Expedited Review

1.0 Purpose

To describe the policies and procedures for the Wright State University (Wright State) IRB expedited review process.

2.0 Scope

This policy applies to all human subject research that is conducted by Wright State faculty, staff and students and human subject research for which the Wright State Institutional Review Board (hereafter referred to as IRB) acts as the IRB of record for an external entity (e.g., Premier Hospitals, Dayton VAMC).

3.0 Definitions

3.1 **Investigator** means the Project Director/Principal Investigator (PD/PI) and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research, or proposing of research, including persons who are subcontractors, collaborators, or consultants. At Wright State this definition includes, but is not limited to, the following roles: Principal investigator, co- investigators, research coordinators, research associates, collaborators, and consultants, and may include research assistants and students as identified by the PD/PI depending on their specific roles and responsibilities.

3.2 **Human subject** means a living individual about whom an investigator (whether professional or student) conducting research:

- Obtains information or biospecimens through intervention or interaction with the individual and uses, studies, or analyzes the information or biospecimens; or
- Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable specimens.

3.3 **Intervention** means both the physical procedures by which information or biospecimens are gathered (e.g., venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes.

3.4 **Interaction** means communication or interpersonal contact between investigator and subject.

3.5 **Private information** means information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information that has been provided for specific purposes by an individual and that the individual can reasonably expect will not be made public (e.g., a medical record).

3.6 **Identifiable private information** means private information for which the identity of the subject is or may readily be ascertained by the investigator or associated with the information.

3.7 **Identifiable biospecimen** means a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.

3.8 **Minimal risk** means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

3.9 **Written, or in writing** means writing on a tangible medium (*e.g.,* paper) or in an electronic format.

3.10 **Research** means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program that is considered research for other purposes. For example, some demonstration and service programs may include research activities. For purposes of this part, the following activities are **deemed not to be research**:

- Scholarly and journalistic activities (*e.g.,* oral history, journalism, biography, literary criticism, legal research, and historical scholarship), including the collection and use of information, that focus directly on the specific individuals about whom the information is collected.
- Public health surveillance activities, including the collection and testing of information or biospecimens, conducted, supported, requested, ordered, required, or authorized by a public health authority. Such activities are limited to those necessary to allow a public health authority to identify, monitor, assess, or investigate potential public health signals, onsets of disease outbreaks, or conditions of public health importance (including trends, signals, risk factors, patterns in

diseases, or increases in injuries from using consumer products). Such activities include those associated with providing timely situational awareness and priority setting during the course of an event or crisis that threatens public health (including natural or man-made disasters).

- Collection and analysis of information, biospecimens, or records by or for a criminal justice agency for activities authorized by law or court order solely for criminal justice or criminal investigative purposes.
- Authorized operational activities (as determined by each agency) in support of intelligence, homeland security, defense, or other national security missions.

3.11 **Federal Funded or supported** means any of the following:

- Funded by a direct federal grant
- Funded through a sub-award or pilot grant associated with federal dollars
- Includes personnel on a federally funded training grant
- Research conducted under a no-cost extension
- Data will be used to support an application for FDA approval or a grant application (e.g., data collection in response to a scored grant submission with plans to re-submit)
- Involves an FDA-regulated product or dietary supplement
- Involves data collection about FDA-regulated products
- Conducted under a contract that requires the investigator to adhere to federal human subjects' regulations (e.g., 45 CFR 46, 34 CFR 97 or other references to the HHS Common Rule)
- Involves any services that could be billed to a federal program

3.12 **Flexible IRB review** means a review and oversight process that applies human subjects' protections commensurate with risk while reducing administrative burdens for researchers and the IRB. Flexible IRB review allows abbreviated IRB applications and consent forms, streamlined review by IRB Chair or staff members and elimination of the continuing review requirement.

4.0 Policy

The IRB may use an expedited review process to review proposed human subject research that involves no more than "minimal risk" and that meets one or more of the categories (see Section 5.1) defined by the Department of Health and Human Services (DHHS) and Food and Drug Administration regulations. Expedited review procedures allow one or more experienced IRB members to review and approve studies that meet the criteria without convening a meeting of the full board.

Expedited reviewers may only approve research that meets the federal criteria for approval as specified in 45 CFR 46.111 and 21 CFR 56.111. They must also ensure that the study's informed consent process and documentation meets the requirements as specified in 45 CFR 46.116 and 21 CFR 50.25 unless the IRB waives the requirements in accordance with federal regulations.

Expedited reviewers exercise all of the authority of the IRB except that the reviewers may not disapprove the research. Only the convened IRB can disapprove human subject research via procedures described in the DHHS and FDA regulations.

Investigators cannot self-determine whether a study qualifies for expedited review. The IRB makes the final determination whether a study is eligible for expedited review.

5.0 Procedures

5.1 Expedited Categories

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. The categories in this list apply regardless of the age of subjects, except as noted.
- 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.
- The expedited review procedure may not be used for classified research involving human subjects.
- 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.
- DHHS discourages the use of expedited review for research involving prisoners. However, if the IRB chooses to use expedited review for research involving prisoners, one of the designated reviewers must be the prisoner

representative.

Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

Category 1:
Clinical studies of drugs and medical devices only when condition (a) or (b) is met.

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.

Category 2:
Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:

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, 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. *(NOTE: Children in Ohio are defined as individuals under the age of 18.)*

Category 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.

Category 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.

Category 5:
Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research 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.)*

Category 6:
Collection of data from voice, video, digital, or image recordings made for research purposes.

Category 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.)*

Category 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.

Category 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.

5.2 Exceptions

5.2.1 Flexibility Provision

Wright State University allows flexibility in its research protection program through limiting the scope of its Federalwide Assurance (FWA) to federally funded or federally regulated research. Research projects outside the scope of these regulations will nonetheless be afforded equivalent protections. This Flexibility Provision is limited to studies involving no greater than minimal risk. This provision creates a new approval category not subject to federal regulations that applies to minimal risk research. Should a study approved under the Flexibility Provision obtain federal funding or should the risk level change, it is the responsibility of the Principal Investigator to notify the IRB. Application of this provision will be at the discretion of the of the Wright State IRB. This review process will reduce administrative and regulatory burden for minimal risk research that is not under federal purview.

Exclusions to Flexibility Provision:

- Federally-funded studies

- Projects where a student is paid/supported from a federal training grant or otherwise paid/supported directly from the Faculty Advisor's federal funds
- Research conducted at the Dayton VA Medical Center
- Research otherwise regulated by a federal agency that has signed on to the Common Rule, including all agencies within the Department of Health and Human Services
- Classified research (research procedures and/or results are legally knowable only by individuals with United States government security clearance)
- Studies with FDA-regulated components
- Studies with contractual obligations or restrictions that preclude eligibility in this policy
- Collaborative studies requiring an institutional authorization agreement (IAA) that apply federal regulations to all research regardless of the funding source
- Studies using prisoners as subjects
- Studies seeking or obtaining Certificates of Confidentiality
- Studies required to register to ClinicalTrials.gov
- Studies targeting tribal members, military personnel, wards of the state, or cognitively impaired individuals.

Inclusions to Flexibility Provision:

- Biomedical studies may include activities listed below provided participants are adults, research results are not clinically relevant; results are not placed in the participant's medical record; and results are not returned to participants.
    - Non-invasive procedures, such as MRI without contrast
    - Collection of blood for research purposes only, from heel stick, ear stick, finger stick, venipuncture, or indwelling catheter already in place for clinical purposes, provided:
        - Total amounts in healthy adults and children do not exceed 550 ml in an 8-week period; frequency and volumes are consistent with standard clinical practice (e.g., post-prandial procedures)
        - For other adults and children, considering the age, weight and health of participants and collection procedure, the total amount drawn does not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and does not occur more frequently than two times per week.

- Skin biopsies without sutures
- Additional collection of blood, CSF, bone marrow, GI biopsy samples or cervical biopsy samples during clinically indicated procedures, provided the additional collection does not significant extend anesthesia, sedation, or operating room time
- Collection of data from a single exposure to ionizing radiation (e.g., a standard chest x-ray or standard DEXA scan, <100mrem/yr (1 Sv); adult participants only.

Protected Categories Eligible for Flexibility Provision:

This provision may be applied to minimal-risk research involving pregnant women, prisoners, or children. The IRB confirms the research qualifies as minimal risk.

- Expansion of Research Involving Pregnant Women, Human Fetuses and Neonates
  - The 45 CFR 46 Subpart B regulations for pregnant women and fetuses are not applied when a pregnant adult subject is involved in minimal-risk research under the flexibility provision.
  - Neonates of uncertain viability and nonviable neonates may be in involved in retrospective medical chart reviews without requiring the legally effective informed consent of both parents as required at 45 CFR 46.205(b)(2) and (c)(5).
- Expansion of Research Involving Prisoners
  - The 45 CFR 46 Subpart C regulations for prisoners are not applied when a subject becomes incarcerated during the course of participation in research. The subject's continued participation is part of the investigator's overall responsibility to protect the rights and welfare of subjects. Individuals incarcerated during participation in research may continue participation in non-federally funded projects without an IRB re-review with the prisoner representative.
  - Research projects involving prisoners are subject to the same requirements for review as those at 45 CFR 46 subpart C, with the exception of the requirement for review by the Secretary of HHS cited at 45 CFR 46.306. Unfunded or non-federally funded research is not required to get approval from the Secretary at HHS.
  - The Wright State IRB will not consider persons in transitional custody whose liberty is restricted such as half-way houses,

electronic monitoring, probation, or house arrest, to meet the federal definition of prisoner. For those individuals, the criteria at 45 CFR 46.111 offer sufficient protection for their level of vulnerability.
    - Data analysis of information collected from court records may be deemed exempt under the flexibility provision.
- Expansion of Research Involving Children
    - The 45 CFR 46 Subpart D regulations are not applied when a minor subject is involved in minimal-risk research under the flexibility provision.
    - Requirements for assent and parental permission may be altered or waived for reasons other than those outlined in 45 CFR 46.408.
    - Research that would otherwise be subject to the requirements at 45 CFR 46.407 may be handled locally, not through the Secretary of HHS.
    - Online surveys, in-person focus groups, and/or interviews can involve minors as long as the information collected does not place the individual at greater than minimal risk.
    - Unfunded studies that involve children can be classified as Minimal Risk under Flexibility Provision at the discretion of the IRB.

5.3 Initial Expedited Review

5.3.1 Submission and Pre-review

Once a PI's submission of a new study via the electronic submission system has completed PI and Co-PI certification, IRB staff will make the determination as to whether the proposed research can be reviewed via the expedited process because it both meets the minimal risk definition, and the interventions/interactions fall under one or more of the expedited categories.

To do this, IRB staff will begin by completing a pre-review of each new study submission for completeness, investigator credentialing, documentation of scientific merit/resource feasibility, and required ancillary reviews needed. He/she will also be responsible for screening Health Insurance Portability and Accountability Act (HIPAA) authorization language included within the consent form to ensure that it is either one of the Wright State-approved templates or that all required elements and statements are present via the highlighted version provided by the investigator, when applicable.

5.3.2 **Scientific Merit and Resource Feasibility Review**

Scientific or scholarly review is required before an Institutional Review Board (IRB) can approve a human research study, to ensure that the following regulatory criteria for approval of research are met (45 CFR 46.111(a) and 21 CFR 56.111(a)):

- Risks to subjects are minimized (i) By using procedures 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.
- 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 that 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 with the purview of this responsibility.

All non-exempt human subjects research will require attestation for scientific merit and resource feasibility. For studies reviewed on behalf of an external entity (e.g., Premier Health, Dayton VAMC), this attestation will be performed by the respective site research committee. For all other Wright State research, this attestation is to be made by the appropriate department head or designee. This attestation will be documented by the external site approval process and/or via the *Human Subjects Research Feasibility Attestation Form* submitted as part of the initial application process.

Department of Defense supported research must meet additional requirements for scientific review. Please reference the *Department of Defense Guidance* document for additional information.

5.3.3 **Assigning Reviewers**

IRB staff will assign a new submission to an IRB member (reviewer) based on a member's experience, expertise, and availability. This assigned reviewer must notify IRB staff within 48 business hours if he/she is not available to conduct the review within 7 business days or if he/she has a conflict of interest. If there is an issue, the IRB staff will assign the submission to an alternate reviewer.

As part of the assigning process, IRB staff will alert the assigned IRB reviewer of any of the following: involvement of vulnerable subjects or federally mandated specific findings; waiver of informed consent/authorization or documentation; incomplete mandatory training; or need of additional consultant or prisoner representative review.

5.3.4 **Study Reviews**

Via the electronic submission system, reviewers will have access to all documents and correspondence related to the study, including, but not limited to, the following:

- Initial Application
- Informed Consent/Assent Forms
- HIPAA authorization language
- Advertisements, data collection instruments, or other documents to be utilized during the study
- Vulnerable Population Checklists
- IRB staff comments/recommendations
- Human Subjects Research Feasibility Attestation Form, when applicable

Expedited reviewers will review all the information in enough depth to be familiar with the protocol, to determine whether the research is eligible for expedited review, and to determine whether the research meets the regulatory criteria for approval. In addition, expedited reviewers must use the following criteria to review the proposed
study in accordance with 45 CFR 46.111/21 CFR 56.111 and subparts B, C and D:

- 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.
- 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.
- Selection of subjects is equitable.
- 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 45 CFR 46 46.116.

- Informed consent will be appropriately documented, in accordance with, and to the extent required by 45 CFR 46.117.
- When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.
- When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.
- When some or all the subjects are likely to be vulnerable to coercion or undue influence, such as students, employees, children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

5.3.5 **Determinations**

After performing the review as described above, reviewers will recommend one of the following three determinations:

- **Approved** – IRB reviewer has concluded that the research and consent forms meet federal criteria for approval. IRB staff will process the submission and send the investigator an approval letter and stamped the informed consent/assent/authorization letter, when applicable.
- **Minor Stipulations** – IRB reviewer requires investigator to change, clarify, and/or add information and is responsible for providing IRB staff with a clear written description of the requested revisions using the add comments feature in the electronic submission system. IRB staff will send the investigator a letter indicating changes are requested by the IRB reviewer(s). The investigator will be required to respond to that request and submit response via the electronic submission system. These changes need to be resubmitted within 60 days or the submission will be administratively withdrawn by the IRB staff. IRB staff will forward those responses back to IRB reviewer(s) for further review or administratively approve response if revisions only involve minor changes (i.e., spelling/wording changes, changes not related to regulatory determinations).
- **Not Expedited/Not Exempt** – The IRB reviewer may determine that the study requires review by the IRB at a convened meeting because it represents more than minimal risk or because the reviewer believes study should be disapproved. IRB staff will then process the submission according to full board procedures.

The date the expedited reviewer signs off on final study approval is the date the approval period starts. IRB staff document the approval period dates in the electronic submission system and in the approval letter to the investigator. The expiration and/or check-in date will be determined based on the requirements described in section 5.3.

5.4 Renewal of Research that Qualifies for Expedited Review

For new studies determined to qualify for expedited review under the revised Common Rule, the regulations now stipulate that renewal/continuing review is not required unless justified by the IRB. Therefore, most expedited studies will not require continuing review.

However, if an IRB reviewer requires continuing review for a specific expedited study, they must document both their justification and the required review period in the electronic submission system. Justifications for requiring renewal/continuing review of research may include:

- research subject to FDA regulations;
- research involves additional regulatory oversight and/or sponsor requirements;
- research involving vulnerable populations;
- research involving complicated research procedures;
- research involving a student PI;
- research reviewed under Expedited category 8 or 9.

The Renewal Submission Request (i.e., the form required to be completed at time of continuation) will receive IRB expedited review and be processed by the same IRB Office procedures described in section 5.2 of this policy. Whenever possible the same expedited reviewer who conducted the initial approval will be assigned to conduct the continuing review.

If the IRB Staff do not receive a Renewal Submission Request after 30 days of the expiration date, the study will be administratively closed. Once a study is closed, submission of a new application would be required to continue the study. Repeated failure to submit study closures may be considered non-compliance.

If a project qualifying for expedited review requires renewal/continuing review, the IRB reviewer is provided with the complete protocol, a status report, and any modifications previously approved by the IRB. The following should be assessed:

- Assess the current risk level of the project and, if necessary, revise the risk level (decrease or elevate) commensurate with the activity being conducted;
- Consider if the protocol needs verification from sources other than the researchers that no material changes had occurred since previous IRB review;
- Verify that the current consent document is still accurate and complete;
- Consider any significant new findings that might relate to participants' willingness to continue participation and whether these finding will be provided to participants;
- Review the project to ensure that the criteria in 45 CFR 46.111 or 21 CFR 56.111 continue to be met; and
- Require any other changes warranted in accordance with the changes in risk level

5.4.1 IRB Review of Continuing FDA-Regulated Research or Ongoing Research Subject to Pre-2018 Requirements

In accordance with FDA regulations, FDA-regulated research that meets expedited criteria must receive continuing review not less than once per year. Therefore, investigators will be required to submit the Renewal Submission Request and associated documents via the electronic submission system at least four weeks before the study expiration date.

For example, a clinical trial testing an FDA-regulated investigational drug in which any remaining activity is limited to data analysis would be eligible for expedited continuing review and a one-year renewal period.

In addition, federally funded research that was initiated prior to compliance date of the 2018 requirements (before January 21, 2019) will continue to require continuing review unless fully transitioned to the 2018 requirements.

5.4.2 Administrative Check-In of Continuing Non-FDA Regulated Research

Investigators conducting ongoing research that is eligible for expedited review, and not subject to FDA regulations or an initial review expiration date do not require renewal/continuing review and do not expire.

An "administrative check-in" e-mail will be sent annually by the IRB Office. The purpose of the check-in e-mail is to remind investigators to submit

modifications, incidents, and/or closure submissions, as appropriate. However, no action is required by the investigator to continue the project.

The IRB Office may conduct audits/post-approval monitoring of minimal risk projects for which continuing review has been eliminated. Investigators and all research personnel involved in the study are expected to cooperate with any routine or for-cause monitoring conducted by the IRB Office.

5.4.3 **Other Required Submissions During the Approval Period**

Investigators are required to submit and receive IRB review and approval of modifications (see Section 5.5) and incidents during the conduct of the study for both FDA and non-FDA regulated research.

When an expedited study is completed, the investigator is also responsible for promptly submitting a study closure request via the electronic submission system. Studies can be closed at any time during the approval period.

5.5 **Expedited Review of Minor Changes/Amendments**

Minor changes to more than minimal risks studies that have been previously approved can also receive expedited review and do not require additional review at a convened meeting. A minor change is a proposed change to research that does not significantly affect the risk and benefits of the study and does not substantially change the specific aims or design of the study. Examples of minor changes include, but are not limited to, the following:

- An increase or decrease in proposed human research subjects' enrollment;
- Narrowing the range of the inclusion criteria;
- Broadening the range of the exclusion criteria;
- Alterations in the dosage form (e.g., tablet to capsule or oral liquid) of an administered drug, provided the dose and route of administration remains constant;
- Decreasing the number or volume of biological samples collections, provided that such a change does not affect the collection of information related to safety evaluations;
- A decrease in the length of hospitalization or number of study visits, provided that such a decrease does not affect the collection of information related to safety evaluations;
- Alternations in human research participant payment or alteration of the payment schedule with proper

justification;

- Changes to improve the clarity of statements or to correct typographical errors, provided that such a change does not alter the content or intent of the statement;
- Adding a survey/measure involving minimal risk (e.g., quality of life survey);
- Removing a study procedure, provided that such a change does not affect the collection of information relation to safety evaluations or change the risk: benefit ratio of the study;
- The addition or deletion of qualified investigators; or
- The addition of study sites (which may require a Federal Wide Assurance (FWA) and appropriate IRB approval) or the deletion of study sites.

Examples of significant changes to a more than minimal risk study that would **not** qualify for expedited review may include, but are not limited to, the following:

- Broadening the range of inclusion criteria;
- Narrowing the range of exclusion criteria;
- Alterations in the dosage or route of administration of an administered drug;
- Extending substantially the duration of exposure to the test material or invention;
- The deletion of laboratory tests, monitoring procedures, or study visits directed at the collection of information for safety evaluations;
- The addition of serious unexpected adverse events or other significant risks to the study informed consent form/process; or
- Changes, which, in the opinion of the IRB Chairperson or his/her designee, do not meet the criteria or intent of a minor modification;
- The addition of a qualified investigator with a disclosable conflict of interest.

To request review and approval of a minor change, investigators must submit a modification request in the electronic submission system. IRB staff will review the submission and determine if it meets the definition of a minor modification. If so, IRB staff will assign the submission to the IRB Chairperson or his/her designee for review.

Determinations must be made in accordance with section 5.2.5 above. The

approval date of the change will be the date of reviewer approval in the electronic submission system. Approval of modifications does not affect the overall study expiration date.

5.6 Expedited Review of Modifications

Proposed changes to minimal risk studies that have been previously approved via expedited review must submitted for IRB review via the modification submission request in the electronic submission system. These submissions will be reviewed and processed by the same procedures described in section 5.2 of this policy. One IRB member will be assigned to review and approve these modifications. Whenever possible the same IRB reviewer who conducted the initial approval will be assigned to review the modification.

If proposed changes to the study would make the study "more than minimal risk" the IRB reviewer must refer the study to the full board for review.

5.7 Expedited Review of Minor Stipulations Required by Convened Meeting

Expedited review of minor stipulations required by the convened IRB will only be allowed when the IRB requires as a condition of approval that the investigator (a) make specified changes to the research protocol or informed consent document(s), (b) confirm specific assumptions or understandings on the part of the IRB regarding how the research will be conducted, or (c) 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 at 45 CFR 46.111/21 CFR 56.111 and, if applicable, subparts B, C, or D of 45 CFR part 46.

The convened IRB will designate the IRB chairperson (and/or other individual(s) with appropriate expertise or qualifications) to review responsive materials from the investigator and determine that the conditions have been satisfied and that further review by the IRB at a subsequent convened meeting would not be necessary. The study approval date of the will be the date of reviewer approval in the electronic submission system.

6.0 Records

All records related to this process will be stored and maintained in accordance with any WSU policy, federal regulations and sponsor requirements associated with the human subject research protocol under review.

7.0 References

- 45 CFR 46.110
- 45 CFR 46.102(i)
- 21 CFR 56.110
- 21 CFR 56.102(i)
- VHA Handbook
- 38 CFR 16