

<b>SOP: RR 404</b> <b>Version No:</b> <b>Effective Date: xx/xx/xx</b>	<b>CONTINUING REVIEW –  CRITERIA FOR RENEWAL</b>	<b>Supersedes Document  Dated: xx/xx/xx</b>
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## 1. POLICY

The IRB conducts continuing review of research taking place within its jurisdiction at intervals appropriate to the degree of risk, but not less than once per year.

### **Specific Policies**

#### **1.1 Interval for Review for Purposes of Renewal**

The IRB must conduct continuing review of protocols for purposes of renewal of the IRB approval period, at intervals appropriate to the degree of risk, which is determined at the initial review, but not less than once per year. "Not less than once per year" means that the research must be reviewed on or before the one-year anniversary of the previous IRB review date, even though the research activity may not have begun until some time after IRB gave its approval.

Investigators or qualified designees are required to submit a periodic report prior to the expiration of the study or as specified by the IRB, but at least annually. The report should normally be filed 60 days (*or state number of days*) before the study approval period ends.

#### **1.2 Extensions of Approval Period**

There is no grace period extending the conduct of the research beyond the expiration date of IRB approval. Extensions beyond the expiration date will not be granted. If Continuing Review Report forms and other requested progress reports are not received as scheduled, the Investigator must suspend the study and study enrollment until reports are reviewed and approved.

However, if the Investigator is in communication with the IRB, the Continuing Review Report or other report is forthcoming, and in the opinion of the IRB, subjects participating in such a study would suffer a hardship if medical care were discontinued, appropriate medical care may continue beyond the expiration date for a reasonable amount of time. However, new subjects cannot be enrolled. The IRB will address on a case-by-case basis those rare instances where failure to enroll new subjects would seriously jeopardize the safety or well being of an individual. Prospective research data cannot be collected, and no procedures that are only being performed for the purposes of the protocol may be performed until a Continuing Review Report or other progress report is reviewed and approved.

### 1.3 Criteria for Renewal

Continuing review must be substantive and meaningful. When considering whether or not to renew a study, the IRB revisits the same criteria used to grant initial approval. Therefore, the IRB (or the reviewers for protocols reviewed under an expedited procedure) must determine that:

- The risks to subjects continue to be minimized and reasonable in relation to the anticipated benefits;
- The selection of subjects continues to be reasonable in relation to anticipated benefits;
- Informed consent continues to be appropriately documented;
- Additionally, there are:
  - Provisions for safety monitoring of the data,
  - Protections to ensure the privacy of subjects and confidentiality of data, and
  - Appropriate safeguards for vulnerable populations.

Because it may be only after research has begun that the real risks can be evaluated and the preliminary results used to compute the actual risk/benefit ratio; IRB can then determine whether or not the study can be renewed at the same risk/benefit ratio, or if new information has changed that determination.

In order to determine the status of the study, the following will be revisited:

- 1.3.1 Consent document: Each member of the IRB shall review the currently approved consent document and ensure that the information is still accurate and complete. Any significant new findings that may relate to the subject's willingness to continue participation should be provided to the subject in an updated consent document.
- 1.3.2 Current approved protocol including any amendments to protocol since initial review: A copy of the protocol will be sent to the primary reviewer of the continuing review. Amendments and addenda to a research protocol should be submitted as generated during the course of the study. They also may be submitted at the time of continuing review. A separate cover letter describing the change and all appropriate documentation (approved consent form) must accompany the continuing review application.
- 1.3.3 Continuing IRB review is required as long as individually identifiable follow-up data are collected on subjects enrolled in HHS-supported protocols. This remains the case even after a

protocol has been closed at all sites and protocol-related treatment has been completed for all subjects. These renewal requests may qualify for expedited review.

- 1.3.4 Continuing review of DSMB-monitored clinical trials: When a clinical trial is subject to oversight by a DSMB whose responsibilities include review of adverse events, interim findings and relevant literature (e.g., DSMBs operating in accordance with the National Cancer Institute Policy for Data and Safety Monitoring of Clinical Trials), the IRB conducting continuing review may rely on a current statement from the DSMB indicating that it has reviewed study-wide adverse events, interim findings and any recent literature that may be relevant to the research, in lieu of requiring that this information be submitted directly to the IRB. However, the IRB must still receive and review reports of local, on-site unanticipated problems involving risks to subjects or others and any other information needed to ensure that its continuing review is substantive and meaningful.
- 1.3.5 Progress report: All IRB members shall receive a progress report prepared and submitted by the Investigator along with the number of subjects entered to date and since the last review. The progress report shall summarize adverse event experiences, amendments, changes in training of personnel and new COI disclosure as applicable, and provide a reassessment of the risk-to-benefit ratio.
- 1.3.6 Grant applications will be reviewed to verify that there have been no changes.

#### **1.4 Possible Outcomes of Continuing Review**

As an outcome of continuing review, the IRB may require that the research be modified or halted altogether. The IRB may need to impose special precautions or relax special requirements it had previously imposed on the research protocol.

#### **1.5 Expedited Review for Renewal**

A protocol that was originally reviewed using the expedited review procedure may receive its continuing review on an expedited basis. Additionally, a standard-review protocol that had no accrual during the previous period, or which has not been awarded funding, or which remains open only to data analysis may be reviewed using an expedited review.

When conducting research under an expedited review procedure, the IRB Chairperson or designated IRB member conducts the review on behalf of the full IRB using the same criteria for renewal as stated in section 1.3 of this policy. If the reviewer feels that there has been a

change to the risks or benefits, he or she may refer the study to the full IRB for review.

## **2. SCOPE**

These policies and procedures apply to all research submitted to the IRB.

## **3. RESPONSIBILITY**

IRB Manager (or equivalent) is responsible for establishing and implementing processes for making research renewal decisions.

## **4. APPLICABLE REGULATIONS AND GUIDELINES**

21 CFR 56.108,111

45 CFR 46.111

OPRR Reports 95-01

## **5. REFERENCES TO OTHER APPLICABLE SOPS**

This SOP affects all other SOPs.

## **6. ATTACHMENTS**

RR 404-A Continuing Review Report / Renewal Request

RR 404-B Continuing Review Worksheet

## **7. PROCESS OVERVIEW**

- Define the conduct of continuing review of research at intervals appropriate to the degree of risk, but not less than once per year.
- Describe the process for renewal of approved research in anticipation of the
- expiration of the IRB approval period.

## **8. PROCEDURES EMPLOYED TO IMPLEMENT THIS POLICY**

<b>Who</b>	<b>Task</b>	<b>Tool</b>
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<p><i>Administrative Assistant</i></p>	<p>During the last week of each month, generate a summary for the entire month of the studies with IRB approvals due to expire in 9 weeks (<i>or specify time period</i>).</p> <p>Generate corresponding notification letters, continuing review forms, and labels from the database per SOP CO 601.</p> <p>Enter the list of studies with IRB approvals due to expire in the database.</p> <p>Mail reminder letters and continuing review forms to Investigators at least 8 weeks (<i>or specify time period</i>). prior to the expiration date.</p>	<p>CO 601-J Renewal Reminder</p>
<p><i>Administrative Assistant</i></p>	<p>During the last week of each month, generate a summary from the database for the entire month of studies with IRB approvals due to expire in 5 weeks.</p>	
<p><i>IRB Administrator</i></p>	<p>Contact the Investigator/Contact Person at least 4 weeks prior to the expiration date to advise that the research study is about to lapse and remind them of the materials required for submission (continuing review application and current approved consent form). Record the telephone notification per SOP CO 601.</p>	<p>CO 601-P Communication Log</p>
<p><i>Administrative Assistant</i></p>	<p>During the second and last weeks of each month, generate a summary for the entire month of the Continuing Reviews due to expire in 3 weeks and the corresponding suspension letters from the database per SOP CO 601. The Investigator must submit a Continuing Review Form to the IRB within 2 weeks of the expiration date. If not received within 2 weeks of the expiration date fax / mail / e-mail the Notice of Study Suspension to the Investigator/Contact Person per SOP CO 601.</p>	<p>CO 601-M Notice of Study Suspension</p> <p>Continuing Review Report/Renewal Request</p>
<p><i>Administrative Assistant</i></p>	<p>If a Continuing Review form is not received, distribute the existing materials in a packet to the primary reviewer(s) designating the information as incomplete due to a lack of response from the Investigator. Place the Continuing Review on the agenda (under a separate section titled Lapsed Continuing Review with Incomplete Information) prior to the expiration date.</p>	

<i>IRB Member(s)</i>	When the Continuing Review Report/Renewal Request is received, the IRB and/or its designee will review the report and associated materials to determine the status of continuation of the study. If the IRB does not re-approve the research by the specified expiration date, subject accrual should be suspended pending re-approval of the research by the IRB. Enrollment of new subjects cannot ordinarily occur after the expiration of IRB approval. Continuation of research interventions or interactions in already enrolled subjects should only continue when the IRB finds that it is in the best interests of individual subjects to do so. OHRP and IRBs must address on a case-by-case basis those rare instances where failure to enroll would seriously jeopardize the safety or well-being of an individual <u>prospective</u> subject.	
<i>IRB Administrator</i>	Notify the Investigator as to the outcome of the review. If the IRB does not re-approve the research by the specified expiration date, the research suspension letter will be sent per SOP CO 601. It will also outline the terms of the suspension according to the three regulatory categories (screening, enrollment of new subjects, and continuation of interactions/interventions in already enrolled subjects) as decided by the IRB or reviewer.	CO 601-M Notice of Study Suspension
<i>Administrative Assistant</i>	Coordinate faxing and mailing the approval letter to the Investigator.	