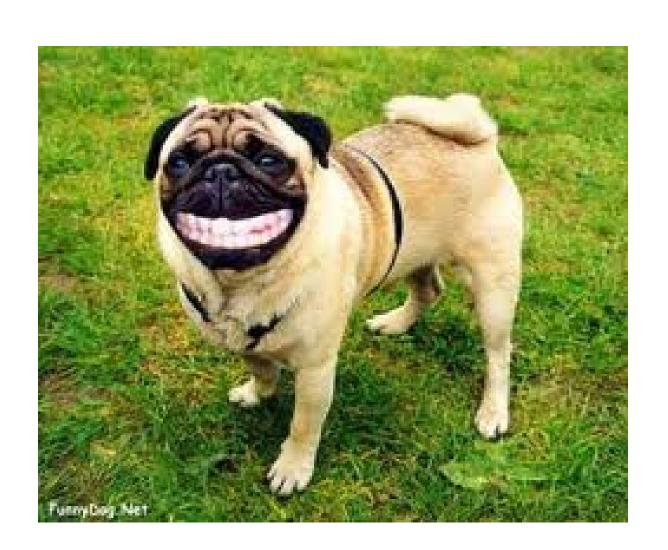
# ANPRM Single IRB Review mandated for multi-site

P. Pearl O'Rourke, M.D. Partners Health Care

domestic research

# Life would be grand! If I only had a single IRB!



### Points to be made

- Proposed benefits of single/central IRB review
- Reminder of 'review' requirements
- Types of 'central' IRBs
- IRB versus institutional responsibilities
- Details of relying
- Experience with NeuroNEXT model
- Challenges that must be addressed

# Proposed benefits

### Specific to multi-site research

- More efficient IRB review
  - Multiple sites approved more quickly
  - Continuing review, amendments, changes to ICF
- Less duplication of review
- Potentially better IRB review
  - E.g., review of adverse events across the entire study
  - More consistent review

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May result in more successful study enrollment and completion

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### Reminder of the Review Requirements

- Protocols require:
  - IRB review
    - Initial review
    - Continuing review
    - Amendments, adverse events, unanticipated problems, deviations...
  - Ancillary committee reviews
    - E.g., COI, Radiation safety, IBC,
  - Grants and contracts
  - Institutional sign-off and responsibility for the local conduct of the research

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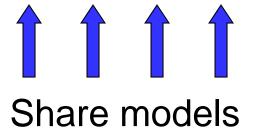
### Models of Central IRBs

- Non-share model
  - Central IRB fulfills <u>all</u> IRB-review requirements
  - Initial, continuing, adverse events amendments, etc.
- Share model
  - Central IRB and local IRB share review responsibilities
    - Most frequently re: amendments and adverse events

## Proposed taxonomy of Central IRBs

Local IRBs alone

Non-share model



# Proposed taxonomy of Central IRBs

Local IRBs

Non-share model

Status Quo PAShare VCICIRB (Original)

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Institutional Responsibilities (including Federal Wide-Assurance details)

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**IRB** Review

Institutional Responsibilities (including Federal Wide-Assurance details)

IRB Office Responsibilities

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Institutional Responsibilities (including Federal Wide-Assurance details)

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**IRB** Review



### Non-Share CIRB model

- CIRB responsibility
  - All IRB review tasks
    - Initial review
    - Continuing review
    - Amendments, deviations, AEs
  - Possibly HIPAA determination
    - Authorization
    - Waiver

- Local Site responsibility\*
  - Site-specific context
    - E.g., Local laws
  - Ancillary review/s
    - E.g., Nursing, Rad'n safety
  - HIPAA implementation
  - Oversight of conduct of research
  - Required reporting

\* Institutional NOT IRB review responsibility

### The result:

### New system/s needed for local processes

- Institutional
  - Local protocol review to determine CIRB submission eligibility
    - Varying levels of formality
  - Process for 'following' the protocol in the local system
    - For the non-IRB review responsibilities
  - Capturing local context and policies
  - Dealing with site-specific adverse events, noncompliance
  - Determining Federal reporting responsibilities
- Investigator
  - Local requirements for using a central IRB
  - Understanding processes for:
    - Completing ancillary committee reviews
    - Completing sponsored research office sign-off

# The result: New system/s needed for local processes

- Resources needed:
  - IT system integration esp. important in terms of ancillary committees and contracts
    - Many institutions jerry-rig existing systems
  - Researcher training for use of a CIRB and how it differs
    - Some have formal courses and designated educator
  - Initial negotiations require much effort and time
    - But the more specific, the easier in the long run need to specify
      - Who does what
      - How local policies will be respected and incorporated into the CIRB review

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# Importance of the Reliance Agreement

#### Delineates

- Who is responsible for regulatory review/s
- Assignation of legal, regulatory and contractual responsibilities
- This is where the rubber meets the road

# Reliance Agreement with whom? Organizational Complexity

**Primary Site** 

Affiliate A

Affiliate B Affiliate C

# Reliance Agreement with whom? Organizational Complexity

Primary site

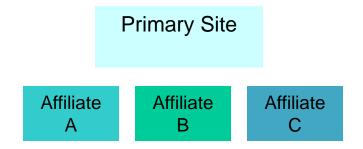
Affiliate A Affiliate B

Affiliate C

#### Questions:

- What is the relationship between all entities?
- What is the HRPP structure?
  - How is/are IRB/s organized?
- What is the FWA status?

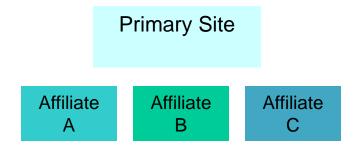
### Organizational Complexity



#### Straightforward scenarios:

- Affiliates A, B and C all in same city/complex as Primary site
  - Same HRPP
  - Same IRB
  - One FWA
- Affiliates A, B and C and Primary site all in different cities
  - Separate HRPPs
  - Separate IRBs
  - Separate FWAs

### **Organizational Complexity**



#### Less straightforward scenarios:

- Affiliates A, B and C and Primary site
  - Same HRPP
  - Same IRB
  - Separate FWAs
- Affiliates A, B and C and Primary site
  - Same HRPP
  - Separate IRBs
  - Separate FWAs

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### NeuroNEXT CIRB

- NINDS Network of 25 Academic Medical Centers
  - CIRB situated at clinical coordinating site
- CIRB
  - Non-share model
  - CIRB conducts <u>all</u> IRB-reviews

# Reliance Agreements

- Prior to any protocol, all network sites had to sign a reliance agreement with the CIRB
  - RA covers all NeuroNEXT studies
    - Process of CIRB review
    - Assignation of legal, regulatory and contractual responsibilities
- Non-member sites engaged in NN-research must sign a reliance agreement
  - The scope of the reliance agreement is limited to a single protocol

Protocol submitted via CCC

### The Basic Model

Ancillary

Reviews



**cIRB** 

Initial assessment to determine 'IRB readiness' Sites

'IRB ready'
protocol sent
to sites to
identify
'substantive'
and/or local
issues

cIRB

receives
'substantive'
and/or local
issues from
each site

AND then reviews protocol

cIRB

CCC sends approved protocol to sites

> Ancillary Reviews

Sites

communicate decision to participate

Sites
participating
submit as an
amendment to
the cIRB
approved
protocol

**cIRB** 

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# **Anticipated Challenges**

- Differentiating between institutional and IRB tasks
- Obtaining and addressing local context
- Simple logistics of communication
- Developing trust
- . . . . .

# Unanticipated Challenges

- The complexity of member sites
  - Multiple subsites at which research would be conducted
  - Myriad organizational structures
- Confusion of authority
  - Logos
  - Local IRB 'stamps' of approval
- Lack of consensus on some basic issues
  - E.g., Engagement in research

### Challenges for the relying sites

- If and how to provide institutional review
  - Who should be involved?
    - The local IRB? The PI? Institutional Officials? Other?
  - What should that review include?
- Determining appropriate ongoing institutional oversight of the research.
  - Once the study is underway what is their role?
  - Need to maintain HRPP responsibilities
- Supporting researchers' compliance with the CIRB
- Confusion for those sites already using other single/central IRB models

### **General Concerns**

- Requests/mandates for single IRB review do not adequately address the complexities involved and the resources required for:
  - Being the single/central IRB
  - Relying on a single/central IRB
- The many 'models' of single IRB review add confusion
  - For the institution
    - Local roles and responsibilities vary by model
  - For the investigators and their staffs

# Being the central IRB

- Don't under-estimate:
  - The time required for development
  - Start-up and long term costs of Central IRB infrastructure
  - The confusion resulting from institution-specific assignation of institutional responsibility and IRBreview responsibility
  - The critical role that trust and familiarity play in development and negotiation of IRB reliance relationships

### Final slide

- Single IRB review may improve review of multi-site research – AND – increase the efficiency of many research protocols
- Single IRB review is not simple 'out-sourcing' of a task
  - It is a different way of completing that task that requires:
    - Investment in creation of a central IRB AND
    - Development of new 'local site' systems for meeting all other responsibilities for research oversight
- Development and use of a central/single IRB -- easier said than done

# Questions?