision request form
- revised section of the protocol that include the changes that have been submitted with track changes
- a revised consent if appropriate with the track changes included
- any revised recruitment materials
- any new information that may be now required because of the amendment

The Primary and secondary reviewer will also receive

- Revised copies of assessments, investigational drug brochures and any additional information

Continuing Reviews

With the exception of those continuing reviews that meet the regulatory criteria for expedited review, all continuing reviews are placed on the agenda for full IRB review. These include protocols that were initially approved under expedited review procedures and still meet those regulatory criteria in addition to expedited review HHS criteria 8 and 9

> (8) Continuing review of research previously approved by the convened IRB as follows:
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> (a) where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects; or
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> (b) where no subjects have been enrolled and no additional risks have been identified; or
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> (c) where the remaining research activities are limited to data analysis.
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> (9) Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

Each continuing review is assigned a primary reviewer. A reviewer worksheet is provided and needs to be completed and submitted at the end of the meeting. The worksheet is structured so that the reviewer can determine whether the regulatory criteria continue to be met. The primary reviewer is provided with a copy of the continuing review form, the body of the protocol and a list of all amendments/revisions since the time of initial approval and the informed consent document.

The procedures listed above apply to the review and voting process for continuing reviews. In addition the committee determines the time frame for the subsequent continuing review. (see full section in policy and procedures on continuing review)

Reports of Action

A written report of action is prepared by the IRB administrative review staff for all actions mentioned above. The Director of Clinical Research Compliance is responsible for the final review of all reports of action before they are sent to principal investigators. The IRB Chair and any Committee member may ask to receive and review a draft of the report of action for any protocol, continuing review, or amendment/revision before it is sent to the investigator. As necessary, the Director of Clinical Research Compliance and the IRB administrative staff may ask IRB members and the Chair to review reports of action prior to sending them to the investigator. Whenever possible, reports of action are forwarded to investigators within seven days of the IRB meeting. Copies of all reports of action are filed in the protocol file.

Related Content

None identified

Document Attributes

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