

This orientation course was designed to provide you with a baseline overview of the ethical principles, regulatory foundation and responsibilities of IRB members. Please review the following course content and complete the accompanying exam.

**I. ETHICAL FOUNDATION OF HUMAN RESEARCH PROTECTION** Topics:

Guiding Principles

Learner Objectives:

- Identify the three fundamental ethical principles that guide the ethical conduct of research involving human participants

**What ethical principles guide the IRB decision-making process?**

The *Ethical Principles and Guidelines for the Protection of Human Subjects of Research* was written in 1979 by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research to identify the basic ethical principles underlying the conduct of research involving human subjects. More commonly known as the “Belmont Report”, this report identified the following three fundamental ethical principles that must be carefully considered to ensure the ethical practice of research involving human participants:

- **Respect for Persons**
- **Beneficence**
- **Justice**

Each IRB member should read the Belmont Report and apply the ethical principles when conducting protocol/study review. The Belmont Report is found in the Guidebook and on the OHRP website at : <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>

**Respect for Persons**

The principle of respect for persons requires the consideration of three ethical standards. First, prospective research participants should be treated as autonomous agents capable of making an independent decision to enter into a research study. To assist participants in being prepared to make such a decision, the researcher must provide accurate information about the study as a part of the informed consent process. No pressure to participate should be applied by any involved parties and the prospective participants or their legally authorized representative must be given the time needed to consider the information provided and decide whether to participate.

Second, additional provisions must be taken to protect prospective participants that have a diminished capacity to act as an autonomous agent. Independent cases arise when a prospective subject lacks the capacity to make an informed decision. In other cases, prospective subjects represent a class of participants that is considered to have a diminished capacity (for example, children). In both cases, additional safeguards must be in place to ensure that prospective participants or their legally authorized representative still have the opportunity to decide whether to participate.

Third, respect for persons dictates that the researcher should design procedures and add safeguards that minimize risk of invasion of privacy and assure confidentiality of data.

## **Beneficence**

Beneficence refers to the responsibility of the researcher to maximize possible benefits and minimize possible risks. The researcher and the IRB must be able to differentiate between the possible benefits and harms for the prospective participants and those for society as a whole. During the IRB review of research protocols, the risk to benefit ratio is assessed and a determination is made whether this ratio is acceptable.

At LSU Health Sciences Center - Shreveport each study involving adults only is classified into two risk categories: 1) not greater than minimal risk; and 2) greater than minimal risk. Studies involving children are classified into one of four risk categories: 1) not greater than minimal risk; 2) greater than minimal risk, but presenting the prospect of direct benefit to individual subjects; 3) greater than minimal risk, no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject's disorder or condition; 4) research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of subjects.

## **Justice**

No individual or group of participants should unduly bear the risks of research nor inequitably receive its benefits. An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly. By fairly distributing the risks and benefits of research, the researcher is able to adhere to the practice of this principle. Likewise, equitable selection of subjects is of importance.

## **II. REGULATORY FOUNDATION OF HUMAN RESEARCH PROTECTION**

Topics:

- Federal Wide Assurance
- Federal Regulations
- Institutional Policy
- Health Insurance Portability & Accountability Act (HIPAA)
- Federal Approval Criteria
- Available Resources

Learner Objectives:

- Identify sources of regulations and policies that oversee research involving human subjects
- Define Protected Health Information
- Determine when HIPAA applies to research protocols
- Identify the eight federal criteria for approving research
- Resource materials available for IRB members

### **Federal Wide Assurance**

An institution must have an FWA in order to receive HHS support for research involving human subjects. Each FWA must designate at least one IRB registered with OHRP.

Before obtaining an FWA, an institution must either register its own IRB, (an "internal" IRB), or designate an already registered IRB operated by another organization, (an "external" IRB), after establishing a written agreement with that other organization. More information about Federal Wide Assurances can be found at <http://answers.hhs.gov/ohrp/categories/1563>

### **Legal Components**

Other legal components of LSUHSC-S where human subjects research will be conducted include Ochsner LSU Health System of North Louisiana, University Health Shreveport, LLC (dba Ochsner LSU Health Shreveport), BRFH Monro, LLC (dba Ochsner LSU Health Monroe).

#### IRB of Record

The Veterans Administration Overton Brooks Medical Center and Shriners Hospital for Children have a written agreement with LSUHSC-S to be their **IRB of Record**. Both of these organizations have their own FWA.

#### Institutional Official

The FWA is signed by a high-level individual within the institution, for example, the Chief Executive Officer, Chief Operating Officer, President, or Chancellor, committing the institution to abide by the [Terms of Assurance](#) whenever it is [engaged](#) in human subjects research covered by the assurance. This person is considered to be the “signatory official” for the purposes of the FWA.

[Terms of the Federal Wide Assurance](#) (A copy of the FWA terms are included in this Guidebook).

1. Human Subjects Research Must be Guided by Ethical Principles
2. Applicability
3. Compliance with the Federal Policy for the Protection of Human Subjects and Other Applicable Federal, State, Local, or Institutional Laws, Regulations, and Policies
4. Written Procedures
5. Scope of IRB(s)’s Responsibilities
6. Informed Consent Requirements
7. Requirement for Assurances for Collaborating Institutions
8. Written Agreements with Independent Investigators Who are not <sup>[[SEP]]</sup> Otherwise Affiliated with the Institution

### **What regulations and policies govern human subjects research?**

There are many regulations and policies that govern research involving human subjects within the LSU Health Sciences Center - Shreveport Human Research Protection Program. An IRB member must apply these regulations and policies in order to determine whether proposed research plans are in compliance. Reviewing research with human subjects requires a working knowledge of the following regulations and policies:

Department for Health and Human Services (DHHS) <http://www.hhs.gov/ohrp/>

At the LSU Health Sciences Center - Shreveport, all research involving human subjects must adhere to DHHS regulation [45 CFR 46](#) otherwise known as The Common Rule. The [Office for Human Research Protections \(OHRP\)](#) is responsible for implementing the 45 CFR 46 regulations. Their website includes agency guidance on a variety of topics such as biological tissue banks, financial conflicts of interest, continuing review, and review of research involving prisoners or children. In addition to establishing guidelines for human subjects research, DHHS regulation also addresses the conduct of research with vulnerable populations which includes pregnant women, fetuses and neonates, prisoners, and children. Particular attention must be given in determining the risk to benefit ratio for these subject populations and to applying additional safeguards which are listed in the regulations. These sections of the regulation are located at the following links: Pregnant

Women, Human Fetuses, and Neonate (Subpart B) ([46.203](#), [46.204](#), [46.205](#), [46.206](#), [46.207](#)); Prisoners (Subpart C) ([46.304](#), [46.305](#), [46.306](#)); and Children (Subpart D) ([46.407](#), [46.408](#), [46.409](#)).

#### Food and Drug Administration (FDA)

<http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/default.htm>

Any clinical investigation that involves the use of a test article (e.g. drug, device, biologic, or food product) and one or more human subjects falls under the Food and Drug Administration Human Subjects Protection regulations. Three pertinent sections of FDA regulation are located at the following links: [FDA 21 CFR 50 Human Subjects](#); and [FDA 21 CFR 56 IRB](#); Additional FDA regulations may apply, such as [21 CFR 312 \(Investigational New Drugs\)](#), [21 CFR 812, 814 \(Investigational New Devices\)](#), and [21 CFR 54 \(Financial Disclosure by Clinical Investigators\)](#).

#### Veterans Administration (VA)

The LSU Health Sciences Center - Shreveport Medical IRB also serves as the Veteran Affairs Overton Brooks Medical Center IRB. Any research conducted utilizing VA resources or recruiting VA patients must comply with VA policies ([38 CFR 16](#)) and [1200.05](#).

#### Other Federal Departments as Sponsors

Many research projects are funded by federal, state, or industry sponsors that have issued additional human research requirements. Examples of sponsors who have issued additional human research protection requirements include Department of Defense, U.S. Department of Education, National Science Foundation, Centers for Disease Control, U.S. Department of Justice, Bureau of Prisons, the National Institutes of Health, and selected NIH funded programs such as the General Clinical Research Center.

#### LSU Health Sciences Center - Shreveport Policies

The LSUHSC-S Human Research Protection Program has established policies and Standard Operating Procedures (SOPs) that govern human subjects research conducted by LSUHSC-S employees or students. LSUHSC-S has numerous policies that govern IRB review such as additional procedures for reviewing research involving vulnerable subjects. Every IRB member should have a working knowledge of these policies and procedures.

#### **What Is HIPAA?**

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/research/index.html>

The Health Insurance Portability & Accountability Act, commonly known as HIPAA, is another piece of legislation that impacts the conduct of human subjects research. The HIPAA Privacy Rule regulation establishes national standards for the protection of private health information known as Protected Health Information (PHI) under this Act. **PHI** is defined as any individually identifiable health information that is created or maintained by a Covered Entity (CE) department. The LSU Health Sciences Center - Shreveport is considered a Covered Entity. The Compliance Department website contains specific institutional policies that all LSUHSC-S researchers must follow:

<http://myhsc.lsuhschshreveport.edu/compliance/researchpolicies.php>

HIPAA applies when:

An investigator creates, receives and/or discloses PHI for research purposes.

The IRB is responsible for reviewing proposed HIPAA authorization forms, de-identification procedures, and requests to waive the authorization process for research projects.

**What criteria must be met for research to be approved?**

DHHS and FDA regulations dictate the criteria that must be met before the IRB can approve a research protocol. The criteria for approval of research are set forth in the federal regulation 45 CFR Part 46.111 <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.111> and 50 CFR 56.111 <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=56.111>

To approve research, the IRB should determine that all of the following conditions exist:

- (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.
- (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). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
- (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.
- (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 federal regulations.
- (5) Informed consent will be appropriately documented, in accordance with, and to the extent required by federal regulations.
- (6) When the study is greater than minimal risk, clinical research, or an NIH funded/FDA regulated clinical trial, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.
- (7) When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.
- (8) Where any of the subjects are likely to be vulnerable to coercion or undue influence, additional safeguards have been included in the study to protect subjects.

An IRB must determine that **ALL** of the criteria are met prior to issuing an IRB approval.

**Resources available to help IRB members with the review of research include:**

- (1) The OHRP website contains a number of policy and guidance documents to help with specific human research related issues; link to guidance index: <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/index.html>.
- (2) The OHRP IRB Guide covers the following topics:  
Informed Consent, Institutional Issues, For Investigators, Vulnerable Populations, Protocol Review, Biological Materials & Data etc.
- (3) The FDA website contains information about science and research under the “Running Clinical Trials” section which can be found through the following link:  
<http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/default.htm>
- (4) The FDA also has information sheet guidance for IRBs which can be accessed by this link:  
<http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/GuidancesInformationSheetsandNotices/ucm113709.htm>
- (5) Reviewer Check lists are utilized for all types of research review. Copies of the check lists are also included in the LSUHSC-S IRB hand book.
- (6) IRB Administrative staff is always available for assistance at (318) 813-1350.

**III. IRB BASICS**

Topics:

Primary Mandate & Authority of IRB  
IRB Membership

Learner Objectives:

Identify the primary mandate and authority of the IRB  
List IRB membership requirements

**What can and does an IRB do?**

The primary mandate of an IRB is to protect the rights and welfare of human participants. To carry out this mandate, the IRB is given authority to perform the following tasks:

- Approve, modify, or disapprove research protocols;
- Conduct continuing reviews of already approved research protocols;
- Suspend or terminate approval of research protocols;
- To observe or have a third party observe the consent process and the research;

The IRB also handles allegations of noncompliance and assists in developing review policies.

**Who is on an IRB?**

Federal regulation as set forth in DHHS 45 CFR 46, FDA 21 CFR 56 provides guidance on the membership composition of IRB committees. Committees must be composed of at least five members and preferably have members of both genders. IRB committees are expected to have members with appropriate expertise based upon the types of research reviewed. Federal regulation requires that at least one member be someone whose primary concerns are in nonscientific areas. At least one member must be someone whose primary concerns are in scientific areas and at least one member must be someone who is not otherwise affiliated with the university. If FDA clinical investigations are reviewed, IRB membership must include a physician.

Federal policy also allows IRBs to have “alternate” members. Each LSU Health Sciences Center - Shreveport primary IRB member has someone who also serves as his/her alternate. Alternate IRB members have the same authority and responsibilities as the primary IRB members. If the primary and alternate members attend the same meeting only one individual may vote.

#### **IV. THE NINE BASIC IRB MEMBER RESPONSIBILITIES**

Topics:

- Conducting Protocol Review
- Applying Discipline & Regulatory Knowledge
- Attending Meetings
- Avoiding Conflict of Interest
- Developing IRB Policy
- Completing Mandatory Education Requirements
- Handling Allegations or Reports of Noncompliance
- Maintaining Confidentiality
- Determining Whether Federal Reports are Required

Learner Objectives:

Identify five types of review

Identify three mechanisms of review

List four possible outcomes of protocol reviews

Define minimal risk

Identify at least three areas of expertise that an IRB member must exhibit

Identify at least two reasons why meeting attendance by the IRB member is important

Define IRB member conflict of interest

Acknowledge the shared responsibility for developing policy governing research involving human subjects

Identify the courses that meet the university requirement for mandatory education human subjects protection

Discuss IRB role in handling allegations of noncompliance

List individual member responsibilities for maintaining confidentiality

List of three criteria for submitting federal reports

#### **What are the individual IRB member’s responsibilities?**

IRB members have nine primary responsibilities that, when met, assist the IRB as a whole in achieving its mandate and carrying out its authority. The nine IRB member responsibilities are: 1) conducting protocol reviews; 2) applying discipline and regulatory knowledge; 3) attending meetings; 4) avoiding conflicts of interest; 5) developing policies; 6) completing training requirements; 7) handling allegations or reports of noncompliance; 8) maintaining confidentiality; and 9) determining whether federal reports are required.

#### **Responsibility 1: Conducting Protocol Review - How does the review process work?**

##### **TYPES OF IRB REVIEW**

There are five types of review conducted by the LSUHSC-S IRBs.

- Initial Review – Occurs when a research protocol is first submitted for IRB review. (OHRP Guidance on Approval with Conditions:

<http://www.hhs.gov/ohrp/policy/conditionalapproval2010.html> )

- Continuing Review – Once approved by the IRB, a research protocol must be re-reviewed at least once every year, or at a greater frequency based on degree of risk as determined by the IRB.  
(OHRP guidance on Continuing Review:  
<http://www.hhs.gov/ohrp/policy/continuingreview2010.html> )
- Modification (Revisions) Requests –The IRB has the authority to require revisions be made to a research protocol and is responsible for reviewing the revisions that are submitted by the investigator. Also, a researcher may submit a request to revise an already approved research protocol.
- Unanticipated problems/serious adverse events – Unforeseeable events may arise when conducting research with human subjects. These may include unexpected harms or injuries to participants. When such events occur, researchers are required to promptly report them to the IRB for review.
- Alleged or Reported Noncompliance – IRB reviews alleged or reported incidents of noncompliance, including the initial allegation/reports, any subsequent quality assurance reviews, investigation committee reports, or correspondence or information submitted in the course of handling the alleged or reported incident of noncompliance.

## **MECHANISMS OF IRB REVIEW**

Under federal regulations, the types of reviews (initial, continuing, modification, unanticipated problem, alleged noncompliance) may be conducted using three mechanisms (exemption determination, expedited, or full board review):

### **Human Subjects Research Determinations**

The IRB is often asked to determine if a project meets the federal definition of “human subjects research”. Appropriately qualified IRB members or HRPP/IRB Administrative staff members are allowed to make human subjects research determinations. Investigators are not to determine whether or not their activities require IRB review and approval.

## **INITIAL REVIEW OF RESEARCH**

### **Exemption Determinations**

In accordance with 45 CFR 46.101

<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101> research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

(1) Research, conducted in established or commonly accepted educational settings, that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes

most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

(ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

(3)(i) Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:

(A) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

(B) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

(C) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

(ii) For the purpose of this provision, benign behavioral interventions are brief in duration, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

(iii) If the research involves deceiving the subjects regarding the nature or purposes of the research, this exemption is not applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

(4) Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria is met:

- (i) The identifiable private information or identifiable biospecimens are publicly available;
  - (ii) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained directly or through identifiers linked to the subjects, the investigator does not contact the subjects, and the investigator will not re-identify subjects;
  - (iii) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care operations" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or
  - (iv) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for nonresearch activities, if the research generates identifiable private information that is or will be maintained on information technology that is subject to and in compliance with section 208(b) of the E-Government Act of 2002, 44 U.S.C. 3501 note, if all of the identifiable private information collected, used, or generated as part of the activity will be maintained in systems of records subject to the Privacy Act of 1974, 5 U.S.C. 552a, and, if applicable, the information used in the research was collected subject to the Paperwork Reduction Act of 1995, 44 U.S.C. 3501 et seq.
- (5) Research and demonstration projects that are conducted or supported by a Federal department or agency, or otherwise subject to the approval of department or agency heads (or the approval of the heads of bureaus or other subordinate agencies that have been delegated authority to conduct the research and demonstration projects), and that are designed to study, evaluate, improve, or otherwise examine public benefit or service programs, including procedures for obtaining benefits or services under those programs, possible changes in or alternatives to those programs or procedures, or possible changes in methods or levels of payment for benefits or services under those programs. Such projects include, but are not limited to, internal studies by Federal employees, and studies under contracts or consulting arrangements, cooperative agreements, or grants. Exempt projects also include waivers of otherwise mandatory requirements using authorities such as sections 1115 and 1115A of the Social Security Act, as amended.
- (i) Each Federal department or agency conducting or supporting the research and demonstration projects must establish, on a publicly accessible Federal Web site or in such other manner as the department or agency head may determine, a list of the research and demonstration projects that the Federal department or agency conducts or supports under this provision. The research or demonstration project must be published on this list prior to commencing the research involving human subjects.
  - (ii) [Reserved]
- (6) Taste and food quality evaluation and consumer acceptance studies:
- (i) If wholesome foods without additives are consumed, or
  - (ii) If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the

Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

(7) Storage or maintenance for secondary research for which broad consent is required: Storage or maintenance of identifiable private information or identifiable biospecimens for potential secondary research use if an IRB conducts a limited IRB review and makes the determinations required by §46.111(a)(8).

(8) Secondary research for which broad consent is required: Research involving the use of identifiable private information or identifiable biospecimens for secondary research use, if the following criteria are met:

(i) Broad consent for the storage, maintenance, and secondary research use of the identifiable private information or identifiable biospecimens was obtained in accordance with §46.116(a)(1) through (4), (a)(6), and (d);

(ii) Documentation of informed consent or waiver of documentation of consent was obtained in accordance with §46.117;

(iii) An IRB conducts a limited IRB review and makes the determination required by §46.111(a)(7) and makes the determination that the research to be conducted is within the scope of the broad consent referenced in paragraph (d)(8)(i) of this section; and (iv) The investigator does not include returning individual research results to subjects as part of the study plan. This provision does not prevent an investigator from abiding by any legal requirements to return individual research results.

Appropriately qualified and experienced IRB members are designated by the Chair for the responsibility of making exemption determinations. The IRB member can make the determination: 1) the proposed activity does not need IRB review; 2) the research activities meet the exemption criteria; 3) additional information/protocol revisions are needed; 4) that the research must be reviewed using either expedited or full review mechanisms.

### **Expedited Review**

#### Applicability

- Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.<sup>[1]</sup><sub>[SEP]</sub>
- The categories in this list apply regardless of the age of subjects, except as noted.<sup>[1]</sup><sub>[SEP]</sub>
- The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects= financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.<sup>[1]</sup><sub>[SEP]</sub>

- IRBs are reminded that the standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review--expedited or convened--utilized by the IRB.
- Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

### **Expedited Research Categories**

1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met.
  - a. (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
  - b. Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:
  - a. (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or
  - b. from other adults and children [2], considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.
3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.
4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(4\)](#). This listing refers only to research that is not exempt.)
6. Collection of data from voice, video, digital, or image recordings made for research purposes.
7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. [45 CFR 46.101\(b\)\(2\)](#) and (b)(3). This listing refers only to research that is not exempt.)
8. Continuing review of research previously approved by the convened IRB as follows:
  - 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
  - b. where no subjects have been enrolled and no additional risks have been identified; or
  - c. where the remaining research activities are limited to data analysis.
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.

Appropriately qualified and experienced individual IRB members are assigned the responsibility by the Chair to conduct expedited reviews.

Expedited reviewers must determine the following:

- Do the research activities meet the definition of “minimal risk” and do they fit within the federally mandated expedited categories;
- Do the research activities meet the eight federal criteria for IRB approval ([45 CFR 46.111](#); [21 CFR 56.111](#)).

**“Minimal risk” is defined as “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves from those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests”.**

Members conducting expedited reviews may request comments from consultants for reviews involving special subject populations or issues.

The outcome of the review may include any of the following: 1) approval; 2) request for additional information or for changes; 3) request that the review be conducted by the full IRB.

**Expedited reviewers cannot “disapprove” a study; only the fully convened IRB can disapprove a research project.**

Minor changes (modifications or alterations) in previously approved research can also be reviewed using expedited procedures.

### **Full Review**

Research that does not meet the criteria for exempt or expedited review must be submitted to the IRB for review at a convened meeting at which a quorum of the members are present. Each IRB committee meets once a month. The dates of the meetings for each IRB can be found on the HRPP/IRB website.

Before each full review meeting, each member is sent a packet that includes IRB applications for Initial Review, Continuing Review, Modification Requests and any reports of Unanticipated Problems.

An agenda with a list of exemption determinations and expedited review protocols reviewed and approved since the last meeting will be distributed to all members. Additionally, committee business materials such as noncompliance reports or results of quality improvement audits may be distributed prior to a board meeting.

IRB members may request to see the entire file for any of the items listed in the agenda.

One member will be asked to serve as Primary Reviewer for each of the full review applications. Primary reviewers are responsible for: 1) comparing the industry protocol or grant application with the IRB application; 2) informing the full IRB of any discrepancies between the detailed protocol and the summary application; 2) determining if the consent form is appropriate; 3) reviewing the final disclosure form and alerting the IRB if a “yes” disclosure is made; 4) conducting an in-depth review to determine if all the federal criteria for approval have been met.

**Note:** Although the IRB uses a Primary Reviewer system, all members that attend the board meetings are required to review and be familiar with all the material distributed in the IRB packets. This is necessary in order to facilitate meaningful discussion and vote on the studies being presented.

These are four possible outcomes of IRB full review:

**Approved as Submitted:** If the research meets the eight federal criteria of approval, the IRB can approve the research. An approval period must be set based upon degree of risk but the period cannot be greater than one year.

**Modifications Required to Secure Approval:** Minor revisions or additional information is required for clarification purposes, but the research is otherwise approvable. Investigator responses to the minor revisions or additional information request are reviewed using expedited procedures and are not required to come back to a convened board meeting.

**Deferred:** A protocol is deferred if the requests for revisions or additional information are considered significant or major. The research does not meet all the criteria for approval without the requested changes or additional information. The investigator's response must be reviewed by the IRB at a convened meeting.

**Disapproved:** The full IRB has the authority to disapprove proposed research projects that do not meet the federal criteria for approval. This type of vote means that the IRB may consider the research project inappropriate for the local subject population or the risk/benefit ratio is too unfavorable.

### **How does an IRB make a decision?**

Serving on the IRB requires a commitment to actively participate in the review of research protocols or project descriptions. There are many issues that must be addressed before an initial or continuing research protocol can be approved.

The guiding ethical principles of respect for persons (autonomy), beneficence, and justice must be considered in conducting each review. (See the Belmont Report)

The IRB must also determine that **ALL** of the eight federal criteria are met prior to approving each research protocol or plan. The IRB Guide book includes a summary of the federal regulations. Included in the summary are the review criteria, elements of informed consent, criteria for waiving consent process, and criteria for waiving documentation of consent. Also, reviewer checklists are provided.

Federal regulations at 45 CFR 46 provide additional safeguards that must be applied when reviewing research involving the following:

- Pregnant women, human fetuses, or neonates
- Prisoners
- Children/minors
- Decisionally challenged

In addition to meeting federal and institutional criteria, research proposals are reviewed for other issues that arise, such as recruitment advertisements and incentives given to subjects for participation.

### **Responsibility 2: Applying Discipline and Regulatory Knowledge – What type of expertise do IRB members need to be effective?**

IRB members must exhibit expertise and be willing to apply that knowledge in the review of research protocols. There are three primary areas of expertise that an IRB member should practice. These are as follows:

- Specialized experience – Many IRB members have scientific, medical, or other professional backgrounds and are expected to apply this knowledge in the review of research. This often proves useful to the IRB in its review of research that involves vulnerable subject populations such as children, prisoners, pregnant women, or decisionally challenged persons. Other members of the IRB are members of the community and not affiliated with LSUHSC-S. These members

serve as a rich resource to the IRB by reflecting the interests of the community including the interests of many prospective and current research participants.

LSUHSC-S policies and procedures – The IRB member must exhibit knowledge and application of LSUHSC-S policies and procedures.

Federal regulations – There are several sets of federal regulations that apply to the review of research involving human subjects. It is the responsibility of the IRB member to be familiar with these regulations and understand when each set applies to protocols based upon the nature of the research. The IRB Guidebook includes copies of the key regulatory documents (FDA, OHRP).

### **Responsibility 3: Attending Full Review Meetings - How important is IRB meeting attendance?**

In order for an IRB meeting to be officially convened for full review, a quorum of at least half of the IRB member roster plus an additional member must be present. If a quorum is not established, no final actions can be taken upon the research protocols to be reviewed at that meeting and vital research may be greatly delayed. Also, Continuing Review approvals may **lapse** if a quorum is unavailable. In addition, each IRB member brings expertise to the review of research protocols. Each member has an important and unique contribution to make in the overall conduct of full reviews. Even if a quorum is obtained, the full review cannot be conducted without the **nonscientist** member. FDA regulated studies require a **physician**.

When an IRB member is unable to attend a scheduled IRB meeting, he/she is expected to notify their alternate. The IRB Chair must be notified as soon as possible in the event of an emergency that prevents the member from attending a schedule meeting. It is important that the IRB administrative staff also be notified so that the alternate member is given ample opportunity to receive and review the agenda materials.

### **Responsibility 4: Avoiding IRB Member Conflict of Interest - What constitutes IRB member conflict of interest and how is it managed?**

A conflict of interest involves any situation where an IRB member has significant personal or financial interest which has the potential to bias the design, conduct, reporting, or reviewing of the research.

Examples of a conflicting interest would be if the IRB member is:

- Principal Investigator (PI);
- Sub -Investigator;
- Receiving funding from the study;
- In a supervisory role over the PI of the study (e.g. department chair); or
- Family member of the PI.

A conflict of interest is also whenever an IRB member has a significant financial interest in the research proposal.

A financial interest is defined as anything of monetary value, including, but not limited to:

- Salary or other payments for services (e.g., consulting fees or honoraria);
  - Equity interests (e.g., stocks, stock options or other ownership interests, excluding any interest arising solely by reason of investment in a business by a mutual, pension, or other institutional investment fund over which the IRB member or his/her immediate family does not exercise control);
- Intellectual property rights (e.g., patents, copyrights and royalties from such rights).

IRB members should abstain from participating in an initial or continuing IRB review for a project in which the member has a conflicting interest (45 CFR 46.107e) except to provide information as requested.

IRB members who have conflicting interest regarding a project, which is scheduled to undergo IRB full review, should disclose the conflicting interest to the IRB Chair. The IRB member should remove him or herself from the room during the discussion and the IRB vote.

In the case that an IRB member is assigned a detailed protocol to review for a committee meeting or for exempt or expedited review, IRB staff should be notified as soon as possible so the review responsibility can be reassigned.

If an IRB member feels like he/she is pressured by undue influence, he/she should report it to the IRB Director who will advise the Institutional Official.

#### **Responsibility 5: Developing IRB Policies – Does the IRB have a role in setting review policies?**

Establishing policy that impacts the Institution's Comprehensive Human Research Protection Program is the responsibility of the Institutional Official, the Human Research Protection Program and the IRB in conjunction with the Department Chairs and other institutional leaders.

The IRB role in developing policy usually focuses upon specific protocol review issues such as review of research involving vulnerable populations. IRB members may be asked to serve on IRB policy subcommittees or to review and comment on selected proposed policies.

#### **Responsibility 6: Mandatory Education Requirements - What are the IRB members' mandatory education requirements?**

- Each IRB member is required to successfully complete the Collaborative IRB Training Initiative (CITI) web-based human subjects' protection training program found at the attached link: <https://www.citiprogram.org/default.asp>? The three following courses are required:

**The IRB Members - Basic Course**

**Good Clinical Practice Course (GCP)**

**Health Information Privacy and Security (HIPS) Course**

**Conflict of Interest**

- A refresher course for recertification is required every three years.
- **SFI/COI disclosure**  
*After* each member has completed the *CITI COI course* he/she can register for the COI/SFI Disclosure on: <https://shields.lsuhealthsystem.org/SHIELDS/>  
\*There are eight questions, which must be answered and the last sentence in red, allows the committee to review the COI disclosure form. If the red box is not checked, your submission will be incomplete and remain in draft status.

Questions re: SFI/COI should be directed to Leshonda Lindsey [llinds1@lsuhsc.edu](mailto:llinds1@lsuhsc.edu)

#### **Responsibility 7: Handling Allegations or Reports of Noncompliance – What is the IRB member role in handling alleged or reported cases of noncompliance?**

Incidents of alleged noncompliance with federal or HRPP/IRB policy are periodically reported to the IRB by subjects, family members, research staff, colleagues, students or other individuals at LSUHSC-S

or within the community. Also, sponsors, and monitoring entities report incidents of noncompliance with either IRB approved protocols or federal regulations. The IRB Chair, Legal Counsel, IRB members and others as needed may be involved in serving on investigation committees, collecting information, interviewing respondents or complainants, reviewing and/or inspecting research records. The IRB makes a final determination regarding whether noncompliance occurred and if so, what sanctions or protocol/informed consent revisions are needed.

**Responsibility 8: Maintaining Confidentiality – What are IRB members responsibilities for maintaining confidentiality?**

IRB members must maintain the confidentiality of any subject data that is presented to them in the review of research protocols. In addition, IRB members should maintain the confidentiality of all information collected from the researchers during the review. The IRB committee also handles sensitive information regarding noncompliance issues, and members are asked not to discuss these topics in their department, family, or any other outside settings. Each IRB member is asked to sign a confidentiality agreement documenting the commitment to maintaining confidentiality.

**Responsibility 9: Determining When Federally Mandated Reports are Required – When must the IRB submit reports to federal regulatory agencies?**

The IRB is subject to federal requirements to report certain issues that arise in the conduct of research. The HRPP provides support to the IRB committee in the preparation of such reports. Per federal regulation, the Food and Drug Administration (FDA) and/or the Office for Human Research Protections (OHRP) should be notified when any of the following are directly related to the conduct of federally funded or FDA regulated research protocol:

- Any internal unanticipated problem involving risks to subjects or others
- Any serious or continuing noncompliance with the regulations or requirements of the IRB
- Any suspension or termination of IRB approval for research due to noncompliance

The IRB is responsible for making a determination whether an incident meets these federal criteria for reporting to FDA or OHRP. In the VA, the Research and Development Office makes that decision regarding reporting to VA headquarters.

**V. ROLE OF THE HRPP Topics:**

- Role and Mission of the HRPP
- Staff Directory

Learner Objectives:

- Describe HRPP areas of responsibilities
- Identify HRPP/IRB staff who can provide assistance

**What does the HRPP do?**

The role of HRPP is to protect human subjects involved in research. HRPP has three basic components to carry out its functions:

- (1) Institutional Review Board and the Administrative Staff
- (2) Compliance - Quality Assurance and Improvement Program and Staff
- (3) Education and Outreach Program

**HRPP Mission:**

The mission of the HRPP is to:

- Provide safeguards and promote the health and welfare of human research subjects by ensuring that their rights, safety and well-being are protected;
- Provide ongoing training and education, timely review and monitoring of human research projects;
- Facilitate excellence in human subjects research, and
- Cultivate a culture of awareness in the research community to ensure the highest level of protections for research participants

The HRPP includes mechanisms to

- Establish a formal process to monitor, evaluate and continually improve the protection of human research participants.
- Dedicate resources sufficient to do so.
- Exercise oversight of research protections that support compliance with regulations and policies.
- Educate IRB Committee members, IRB support staff, investigators and research staff about their ethical responsibility to protect research participants.
- When appropriate, intervene in research and respond directly to concerns of research participants.
- Educate research participants

### **The HRPP/IRB/CTS Staff Directory**

<b>NAME</b>	<b>FUNCTION</b>	<b>Phone Extension</b>	<b>Room Number</b>
Monique Bonton	Project Coordinator	3-1378	212b
Wendy Kelly	Program Specialist (Budgets)	3-1363	210a
Belinda Kennedy	Project Manager (Contracts)	3-1369	210b
Shweta Davalbhakta	IRB Director	318-813-1359	
Lisa Latiolais	CTS Director	5-8306	208b
Kevin Martin	IRB Analyst	3-1353	212
James Monk	Project Coordinator	3-1355	210
Jason Roberts	QA/QI Coordinator/Auditor	3-1354	209
Laura Sullivan	Project Manager	3-1371	208a
Matt Vetkoetter	IRB Analyst	3-1363	212a
IRB Fax		3-1360	214

## VI. IRB New Member Orientation Quiz

Complete the following quiz after reviewing the course material.

- 1). The historical framework of clinical research includes societal events such as tragic mistakes, well-intended errors, conflict of interest, human atrocities, and epidemic diseases all of which have contributed to the evolution of our regulatory structure. In 1979 the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research issued what document comprising the three ethical principles of justice, beneficence and respect for persons?
  - a. Declaration of Helsinki
  - b. Belmont Report
  - c. Nuremburg Code
  - d. Common Rule
  
- 2) Which of the following is *NOT* a fundamental ethical principle identified in the Belmont Report?
  - a. Non-maleficence
  - b. Respect for Persons
  - c. Justice
  - d. Beneficence
  
- 3) The principle of *respect for persons* requires consideration of what ethical standard(s)?
  - a. treat research participants as autonomous agents capable of making their own decisions
  - b. safeguard prospective participants that have diminished capacity to act as autonomous agents, such as children
  - c. adherence to practices to prevent invasion of privacy and assure confidentiality
  - d. all of the above
  
- 4) A research protocol using a standard marketed antibiotic instead of a placebo to compare an investigational antibiotic is an example of applying which ethical principle?
  - a. justice
  - b. beneficence
  - c. respect for persons
  - d. none of the above
  
- 5) Vulnerable populations can never be included in research protocols at LSUHSC-S
  - a. True
  - b. False
  
- 6) In addition to the vulnerable subject populations listed in 45 CFR 46, the LSUHSC-S IRB has policies or guidance regarding use of all of the following in research *EXCEPT*:
  - a. subjects with impaired decision making capacity
  - b. employees as subjects
  - c. students as subjects

d. IRB members as subjects

7) Food and Drug Administration (FDA) regulations apply to all of the following research protocols **EXCEPT:**

- a. device
- b. drug
- c. survey
- d. biologic (i.e. vaccine)

8) The probability and magnitude of harm or discomfort anticipated is no greater than what is ordinarily encountered in daily life or during performance of routine physical or psychological exam or test is:

- a. minimal risk
- b. maximum risk
- c. risk ratio
- d. relative risk

9) When assessing risks and benefits to subjects the IRB should consider all of the following **EXCEPT:**

- a. risks to subjects are minimized
- b. risks are reasonable in relation to anticipated benefits
- c. possible long-range benefits such as effects on public policy
- d. only risks and benefits resulting from research as opposed to standard treatment which would be provided  
    outside study participation

10) If a primary and alternate member attends the same meeting both individuals may vote.

- a. True
- b. False

11) IRB Members only have these two primary responsibilities: to review research and to attend meetings.

- a. True
- b. False

12) Once approved by the IRB, a research protocol must undergo continuing review:

- a. at the conclusion of the trial
- b. at least once every year
- c. only if there is an allegation of non-compliance
- d. only when there is a revision to the protocol

13) The IRB has authority to require revisions be made to a research protocol and is responsible for reviewing those revisions as well as any revisions an investigator should propose for already approved research protocols.

- a. True
- b. False

14) Under federal regulations, the types of reviews may be conducted using three mechanisms. Which of the following is NOT one of the three?

- a. Exemption Determination
- b. Expedited Review
- c. Full Review
- d. Medical Review

15) A qualified and experienced expedited reviewer is allowed to disapprove a study submitted to the IRB .

- a. True
- b. False

16) The Primary Reviewers for a Full Review initial submission is the only member responsible for the review of the submission materials.

- a. True
- b. False

17) This IRB member reflects the interests of the public including prospective and current research participants particularly in regard to assessment of understandability of consent forms.

- a. primary
- b. community
- c. physician
- d. VA

18) Failure to meet quorum for an IRB meeting could result in:

- a. delay of vital research
- b. lapse in Continuing Review approvals
- c. added administrative efforts
- d. any or all the above

19) A member or consultant with a conflict of interest cannot vote in any type of review including initial, continuing, modifications, adverse event/unanticipated problem, non-compliance, etc. This requirement applies to studies being reviewed using expedited or Full Review procedures.

- a. True
- b. False

20) Per federal regulation, the Food and Drug Administration (FDA) and/or the Office for Human Research Protections (OHRP) should be notified when any of the following are directly related to the conduct of federally funded or FDA regulated research protocol, **EXCEPT**:

- a. Any protocol modification
- b. Any unanticipated problem involving risks to subjects or others
- c. Any serious or continuing noncompliance with the regulations or requirements of the IRB
- d. Any suspension or termination of IRB approval for research due to noncompliance

21) The mission of the Human Research Protection Program is to:

- a. provide safeguards for human subjects in research
- b. promote ethical conduct in research
- c. provide research education
- d. all the above

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IRB Orientation Version: 7/9/2019

S.D.