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Overview of COI for IRB Reviewers (June 2026)

This month's Take 5 is an overview of what Constitutes a Conflict of Interest (COI) for an IRB Reviewer.

Any IRB member (or consultant) must disclose a conflicting interest in a project to the IRB Chair or Director before the project is reviewed by the Full Committee.

The conflicted individual may not participate in the review of such project by any means. For studies reviewed by the Full Committee, the conflicted individual must go into the waiting room during the discussion of and vote on such a project, *except when providing information at the IRB's request*. In those cases, the conflicted individual will be present to provide the information but must leave the meeting for the remainder of the discussion and vote on the item.

A "conflicting interest" of an IRB member or consultant, generally includes the following:

1. **Participation of themself or their spouse or dependent children** in a project, including serving as an investigator on the project, a member of the research team or involvement in the design, conduct, or reporting of the research;
2. **Supervisory relationship** between themself and the Principal Investigator of the research.
3. **Financial interest**, defined as:
    a. **Receiving payments** of $5,000 or more including salary; consulting fees; honoraria; and/or gifts received within the past 12 months or anticipated for the next 12 months (excluding salary, grant support, and other payments for services received from Emory University)
    b. **Equity or ownership interest** (**including stock options**) valued at $5,000 or more as determined by reference to the entity's publicly listed price (excluding mutual funds)
    c. Any equity or ownership interest in an entity if the entity's value cannot be determined by reference to publicly listed prices (e.g., **privately held companies, such as start-up companies**)
    d. **A position** as director, officer, partner, trustee, employee, or any other position of management
    e. **Receipt of licensing fees or royalties** from intellectual property rights (patent, copyright, trademark, trade secrets, etc.) that are more than $5,000 annually from an entity or for a technology related to an Investigator's teaching, research, administrative, or clinical duties at Emory
    f. **Any compensation** whose value could be affected by the outcome of the research.
4. **Personal relationship with investigator** (has an immediate family relationship or other close personal relationship with the investigator) NOTE: This does not mean a close *working relationship* (i.e., colleagues can review each other's studies unless they for some reason do not feel they can be objective);
5. **Fiduciary relationship** to sponsor or the product or service being studied (serves as an executive to a company sponsoring the research or the product or service being studied or serves on such a company's board of directors);
6. **Other non-financial interests** that may be conflicting interests, such as having an interest that they believe conflicts with the ability to review a project objectively;
7. Any other reason for which the IRB member believes they are unable to provide an unbiased review.

Update on AAHRPP and Info About IRB Initiated Audits (May 2026)

This month's Take 5 is an update on our AAHRPP reaccreditation site visit and reminder about an IRB Committee's ability to request an IRB-initiated audit of a study.

1. AAHRPP Site Visit

We had an excellent site visit. The site visitors were wonderful to work with and we appreciate all of our members and staff who participated in the interviews.

We had NO suggestions from the Site Visitors for any improvements, and they noted 3 strengths:

- Researchers appreciate our timely reviews and the accessibility of the IRB and gave the IRB high ratings.
- We have a broad array of approaches to ensure compliance such as JOCR, IRB, RCRA, CTAC, etc.
- They liked our proactive QA/QI of studies prior to full board or DR review which we implemented approximately two years ago.

Our reaccreditation will be reviewed at the June AAHRPP council meeting.

2. An IRB Committee can request an IRB-initiated audit of a study if the Committee members have concerns about a study.

The IRB conducts for-cause and not-for-cause reviews/audits of Research protocols subject to its jurisdiction in accordance with the P&P entitled: Protocol Oversight and Procedures for Handling Audits and Violations. Audits are done to assure compliance with approved protocols, applicable regulations, and Emory IRB Policies and Procedures and may include the following:

- Observation of the consent process
- Review of consent forms signed by participants
- Investigation of a complaint or inquiry about issues related to a study

The IRB may also work with CTAC or RCRA to conduct the audit, depending on the nature of the study and the concerns. The IRB case manager will present the audit findings to the IRB CoRe team if applicable, which will identify if a case involves potential serious or continuing noncompliance. If so, the audit findings will be reviewed by the fully convened Q Committee.

Pragmatic Clinical Trials (April 2026)

This month's Take 5 provides an overview of Pragmatic Clinical Trials (PCTs). PCTs have been used since the 1950s for vaccines and are increasing in popularity for their importance for health system learning. The NIH already invests in large-scale pragmatic research partnerships. With Industry (and FDA) getting more comfotbale with PCTs, the IRB is going to be seeing more of these types of studies.

Purpose:

- Focus on real-world settings to improve clinical research relevance.
- Bridge the gap between research and everyday care.
- Emphasize partnership with health systems, providers, and patients.

Benefits:

- Designed to test interventions in everyday clinical environments.
- Inclusive of diverse populations and settings.
- Engage health system stakeholders, making findings more applicable and actionable.

Common Characteristics:

- Use of electronic health records for efficient data collection.
- Broader participant eligibility with fewer exclusions.
- Focus on effectiveness in real-world conditions rather than efficacy under ideal circumstances.
- Randomization of treatment alternatives based on normal health care operations which may sometimes mean randomizing at the clinic or provider level

Challenges:

- Comfort with data collected under waivers of consent
- Collateral findings, or research findings that emerge during the course of the study that are unrelated to the research questions but may have a bearing on individual patients, clinicians, or their health systems.(3)
- Studies have revealed several ways in which PCTs may inadvertently reinforce existing inequalities within the US health care system.(8,9) For example, embedding trials into routine care contexts do not guarantee representativeness, as routine care may be inaccessible to uninsured patients or those who face other systemic barriers to care.

Resources:

1. https://dcricollab.dcri.duke.edu/sites/NIHKR/KR/Introduction%20to%20pragmatic%20clinical%20trials.pdf
2. "Rethinking Clinical Trials: A Living Textbook of Pragmatic Clinical Trials" https://www.fda.gov/downloads/medicaldevices/deviceregulationandguidance/guidancedocuments/ucm513027.pdf
3. https://rethinkingclinicaltrials.org/
4. Mayo IRB Member Presentation 2024
5. https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.124.010847?doi=10.1161/CIRCOUTCOMES.124.010847

Procedure Risk Guidance (March 2026)

This month's Take 5 provides a refresher on the Emory IRB's Procedure Risk Guidance.

To summarize...

Purpose:

The guidance is to assist both IRB Staff and Committee Members in determining the route of IRB review, based on the relevant study procedures.

Primary goals of the guidance:

1. Facilitate consistency among reviewers and panels in risk determinations
2. Minimize the burden of determining plans for initial and continuing reviews

Scope of this guidance:

This guidance is not meant to provide an exhaustive list of procedures but incorporates commonly seen procedures in reviewed research. Studies that include procedures listed in the risk guidance usually will not qualify for Expedited Review and, thus, require initial review by the convened IRB.

To Remember:

- This is a dynamic document and we will continue to update as new scenarios come along.
- The document is accessible on the Member section of the website.

FWA and the Institutional Official (February 2026)

This month's Take 5 will serve as both a refresher for a few topics as well as an overview of the purpose of a Federalwide Assurance (FWA).

In preparation for our upcoming AAHRPP review, please take some time to review the content for the following topics, covered during previous Take 5's:
-Pending vs Deferred
-Reviewing Device Studies
-Reportable New Information

Federalwide Assurance:

What: "HHS human subject protection regulations and policies require that any institution engaged in non-exempt human subjects research conducted or supported by HHS must submit a written assurance of compliance to OHRP. The Federalwide Assurance (FWA) is the only type of assurance of compliance accepted and approved by OHRP."

Why: Think of the FWA as a "drivers license" to do human subjects research. The institution must commit to compliance with the 45 CFR part 46.

How: The FWA covers all non-exempt human subjects research that is HHS-conducted or -supported or funded by any other federal department or agency that has adopted the Common Rule and relies upon the FWA. It has to be signed by the *Institutional Official (IO)*. This is the *individual who is legally authorized to act for the institution and, on behalf of the institution.* Here is link to Emory's FWA, for reference.

The FWA includes the following:

- Key contacts for the institution
- The legal components that operate under the FWA (e.g; Saint Josephs and Johns Creek)
- A statement of ethical principles to be followed
- An applicability statement indicating that the FWA applies whenever the institution becomes engaged in human subjects' research conducted or supported by the Feds
- An assurance of compliance
- The designation of all internal IRBs that will review research covered by the FWA
- Terms of our reliance on external IRBs

Prepping for AAHRPP Site Visit (January 2026)

For this month's Take 5, we are providing a concise recap of our AAHRPP site visit preparation plan and what to expect.

What AAHRPP is & why accreditation matters:

- AAHRPP is an independent, nonprofit accrediting body that uses a peer-driven, educational model to ensure HRPPs meet rigorous standards for quality and participant protection.
- Accreditation strengthens protections, builds public trust and confidence, and signals to sponsors/funders that operations are efficient, protections are comprehensive, and data quality is high.

Process & timeline:

- Accreditation steps include application, document preparation, site visit, council review, and final report.
- Key milestones: Application (September (Done)) → Documents to pull (February) → Site visit (April) → Council review (September) → Final report (TBD).

Interviews:

- Potential interview groups include ancillary review units, key organizational HRPP functions, IRB Office staff, IRB members, HRPP QA, researchers and research staff, and HRPP leadership.
- Member-specific interviews may involve scientific members, chairs/vice chairs, and nonscientific/participant perspective members. We will alert you if you're selected.

Common interview topics:

- IRB independence/authority, member appointment & training, COI/undue influence, chair responsibilities, review types & determinations, submission-to-approval process, approval criteria, and convened meeting procedures.
- Additional areas: FDA-regulated research & emergency use, reliance processes & agreements, transnational research, noncompliance & unanticipated problems, suspension/termination, COI management plans, vulnerable populations, and IRB records & minutes.

Key tips:

- Know where to find your resources.
- It's OK to say, "I don't know, but I know who to ask."
- Refresh any content areas that need reinforcement.

Next Steps:

We will be sharing education resources on the key topics as part of the Take 5 in the coming months.

Process When Reviewing Research with Vulnerable Populations (December 2025)

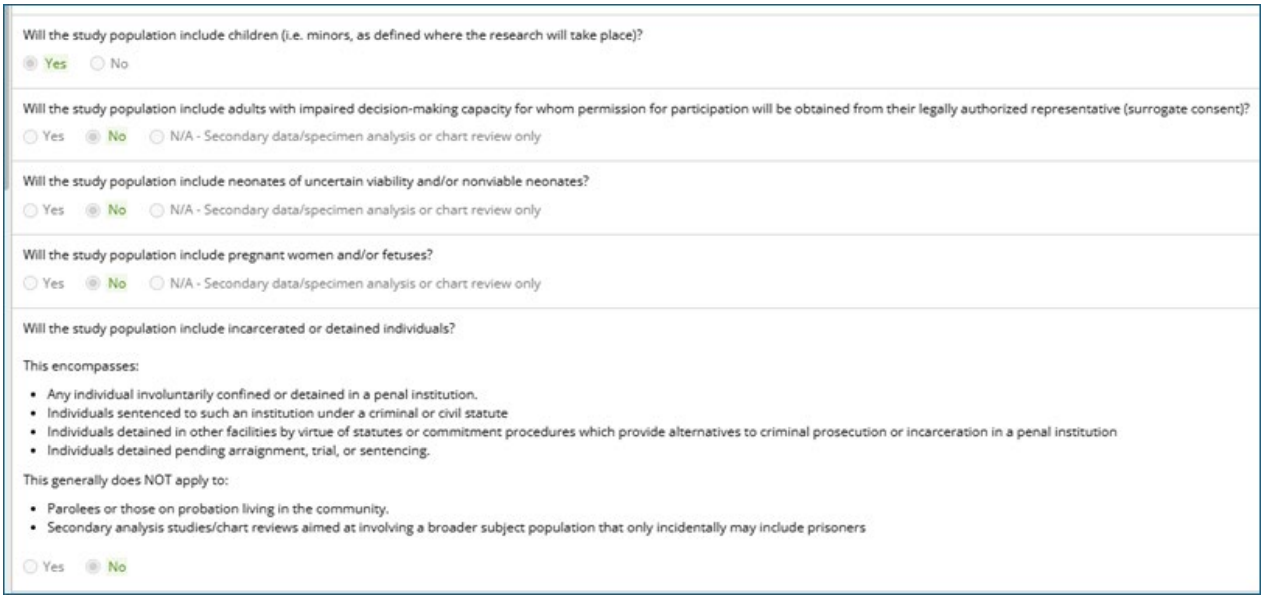
This month's Take 5 will cover the process and considerations when reviewing studies in Insight that include vulnerable populations including cognitively impaired individuals.

Why:

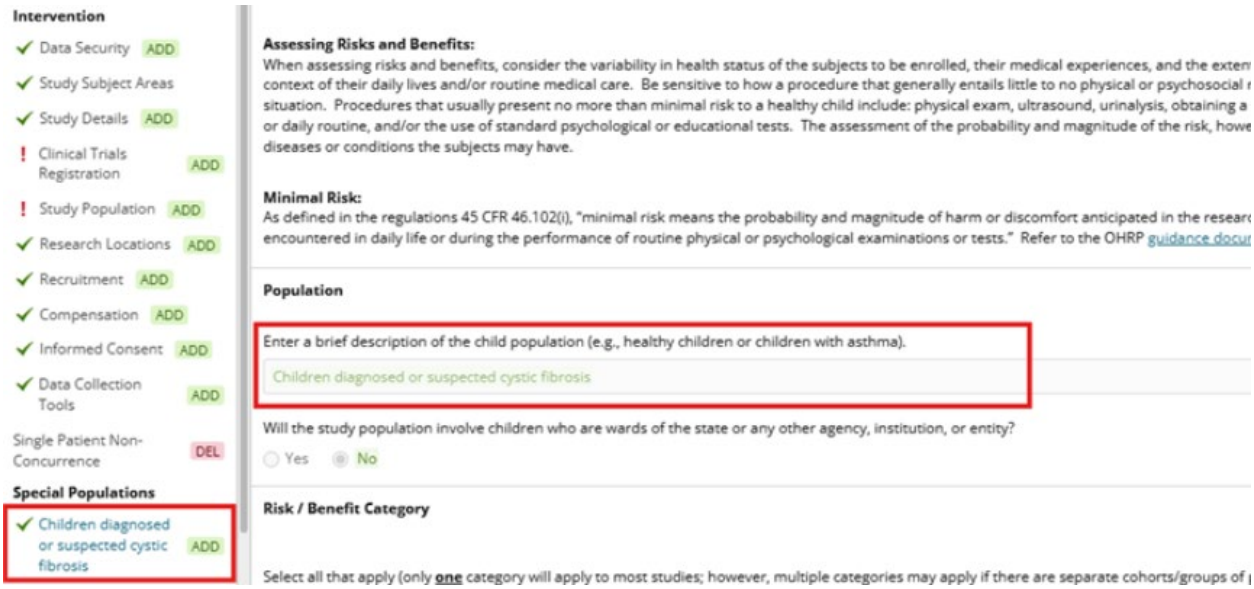
Now that we have moved to Insight, we will no longer be completing separate checklists to record Subpart B, C or D determinations or to determine the inclusion of cognitively impaired individuals is appropriate.

New Process:

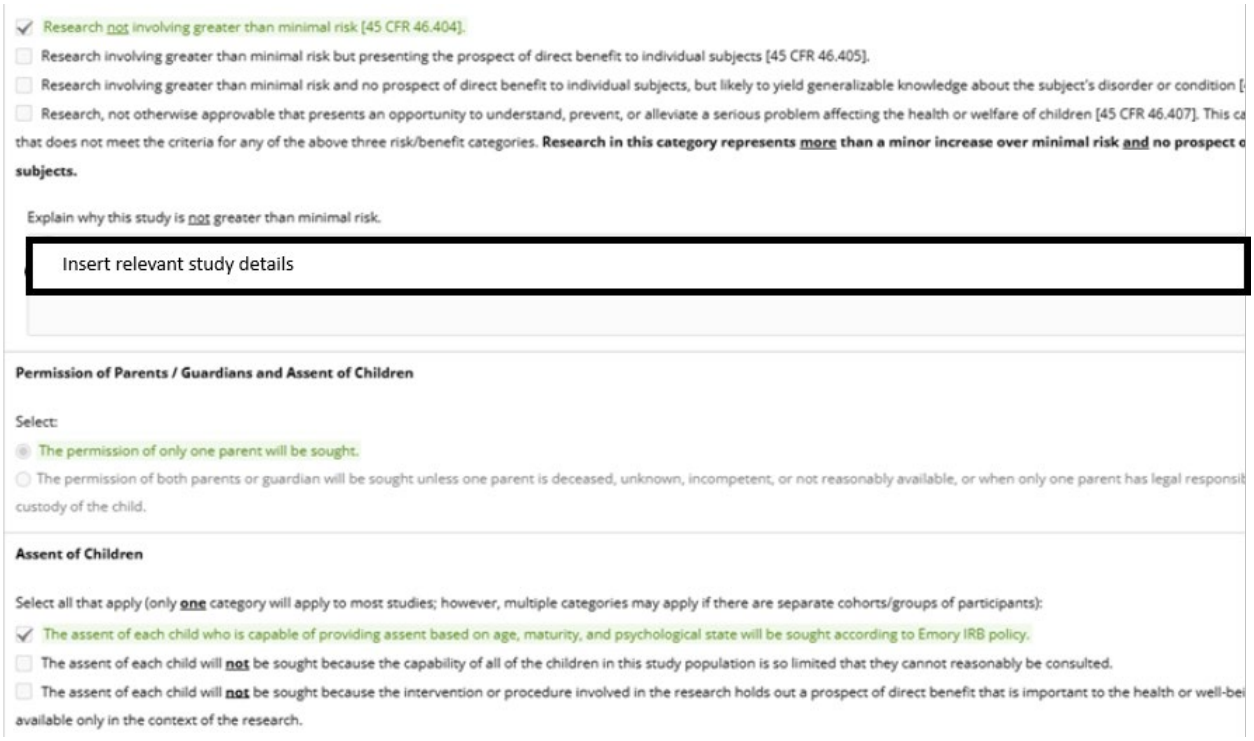
- In Insight, the study teams answer questions on the Study Overview form indicating whether the study includes vulnerable populations.



- If any of these questions are marked yes, the study team completes the corresponding special populations forms in Insight.



- Notice that the study team provides a brief description of the vulnerable population in a text box and that becomes the name of the form.
- The study team selects the risk level and options for consent/assent. The reviewers and Committee members must agree with these selections or require changes to the forms to reflect the correct options. For full board studies, the primary reviewer with expertise in the vulnerable population will provide recommendations to the members. If any members disagree with the recommendations, the Committee should discuss until it reaches resolution.



- The Subpart B, C and D determinations will be recorded on the Full Board form when recording other determinations before calling for the vote.
- The only exception is for cognitively impaired individuals. While there is no formal determination needed for inclusion of this population, there is a form the study team completes for this population that includes rationale for inclusion and risk information. The reviewers and members should review this information and request additional information if there are any concerns regarding the inclusion of this population.

Viewing Communication History (November 2025)

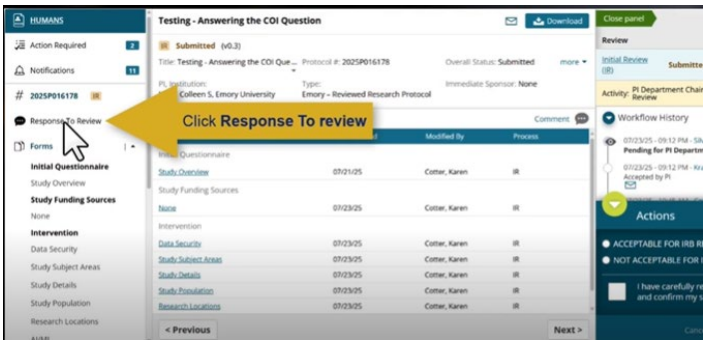
This month's Take 5 will cover how to find the communication history between the IRB analyst and study team as well as review comments within Insight.

Why:

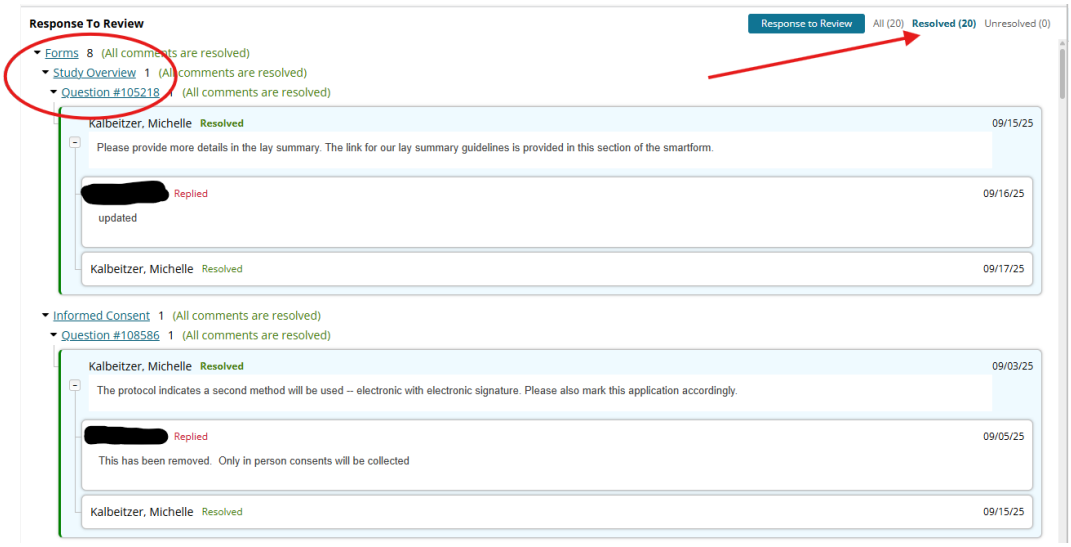
When reviewing studies, it's helpful to see details provided by the study team in the respective forms. It is also helpful to view the comments left from other IRB members.

How:

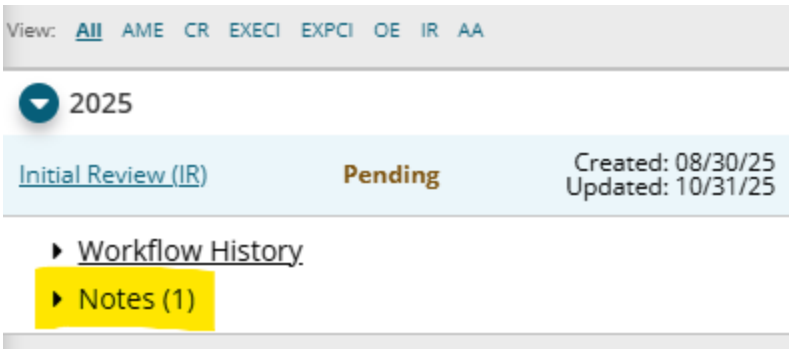
You can find the study team communication history by selecting "Response to Review" in on the left-hand side within the study workspace:



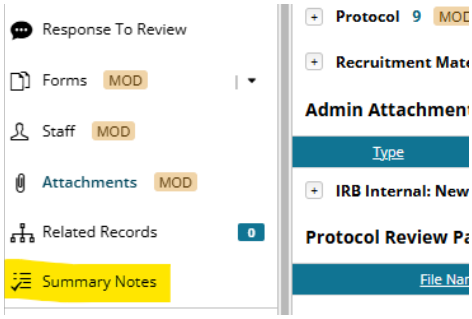
Once you select, it will open the history for all **"Resolved" comments** within the various forms:



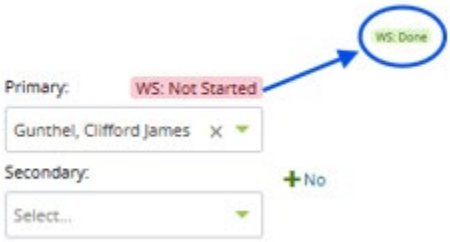
To view any notes left by the IRB analyst, expand the "**Notes**" section on the right hand side of the study workspace:



You may also find helpful details under "**Summary Notes**":



For review *comments left by other reviewers,* navigate to the "WS" next to the assigned review. Once it moves from "not started to "done" you can view all comments with the worksheet.



Insight Clean-Up (October 2025)

This month's Take 5 will provide a brief overview of the status of Insight and what IRB members should be reviewing in Amendments.

As a reminder, the first time a study team submits a CR, study staff change or amendment in Insight, Insight creates an amendment for study teams to answer a number of questions in different forms. These responses to questions to update the study in Insight is considered administrative in nature and these are being administratively reviewed by IRB staff against what is in eIRB to ensure accuracy. However, when a CR requires full board review, it will appear on the meeting agenda as a CR/AME. If no changes are being made to the study and the Amendment is just to populate the questions in the forms, then you do not need to review the Amendment.

The Amendment summary will include a description of the changes being made to the submission. If the Amendment includes any other changes to the study, those will be described in the summary and those are what you will want to review.

There are still a few lingering issues with migrated data which we hope will be resolved in the next couple of weeks such as the lack of current attachments in Insight and some erroneous expiration dates for certain studies. Study teams can access their current attachments in eIRB until they are migrated into Insight.

Updating your Member Profile in Insight (September 2025)

This month's Take 5 will focus on the process of updating your profile information in Insight. The system launched this weekend (yay!) so now we are officially ready to get everything updated!

Updating your Member Profile:

Why: This is critical, since it ensures we have up-to-date contact information, education/training, demographic, expertise and affiliation details.

How: The **attached Job Aid** will walk you through the details for adding the information. Let us know if you run into any issues while accessing the system, adding informtion, etc.

Where: Link to Insight (please bookmark): https://emory.researchinsight.org

Please plan to complete the updates by Tuesday, 9/9

Reminder: We will continue to review items in our current eIRB system for at least a month or two, while also starting to use Insight.

Additional Insight Resources:

- The primary source of information for all of INSIGHT is here: https://emory.sharepoint.com/sites/Insight/
- Within the SharePoint site, there are multiple trainings: https://emory.sharepoint.com/sites/Insight/SitePages/Insight.aspx?csf=1&web=1&e=fqn6cV
- There have been monthly town hall sessions (most recent July 25, 2025) that provide updates on the implementation and next steps:
    - Recording: 07/25/25 - Insight Town Hall - July 2025 Update Recording
    - Slides: 07/25/2025 Insight Town Hall- July 2025
- *If you are an Emory employee*, you should have received a link to the Brainier **required** training. You must complete this before you can use Insight, so please plan to complete ASAP!
    - Community (Unaffiliated) IRB Members: We will send you instructions for accessing the training soon!

Note: If you would like to schedule a "guided tour" with one of the IRB staff members, please let us know sometimes you are available, and we will do what we can to accommodate your schedule.

Stay tuned for more guidance via blasts, Member Retreat sessions, etc.

Insight Training Material for Members (August 2025)

This month's Take 5 will provide a brief overview of getting started in the INSIGHT HUMANS IRB Member Training materials.

As a reminder, Insight will launch on **September 2**, the day after Labor Day. We will continue to review items in our current eIRB system for at least a month or two, while also starting to use Insight.

Please note that these are rough drafts...so let us know if you encounter issues once the system goes live, and we can revise. I have attached as PDFs, for easy access.

Initial IRB Member Instructional Guides (to use once Insight has launched):

1. Updating your Member Profile:

   Scope: Covers steps for updating your member profile in INSIGHT to ensure your contact information, education/training, demographic, area expertise and affiliation are current.

   - Attachment/s:
     - Insight Member Profiles Job Aid_08.01.2025.docx

2. Signing up to attend committee meetings:

   Scope: Provides instructions on how IRB Members RSVP to attend IRB Committee meetings.

   - Attachment/s:
     - Meetings Job-Aid draft_07.29.2025.docx
     - Meeting sign-up_supplemental_training_draft_07.29.2025.docx

3. Navigating study submissions and completing your Reviewer Worksheets:

   Scope: Provides instructions on how IRB Members locate meeting agendas, Full Board Reviewer Worksheets and access IRB Submission forms and attachments.

   - Attachment/s:
     - Full Board Reviewer Job-Aid draft_07.01.2025.docx
     - Full Board Reviewer_Supplemental_training_07.29.2025.docx

Additional Insight Resources:

- The primary source of information for all of INSIGHT is here: https://emory.sharepoint.com/sites/Insight/
- Within the SharePoint site, there are multiple trainings: https://emory.sharepoint.com/sites/Insight/SitePages/Insight.aspx?csf=1&web=1&e=fqn6cV
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Note: If you would like to schedule a "guided tour" with one of the IRB staff members, please let us know sometimes you are available, and we will do what we can to accommodate your schedule.

Stay tuned for more guidance via blasts, Member Retreat sessions, etc.

Important Reminders for Members (July 2025)

This month's Take 5 will cover some important reminders for IRB Members.

Save the Date for the 2025 IRB member retreat!

Date: This year's retreat will be held on September 19th

Location: R. Randall Rollins Room R-800 (same as last year's retreat)

Time: 8AM - 12:00PM

This year's retreat will be in person, so it's a great opportunity to catch up or meet your colleagues!
Note: We are still determining if there will be a virtual option.

Closer to the meeting, we will update this notification into an invitation with the meeting agenda and additional information.

Participation in the annual retreat is a crucial component of our IRB member education program, so we strongly encourage you to attend if your schedule permits. Attending the retreat will provide you with valuable insights into the latest developments with the IRB and the research and regulatory landscape. It also offers a unique opportunity to engage in meaningful discussions and collaborate with your peers. Your presence and input at the retreats contribute significantly to our collective success.

Member Availability Survey:

In recent months, the Emory IRB has had difficulty achieving quorum and/or the necessary expertise to review new submissions across the different committee panels. This has a significant impact on both the quality and timing of our reviews, and we are looking at various ways to increase attendance at meetings.

We ask that you take this brief survey to tell us the times and days that you are most consistently able to attend IRB meetings.

Updated Contact Information:

It is critical that the IRB staff have a way to reach members as the meeting date approaches. In addition, it's equally important to have in the event of any last-minute updates and/or technical disruptions impacting the meeting.

The Pod members will be *asking Members to provide their best contact information in the chat* once the committee meeting gets started. Also, if a situation arises where you find yourself dropped from the virtual session, please plan to ***check your email and phone immediately*** for instructions on how to rejoin the meeting. **Remember, if we lose quorum during a meeting, all remaining agenda items must be tabled to the next available meeting.**

Informed Consent Template Language (June 2025)

This month's Take 5 will cover the steps in providing feedback to study teams on the Biomedical Informed Consent (ICF) Template. Specifically, which sections should remain "as-is" with no modification.

Prior to Committee review:

IRB analysts screen submissions with a particular focus on consent and protocol templates. They are working to ensure alignment between forms as well as compliance with our required language. If the issues can't be resolved prior to the meeting, the requested revisions will be incorporated into "admin pending" items.

Note: The following areas are considered **required** template sections, meaning it has been carefully vetted by groups outside of the IRB such as Office of Sponsored programs, Office for Clinical Research, General Council, etc.

Concise presentation: The goal is to provide potential participants a short bit of information to help them decide if they want to read a long consent form. It is not meant to repeat information mentioned elsewhere in the consent form. There is suggested language including options (such as selecting between two benefit options).

Main consent:

- What if I have questions about my study drug?
- Will I be paid for my time and effort? (Specifically, language around IRB reporting)
- How will my participation affect my medical record?
- What if I am injured in this study?
- Will there be any costs to me if I join the study?
- HIPAA/Confidentiality language, other than sections that direct the addition of information

In other sections, there is recommended language and associated guidance.

IRB Committee Actions:

If the committee would like language added that deviates from guidance in the template, it's best to make it a **recommendation.** We need to avoid changing guidance on a study-by-study basis, since that leads to inconsistency and frustration for study teams. Otherwise, committees can be flexible in terms of the content.

Process for making recommendations:

If there are concerns or recommendations related to language in the ICF, please send them to your meeting Pod. Alternatively, you can provide a member of the IRB leadership team. We value member feedback and are happy to explore what revisions can be incorporated into the template.

Reviewing Device Studies (May 2025)

This month's "Take 5" will focus on how to evaluate the intended use of a device proposed in a study.

First consideration:

If a device is proposed, ***what is the intent?*** It really comes down to whether the study is evaluating the **safety and/or efficacy** of the device.

FDA regulations would generally ***not*** apply to studies using a device to test a physiologic principle or addressing a research question where *no data is collected **about** the device*.

A few examples:

- The protocol includes a locally manufactured lever designed to raise the arm to measure flexibility. The protocol is clear that no data is collected about the device.
- An EMG, or electromyogram, is used to assess the electrical activity of muscles and nerves with no intent to collect data about the device.
- Transcranial magnetic stimulation (TMS) proposed to investigate brain function to map brain regions, study neural plasticity, and explore the effects of brain stimulation on behavior and cognition. The protocol does not plan to collect data about the device.
- A piece of exercise equipment is being used when evaluating an exercise program's impact on a health outcome, where the specific equipment is not being evaluated; the study is just evaluating the impact of gaining muscle mass.

Key takeaway-the IRB does not need to make any determinations if there are no plans to evaluate safety and/or efficacy. In cases of ambiguity, the IRB staff/leadership will work with the team to clarify.

***IRB Device Guidance**

Regulatory Overview:

If the study is evaluating safety and/or efficacy of a device, the Investigational Device Exemptions (IDE) regulation (21 CFR 812) describes three types of device studies:

- Significant risk (SR)-intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject, among other considerations.
- Nonsignificant risk (NSR)- one that does not meet the definition for an SR device study
- IDE exempt studies- very specific categories of devices that are exempt from requirements to obtain an IDE

Nonsignificant Risk (NSR) device studies must follow the abbreviated requirements at 21 CFR 812.2(b). These abbreviated requirements address labeling, IRB approval, informed consent, monitoring, records, reports, and prohibition against promotion.

*FDA Information Sheet

Initial Determination:

If the sponsor (investigator) initially determines that a device is exempt from IDE requirements or meets the criteria for NSR, it should be documented in the "Device Checklist". It is up to the IRB to decide if the assessment is appropriate, based on the details provided. The IRB staff/leadership can provide guidance if there are any questions during the review and/or discussion. Ideally, Members will alert the meeting Pod prior to the meeting to allow for clarification from the study team.

IRB Review:

The IRB staff will include thorough explanation in the Pre-Review and History of the study about any discussions held prior to the meeting related to whether the study is evaluating the safety or effectiveness of a medical device. The IRB will review the sponsor (investigator) determination and, if it concurs, document its determination of exemption or NSR in the meeting minutes, explaining the basis for its decision.

Note:

The FDA may have already determined the risk level for a study, and in those cases, the FDA's determination is final.

Updates on Non-Significant Risk (NSR) Device Renewals (April 2025)

This month's Take 5 highlights an **update to the guidance** for continuing review of investigations studying the safety and/or effectiveness of a non-significant risk (NSR) device.

Specifically, AAHRPP (our accrediting body) asked FDA about whether studies with a NSR determination "abbreviated IDE's" could be reviewed under category F(9) for continuing review, and FDA said YES!

See below for details... but basically, FDA confirmed that the studies can be expedited *if the convened IRB decides the overall study is minimal risk!* That is good news for our agendas 🙂

AAHRPP Question:

Category 9 of the Categories of Research that may be Reviewed Through an Expedited Review Procedure (1998) permits the continuing review of research, not conducted under an investigational new 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. Like the question posed above, can a clinical study of a medical device that has been determined by an IRB to be an NSR device and used within a study that is no more than minimal risk undergo an expedited continuing review pursuant to Category 9? The category states that the research must not be conducted under an IDE. Is the NSR, an abbreviated IDE, considered to be distinct from an IDE for the purposes of IRB review under this expedited category?

Per FDA:

Category 9 of the expedited review list applies to continuing review of minimal risk studies. As noted in FDA's 1998 list of Categories of Research That May Be Reviewed by the IRB Through an Expedited Review Procedure (see Protection of Human Subjects: Categories of Research That May Be Reviewed by the Institutional Review Board (IRB) Through an Expedited Review Procedure | FDA), category 9 concerns continuing review of research that is not greater than minimal risk, but had to undergo initial review by a convened IRB because it did not meet the criteria of categories 2 through 7 on the expedited list. At the time of continuing review, the NSR study that was also determined to be minimal risk by the IRB at a convened meeting may qualify for expedited continuing review as long as no additional risks have been identified. CDRH's interpretation is that NSR studies are not disqualified from Category 9.

Key Takeaway for Members:

You won't see studies with NSR devices back at Full Board ***unless*** there are other greater than minimal risk procedures.

Safety Correspondence at time of CR (March 2025)

This month's Take 5 will cover the expectations for safety documentation at the time of renewal. As a reminder, the regulatory criteria for approval apply to both initial review and continuing review of research. In order to re-approve research at the time of continuing review, the IRB must determine that all of the approval criteria continue to be satisfied. One of the most important areas of focus is around any new information that may unfavorably impact the risk/benefit ratio. This information is ***usually*** provided in DSMB/DSMC letters, but not always.

CR Screening:

To summarize the process, analysts review the submission to determine whether the team has provided the necessary information.

- If the study has a **DSMB,** the team is asked to provide the DSMB letter(s) for any DSMB meetings that occurred since the last CR. These letters should come *directly from the Sponsor*, not as a note from the study team. *Note*: Studies in data analysis or long term follow up only will **not** be expected to have DSMB reports as there are no ongoing interventions.
    - If the study has a DSMB and the study team did not provide the most recent DSMB letter, the analyst will hold off assigning to a meeting agenda until the letter or an explanation is provided.
        - If the study team has not complied with the protocol, the IRB will request an RNI.
- If the study is a multicenter trial **without a DSMB,** the team is asked to provide an overall safety report from the sponsor. **This does not have to be a formal document**, an email from the sponsor will suffice.

If you are ever in doubt while reviewing a CR, *please reach out* to your Meeting Pod or the assigned analyst.

Review of F8 and F9 Categories (February 2025)

This month's Take 5 will be a refresher on the expedited categories applicable to the continuing review of research.

The Summary:

The regulations allow for expedited review at the time of continuing review (CR) for research that meets certain requirements. The F8 categories factor in circumstances that mitigate risk **at the time of CR**, even when **the study originally required review by the convened IRB**. The F9 category provides an option for sending a CR via expedited review so long as the **committee determines that it's minimal risk**.

The Regulatory Language:

F8
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.

F9
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.

Member Takeaways:

You will see studies at Full Board that are technically in "long term follow up" but not all "research-related interventions" are complete. Analysts are trained to ask the study team to identify 1) what procedures are ongoing and 2) whether they are directed by the research.

If there **are** research-related interventions, the IRB must determine whether the procedures qualify for an expedited category. If not, it requires review by the convened IRB and you will see it on the agenda.

The committee has the option to apply category "F9" if the remaining interventions qualify as minimal risk.

Note: It's important to reference the Procedural Risk Guidance, to aid in consistency among panels.

Reportable New Information (January 2025)

This month's Take 5 will provide an overview of Reportable New Information (RNI) reporting requirements. As a reminder, Emory investigators are expected to review and assess protocol deviations and adverse events to determine if an event is reportable to the IRB. The timing and type of report depend on a few factors, which are summarized below.

Some definitions:

Internal vs. External events: An "internal" event represents an event that happened to a subject enrolled at an Emory site or at a site in which the Emory IRB was the IRB of record. An event involving a participant at a site *not* affiliated with Emory and not overseen by the Emory IRB is considered "external" for purposes of reporting.

For example, if a subject enrolled at Emory experienced an event at a different medical facility, the event will still be considered an internal event. In addition, if a site is relying on the Emory IRB for review, that site will be considered internal.

NOTE: External events involving an Emory sponsor-investigator should be reported as if it had occurred at an internal site.

Unanticipated problems (UPs) UPs are events (adverse events or not) that are assessed by the PI as unexpected, related to study participation, and involving risk for participants or others. A reportable event that fulfills **all** of these characteristics is considered an unanticipated problem and is *promptly* reportable.

Protocol Deviations: All studies may have minor protocol deviations. These deviations may result from human error, subject non-compliance, or confusing and/or ambiguous details.

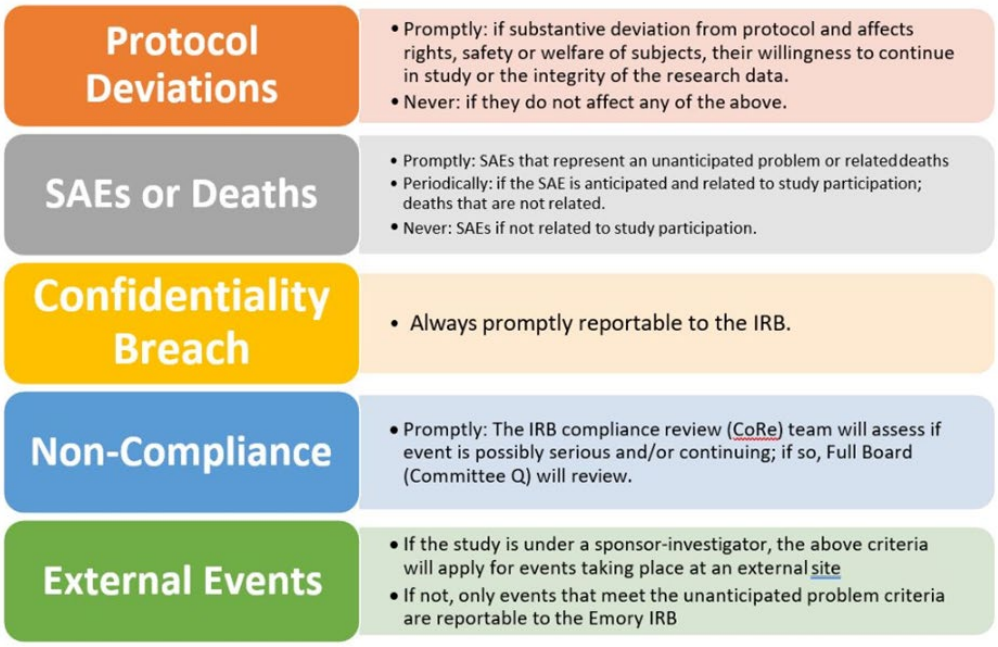
Internal: Reportable protocol deviations are deviations that are considered substantive and adversely affecting Rights/welfare, Safety, Willingness to continue with study participation, **or** Integrity of the research data.

If a protocol deviation is reportable, it's a *prompt* report. **You should never see deviations reported at the time of continuing review.**

Noncompliance: Noncompliance with laws, regulations, Emory HRPP policies, and procedures, or the requirements of the IRB. This is always *promptly* reportable.

Timing of Report:

Prompt vs. Periodic reporting: Prompt reporting should occur within 10 business days of the event occurrence, or from when the PI first learned about the event. Periodic reporting is reporting done with a summary at the time of continuing review.



Regulatory Reporting:

If the IRB makes a determination of Serious and/or Continuing Noncompliance or UP, we have an obligation to report to the following, as applicable:

- Institutional officials
- OHRP, if Fed funded
- FDA, if it's regulated as a drug, device or biologic.

Participant Compensation (December 2024)

This month's Take 5 will cover the important considerations around compensation for research participation to facilitate consistency among Committees.

IRB Policies on Payment to Subjects:

Per the HHS and FDA Regulations, the Emory IRB is charged with ensuring that payments to subjects in Research studies are *not likely to unduly influence* the prospective subject to decide to participate ((45 CFR 46.116(2)). Compensation or incentives given or paid to subjects may compensate participants for their time, discomfort, risk, travel, effort, and inconvenience in participating in the study, but should not constitute payment for deciding to participate in the research.

The IRB should review the following to determine whether the compensation plan is appropriate:

- A detailed description of proposed payments to research subjects. This description should include timing of payment, pro-rating schedule, payment for participants who withdraw before completion, and completion bonus plans, if applicable;
- An informed consent document that includes all information concerning payment. **Payment information should not be included in the benefits section.**

Key Takeaways:

- Payment should not be contingent upon the subject completing the entire study.
- It's OK if there are **no plans** to compensate. While this may impact recruitment, the participants are able to determine whether they are willing to join without the possibility of compensation.
- It's **not OK** if a study is proposing excessive or seemingly inappropriate amounts for participation.
- Compensation should be equitable among groups undergoing the same protocol procedures. Reimbursement, however, can vary depending on participant expenses. In any case, it should be offered equally.
- Advertisements must *not* emphasize the payment aspects of the Research or the amount to be paid by such means as large or **bolded** type
- Any incentives for study subjects that involve giveaways, chances to win prizes, lotteries, etc. must conform to all state laws regarding games of chance and gambling. In general, under Georgia law, lotteries and games of chance are prohibited.

FDA-Regulated Research Compensation:

Compensation for participation in an FDA-regulated trial can't include a coupon good for a discount on the purchase price of the product once it has been approved for marketing.

Vulnerable Populations:

In some instances, it is appropriate for researchers to offer remuneration to *Children* or those with *diminished functional abilities* to compensate them for their time or costs incurred through participation. This payment may go directly to a legal guardian or someone in charge of managing

expenses for the participant. In either case, it must be clear in the informed consent who is going to receive the compensation.

Annual Member Performance Assessment (November 2024)

For this month's Take 5, we are providing an annual refresher on how the IRB evaluates member performance. As a reminder, **the assessment is not meant to be punitive!** The assessments are part of our accreditation, and we use the feedback to look for gaps in understanding, areas for training, etc.

To summarize the overall process:

The IRB Chair reviews each IRB member's performance periodically in consultation with the IO and the IRB Director.

- The performance of each Vice-Chair, Chair, and IRB Director are reviewed on an annual basis by the IO.
- Members, Chairs, and Vice Chairs will be given formal feedback based on their performance evaluations.
- The IRB Director will fulfill this function for the IRB members, Chairs, and Vice Chairs. With respect to the Chairs, the IO will also provide formal feedback based on their performance evaluations. Feedback is provided in writing and may also be provided in person.

The following categories are considered with the assessment:

- Preparedness for Meetings
- Contribution to IRB Meetings
- Quality of Reviews
- Knowledge of Organizational Policies and Procedures
- Knowledge of regulations and identification of areas for improvement
- Communication with Members, IRB Staff
- Comments
- Number of meetings attended out of total
- Timeliness of Reviews
- Number of Protocols Reviewed via Committee Review
- Number of Reviews Completed as Primary Reviewer
- Attended Member Retreat

Some critical takeaways:

- Always aim to **complete your reviews as soon as possible after assignment**. This allows for staff to get in front of any issues that may arise, such as possible deferrals.
- RSVP to the meeting invite as soon as possible. In some cases, we may need to find expertise and the more time, the better.
- Please commit to your meeting times. We understand that unforeseen conflicts can arise, but we depend on Member's availability.

Requested Action:

Please complete this annual survey to provide the Emory IRB with your most current contact information, availability, and your expertise. For those that don't get to it before your next meeting, we will use the Take 5 time to have everyone in attendance complete the form.

If you ever have feedback to provide about your experience as a member, let us know! We appreciate both formal and informal feedback, as it helps us to improve.

As always, thank you all for your contributions to the IRB! As we like to say...we literally could not do it without you.

Documenting “Standard of Care” Risks (October 2024)

This month's Take 5 will cover the expectations around providing risk information related to study treatment and/or procedures that involve the "standard of care" or "routine treatment" options.

Point of Consideration:

Do we have to address the risks associated with standard treatments or interventions?

Regulatory requirements:

DHHS and FDA regulations require a “description of any reasonably foreseeable risks or discomforts to the subject” (45CFR 46.116(b)(2), 21 CFR 50.25(a)(2)) within the consent form.

The Emory IRB Process:

Study teams are directed to include risks of any interventions dictated by the protocol. Even if they are recognized as the standard, it's still part of the research.

If a study involves a standard of care treatment *or* compares two standard treatments (comparative effectiveness studies), then we expect to see "the more common and significant risks and discomforts of the standard of care in the informed consent form," per the Informed Consent Guidance for IRBs, Clinical Investigators, and Sponsors (August 2023) released by FDA.

If a protocol or consent form refers to an intervention that will be performed *outside* of the study, it should be very clear that the protocol does NOT impact that decision. For example, the consent may say "Your treating physician will determine what type if imaging you need" and the consent form would not include the risks of such procedures, since they would be considered outside the scope of the research.

Member Retreat Recap (September 2024)

Note: Members should refer to the email message sent on Wednesday, September 4, 2024, titled "IRB Member Take 5- 2024 IRB Member Retreat Recap" for access to the presentation sets described below.

This month's Take 5 will recap our annual IRB Member Retreat. We had some great topics and wanted to share the slides with a brief summary.

Thank you to all that took the time to attend in-person and virtually. This is such an important opportunity to cover relevant training information and connect with other Members and Staff. We hope that those who weren't able attend can benefit from reviewing the educational content.

AAHRPP Reaccreditation: What to Expect

Stephanie deRijke, Senior Director of Clinical Trials Audit/Compliance, offered a recap of reaccreditation procedures. She explained application details, provided tips for site visit preparation, and clarified the post-visit review by the Council of Accreditation. *Slides 32 and 33* are particularly useful for IRB Members and staff, since they cover common topics of discussion during site visits.

Practical Considerations for IRB Review of AI/ML in Human Research

Rebecca Rousselle covered pertinent considerations for IRBs reviewing AI/ML research projects. Some highlights of what she tackled include:

- What is in the IRB's scope vs the institution's?
- What is "identifiable?"
- What expertise does the IRB need?
- What is the universe of AI research, and what's coming next? – both biomedical and sociobehavioral?

Community Outreach and Input:

We explored the role of the IRB in Community Outreach, based on regulatory guidance, accreditation standards, and basic institutional ethical commitments. Some existing resources were shared along with a proposal to create more opportunities and guidance in the coming year. This session included breakouts to discuss ideas for outreach, resource development, etc.

Emory IRB Single IRB (sIRB) Plan and Process - Update:

Julie Martin and Beth Poplaski reviewed the IRB's progress with serving as a Single IRB, to date. This included an overview of the process for serving as a Single IRB as well as some "Lessons Learned." They also mentioned some potential challenges, including migration to the new IRB system (Insight), FDA proposed single IRB requirements, and grant submissions that do not include adequate budgets for covering the review.

IRB Updates: What's on the Horizon

Shara Karlebach covered system upgrade details and summary of the OHRP Findings. Rebecca jumped in to let everyone know that we have created a Behavioral Research Task Force focused on the IRB review of non-clinical behavioral research. The goal is to streamline, eliminate barriers, and provide resources to aid in submission. Pat Barrett wrapped it up with an overview of our Updated Protocol and Consent templates which are going live soon!

OHRP IRB Inspection Determination Letter (August 2024)

This month's Take 5 will cover the findings from the IRB not-for-cause inspection in May 2023.

After providing feedback/clarification on initial observations, the final letter only included one finding. You can view the OHRP determination letter here.

History: As a reminder, the virtual evaluation involved a review of study files for approximately 30 active HHS-funded studies, IRB written procedures and checklists, IRB meeting minutes, and reliance agreements. Three IRB meetings were observed on May 3rd, May 11th, and May 17th of 2023.

The good:

- OHRP observed that each meeting was conducted efficiently.
- OHRP was pleased to observe that continuing education was provided during the IRB meetings.
- In addition, during meetings staff were very accessible and promptly responsive to the needs of the IRB members.
- The individuals OHRP interviewed displayed a sincere commitment to the work of Emory's HRPP and viewed themselves as providing a valuable service in the IRB's process. The Signatory Official and Human Protections Administrator (HPA) were very engaged and helpful.

The determination: In one initial study review, they determined that Emory IRB did not seem to have sufficient information to determine the regulatory approval criteria were satisfied.

Proposed corrective actions: Emory acknowledged that in the past, their IRB has documented conditions of IRB approval in a way that could be perceived as asking investigators open-ended clarifying questions to determine that the 45 CFR 46.111 approval criteria can be met, instead of requesting specific prescriptive revisions, although this has not been the IRB's intent. Emory noted this is a challenging area of IRB review and conducts periodic training for their IRB analysts and IRB members about the difference between pending and deferred items (i.e., "pending" referring to studies qualifying for conditional approval vs. deferred studies referring to studies that are not yet approvable under 45 CFR 46.111 criteria).

In July 2023 Emory conducted another formal training for their IRB members and staff at the start of each of that month's IRB meetings, which was also shared with all members via email and posted on Emory's website for future review. Emory's IRB staff and Chairs continue to reiterate this guidance during meeting discussions when needed, to ensure that outcomes are compliant with OHRP guidance.

These corrective actions adequately addressed the determination.

The "value-add": There was also one "recommendation" that did not represent noncompliance, and is not specific to human subjects regulatory requirements but instead to general meeting conduct.

Thanks to all of you for your work as Members, and to our ORA colleagues for their assistance with the inspection (RCRA, OCR, OSP, ORA-IT)!

Procedure Risk Guidance (July 2024)

This month's Take 5 provides an overview of the Emory **IRB's newly created *Procedure Risk Guidance***. *[Note: the guidance document was originally attached to the initial Take 5 email on this topic].*

About the Procedure Risk Guidance

The purpose of the guidance is to assist both IRB Staff and Committee Members in determining the route of IRB review, based on the relevant study procedures.

The goals of this guidance are to:

1. Facilitate consistency among reviewers and panels in risk determinations
2. Minimize the burden of determining plans for initial and continuing reviews

The scope of this guidance:
This guidance does not provide an exhaustive list of procedures but incorporates commonly seen procedures in reviewed research. Studies that include procedures listed in the risk guidance usually will not qualify for Expedited Review and, thus, require initial review by the convened IRB.

Procedure Risk Guidance Chart for Full Board Reviews

The *Procedure* column lists common examples of research interventions and interactions that require Full Board review, at least initially.

The *Risk Assessment at Full Board* column table indicates whether the listed intervention/interaction either: may be deemed *no greater than minimal risk* and eligible for expedited Continuing Review (depending on the specifics of the study) *OR* must always be considered *greater than minimal risk* and remain under full board review.

Procedure	Risk Assessment at Full Board
Behavioral studies involving risky interventions, observations of illegal behavior, or deception that meet the threshold for review by committee (Committee C)	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under category 9.
Acupuncture/dry needling	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under category 9.
Blood draw in healthy *nonpregnant* adults weighing at least 110 lbs. *and* the amount to be collected either exceeds 550 ml in an 8-week period or the collection is more than 2x/week *Note*: Determine if blood is drawn via indwelling catheter, since that may will impact assessment of	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under category 9.

Procedure	Risk Assessment at Full Board
"Frequency." Ensure this information is included in the protocol.	
Blood draw in other adults and children considering age, weight, and health *and* the amount to be collected is either greater of 50 ml or 3 ml per kg in an 8-week period or collection is more than 2x/week *Note:* Determine if blood is drawn via indwelling catheter, since that may will impact assessment of "Frequency." Ensure this information is included in the protocol.	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under category 9.
Punch biopsy	**For biopsies from non-facial, non-genital skin with allowable local anesthesia and limited to 2mm in diameter and not requiring sutures:** if the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under category 9.
Collection of additional information or biological specimens, excluding blood, for research purposes during procedures already being performed for clinical purposes, provided the additional collection does not introduce more than a minimal increase in risk, pain or discomfort over that imposed by the underlying procedure.	Must remain under full board review; considered GTMR
CT Scan	Must remain under full board review; considered GTMR
Low dose X-Rays and non-CT or PET scans *Examples:* Chest, extremity, dental, mammogram.	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under expedited category 9.
Electromyography (EMG) (intramuscular) *Examples*: Electrode is placed within the top layer of skin and the device's power is limited to a level considered minimal risk. Intramuscular electrodes would be considered GTMR.	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under expedited category 9.

Procedure	Risk Assessment at Full Board
Magnetic resonance imaging (MRI) utilizing contrast agent	Must remain under full board review; considered GMTR
Nasal swabs that go beyond the nares *Example:* Nasopharyngeal (NP) swab	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under expedited category 9.
Other data collection via methods that introduce "significant" energy into the body, where "significant" is defined as more than what is involved in routine physical or psychological examinations or tests.	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under expedited category 9.
Randomized drug or device studies, even if comparing two standard of care treatments	If the convened IRB determines that the overall risk level of the study is NMTMR, may qualify for expedited review in the future under expedited category 9.
Rectal swabs that go beyond the rectum	Must remain under full board review; considered GMTR
Vaginal swabs that go beyond the cervical os	Must remain under full board review; considered GMTR

Subpart D Checklist + Protocol Specific Comments (June 2024)

This month's Take 5 covers the documentation required as part of a Subpart D determination. As a reminder, **the Subpart D checklist captures the following required regulatory findings during both Expedited and Full Board review of studies involving minors:**

- the appropriate *risk-based category* from Subpart D,
- the appropriate *parental permission* requirements,
- the appropriate *assent* requirements,
- *and the protocol-specific findings justifying each of these determinations*!

Most commonly, the convened IRB reviews projects that are standard risk but hold out potential benefit. This type of research falls under 46.405. *Less commonly*, the Board reviews studies that are greater than minimal risk with no potential benefit, which falls under 46.406.

All of the potential categories require some level of justification documented in the record. And, as the risk level increases, there is more to document!

The process for committee meetings:

1. Your meeting Pod will pull-up the Subpart D checklist for review during discussion of the related agenda item
2. The checklist is completed during the meeting, with feedback from all members
3. The determinations completed in the form are included in the final committee vote during the meeting
4. After the meeting, the completed checklist with all committee determinations will be uploaded to the study record and included in the meeting minutes

Reviewer reminders:

Please include your proposed Subpart D determinations and their justification in your written review and during your presentation of the research. This will save a considerable amount of time, since it allows for the information to go directly in the form without the need to formulate thoughts on the fly. Of course, it can always be supplemented or revised based on additional input, but your preparation will facilitate a more expeditious review and smoother study presentation!

Subpart D Checklist Example: Risk Category + Protocol Comments

☐ **Research involving greater than minimal risk but presenting the prospect of direct benefit to the individual child subjects involved in the research (45 CFR 46.405 and 21 CFR 50.52**). To approve research in this category, the IRB must make all of the following determinations:

☐ The research presents greater than minimal risk to the children.
Enter protocol-specific findings to justify determination:

☐ The research presents the prospect of direct benefit to the individual subjects.
Enter protocol-specific findings to justify determination:

☐ At least one of the following is true *(select all that are true):*

- ☐ The risk to children is presented by an intervention or procedure that holds out the prospect of direct benefit for the individual subject.
- ☐ The risk to children is presented by a monitoring procedure that is likely to contribute to the subject's well-being. *Enter protocol-specific findings to justify determination:*
- ☐ The risk is justified by the anticipated benefits to the subjects; *Enter protocol-specific findings to justify determination:*
- ☐ The relation of the anticipated benefit to the risk presented by the study is at least as favorable to the subjects as that provided by available alternative approaches; *Enter protocol-specific findings to justify determination:*
- ☐ Adequate provisions are made for soliciting the assent of the children and the permission of their parents or guardians, as set forth in 45 CFR 46.408 or 21 CFR 50.55. *[check even if assent will be waived] Enter protocol-specific findings to justify determination:*

Reviewer Expertise (May 2024)

We want to take an opportunity to remind members to **alert your pod if there are review assignments that fall outside the scope of your expertise**.

Per regulatory guidance, we rely on IRB Members who are qualified by education and/or professional experience and expertise (professional competence) to serve in their particular IRB role (physician scientist, non-physician scientist, etc.)

As a reminder, analysts utilize our IRB Member Roster to reference reviewer's expertise. Of course, there are situations that warrant multiple perspectives but generally we default to one reviewer.

As part of ongoing QA processes, we hope to conduct an IRB Member survey to get updated details. This is meant to ensure that we have any updated professional details.

Per our P&Ps, IRB Members shall:

- Have knowledge of applicable law and HHS, FDA and VA Regulations
- Have knowledge of Emory University commitments and policies
- Be sufficiently qualified through their experience and expertise; their diversity, including considerations of race, gender, and cultural backgrounds; as well as their sensitivity to such issues as community attitudes; to promote respect of its advice and counsel on safeguarding the rights and welfare of Human Subjects

The IRB membership overall will possess the professional competence necessary to review specific Research activities and will include persons knowledgeable in a variety of areas such that the IRB will be able to ascertain the acceptability of proposed Research in terms of institutional policies and regulations, applicable law, and standards of professional conduct and practice.

Investigator Conflicts of Interest (April 2024)

This month's Take 5 will provide an overview of the process for managing ***investigator*** Conflict of Interest (COI).

Some key COI terms:

Financial Conflict of Interest (FCOI) refers to situations in which Emory determines that a Covered Individual or Covered Family Member's **SFI** is related to the Research (i.e., could the SFI be affected by the research or is the SFI in an entity whose financial interest could be affected by the research) and could directly and significantly affect the design, conduct, or reporting of the Research.

Significant Financial Interests (SFI) requiring disclosure are interests held individually by the investigator, their spouse or same-sex domestic partner, and dependent children. They must be added together, and the aggregate value used to determine limits set forth as one or more of the following financial interests held by an Investigator/Key Personnel, their spouse, or dependent children:

1. Remuneration or honoraria over $5,000 from an entity within a 12-month period
2. Ownership interests valued over $5,000 in a publicly traded entity
3. Any ownership interests in a privately held entity (e.g., start-up companies, LLCs)
4. Any intellectual property fees and/or royalties
5. Holding any management positions in a non-Emory entity (director, officer, trustee, management employee)
6. Sponsored travel over $5,000 (except from Emory, U.S. government, higher ed, academic medical centers)

The **COI management plan** is a key component of this process. It is a document that outlines and implements measures to actively reduce, mitigate, or eliminate an actual, potential, or perceived conflict of interest held by an employee.

About the collaborative COI review process:

The Conflict of Interest and Conflict of Commitment (COI and COC) Office is the group tasked with managing individual and institutional financial interests that could impact research and scholarly activities. The Emory IRB is responsible for reviewing the proposed management plans for investigators conducting research under a local IRB approval.

When the Emory COI Review Committee identifies a **Significant Financial Interest Requiring Disclosure (SFI)**, the COI Review Committee provides the IRB with documentation establishing the Committee's decision regarding the Significant Financial Interest, as well as a copy of any management plan. The Compliance Review (CoRe) team will review any management plan to determine if the SFI will adversely affect the protection of Human Subjects and if the management plan is adequate.

Based on the significance of the SFI and potential for adverse effects on the protection of subjects, management plans may include:

- disclosure to subjects through the consent process,
- modifications in the research plan,
- monitoring by independent reviewers,
- divestiture of financial interests,
- appointment of a non-interested PI,
- or prohibition of the conduct of the research at the University.

The IRB analyst works with the study team to ensure that any of the required updates to study documents are implemented before releasing final approval. It's important to note that an SFI can develop during a study. If a new conflict is reported with a modification or CR, the team will have to go back through the above process, as applicable.

Referral to Full Committee Review: If the CoRe team requests additions to the plan that the PI does not agree with, the recommended additions are referred to a convened meeting and the Board's decision will apply.

Note about externally reviewed studies: In cases where the Emory IRB has ceded review to an external IRB, the COI Review Committee still conducts their review to determine if there is a SFI and if so, will develop a management plan. Once the investigator accepts the COI management plan, the investigator is responsible for ensuring it is submitted to the external IRB reviewing the research. The external IRB may impose additional restrictions based on the nature of the SFI if they determine that is necessary.

Reviewing and Presenting Modifications (March 2024)

This month's Take 5 will briefly cover the process for reviewing modifications. Specifically, the **expectations for both the review and presentation of modifications**.

When reviewing modifications, th**e IRB is *most* concerned with changes that significantly impact risk or study design** (e.g., IB updates, ICF risk updates, etc.).

As a reminder, **there is no need to complete a full re-review** of the study. It's ok to focus only on the below:

Where to focus your review:

- Review information provided in the modification summary
- Do the proposed changes impact the risk/benefit ratio for subjects?
- Do the revisions include a new population; addition of a device; or changes in drug dosing, route, etc.?
- Are the requested changes incorporated into all relevant study materials?
- Could the proposed changes affect an active participant's decision to continue participation in the study?
- If the consent form is revised, are there appropriate plans to either re-consent or notify?

What to present:

- **Brief description of the study**. Plan to hit on design, population, and any other important details. The presentation generally takes a couple of minutes.
- **Study status**. Is the study enrolling or closed to enrollment? This will impact the decision to require reconsent.
- **Determination of risk level has changed.** Please remember to be explicit about the impact to risk/benefit ratio when preparing to vote.

eIRB review tips:

Finally, don't forget that **our Member Guidance webpage includes technical steps and tips to review modifications in eIRB.** Some quick tips include:

- **Changes to word documents:** Teams don't have to provide "tracked change" versions of word documents. Instead, study teams are directed to use the "update" function to submit revisions to documents. The system can then automatically create a "compare" or "track change" version for the IRB.
- **Changes to PDF documents:** In cases where a PDF is uploaded, you should see either a stand-alone document summarizing changes or a page at the beginning of that details any updates. We generally only accept a PDF for IBs.
- **Modification Summary:** In all cases, there should be some detail provided in the "summarize the modification" section.

For more insights on reviewing modifications, also check out our earlier Take 5's covering modification reviews and the technical processes from March 2023.

Quality Assurance Process Pilot (February 2024)

This month's Take 5 covers the new **pilot QA process** for reviewing studies that rolled out in January.

The purpose of the Emory University IRB QA and Compliance Program is to assist the IRB in achieving its mission of protecting human subjects participating in research while maintaining compliance with all associated laws and regulations. To facilitate that mission, we have processes that assess compliance internally. The internal review process includes assessment of study screening procedures, ancillary review selections, and regulatory determinations among other things to ensure compliance.

Please keep in mind:

- We will not be able to review every study but will attempt to hit most, as outlined below.
- Because this is a pilot, ***we want your feedback on this process****!*
- And, with this feedback, the QA review process will change over time.

QA Review Process for Full Board Studies:

1. Analysts alert the QA review team when a new Full Board study pre-review is complete and assigned to a meeting agenda.
2. The QA review team looks for any missing information, regulatory forms, etc.
3. The QA team alerts the analyst if there are findings that need to be addressed prior to the committee review.
    - *If there are potentially deferrable issues:* the study team will be instructed to provide a response by a specific deadline; if not met, the study will most likely be removed from the agenda.
    - *If all items can be considered as "pending":* the study team will be instructed to provide a response prior to the meeting date if possible, and the IRB Pod will ensure that the items are included in the "huddle" document shared with Members.
      Note: The requested documents and clarifications will come in as a logged comment since the study team can't edit the submission once on the agenda. Members should refer to the details in the submission as well as the history to ensure a thorough review.

QA Review Process for Expedited and Exempt Studies:

A selection of studies with one or more of the following features will be reviewed at the time of initial request for clarification:

- Vulnerable populations included
- Federally funded
- AI/ML/Big Data included
- External team members in the submission or in protocol or the grant
- International research submissions
- Tribal research

As with Full Board studies, the study team will be asked to resolve issues prior to assigning for Designated Review. If there are any outstanding items, the analyst should include a note to the IRB reviewer.

Expanded Access (January 2024)

This month's Take 5 will cover expanded access, sometimes referred to as "compassionate use." Expanded access is an alternative option for patients with a serious or immediately life-threatening disease or condition to gain access to an investigational medical product (drug, biologic, or medical device) for treatment **outside of clinical trials when no comparable or satisfactory alternative therapy options are available**. Products used under expanded access have not yet been approved or cleared by FDA and FDA has not found these products to be safe and effective for their specific use.

The preference is to have patients enroll in available clinical trials. However, the FDA is aware that it's not always possible. For example, if they don't meet eligibility, there are no available trials, or distance to a trial precludes access.

Key Stakeholders:

Licensed Physician: Agrees to oversee the patient's treatment and works with industry (e.g., medical product developer), files paperwork with FDA and IRB (for many expanded access request types), and is responsible for patient care and reporting.

Company: Willing to provide the investigational medical product and either sponsors the expanded access, allows the FDA to cross-reference to their industry IND (for drugs and biologics) or IDE (medical devices) on behalf of the expanded access sponsor-investigator through the use of a letter of authorization, or provides the necessary investigational medical product information for the sponsor-investigator to submit to support an expanded access request.

IRB: Reviews expanded access protocol and consent to ensure that the patient is informed about the nature of the treatment. Except for emergency expanded access use when there is not sufficient time to secure prospective IRB review, an investigator treating a patient with an investigational drug under expanded access is responsible for obtaining IRB review and approval consistent with 21 CFR part 56 before treatment with the investigational drug may begin, regardless of whether the protocol is submitted in a new IND or to an existing IND (21 CFR 312.305(c)(4)).

FDA: Reviews the expanded access request and determines if the treatment may proceed.

Note: A physician submitting an individual patient expanded access IND using Form FDA 3926 may select a request to waive the requirements in § 56.108(c), which allows for IRB chair concurrence in lieu of review by the convened IRB.

IRB Review Procedures:

While this is NOT research, the IRB will need to review according to 21 CFR parts 50 and 56, unless one of the exceptions found in part 50 applies. There are no special determinations required for expanded access, just typical drug or device study review documentation.

These protocols and consent forms will look a bit different since they do not (generally) involve research. For example, the protocol may consist of a description of patient's disease/condition, medical history, and previous treatment for along with a description of the clinical procedures, laboratory tests or other monitoring necessary to evaluate the effects for the drug and minimize its side effects. The

consent form should include a statement that the patient is being offered treatment with a drug/device that has not been approved by the FDA. The SmartForm will have the supporting documentation for the drug or device. You may encounter older expanded access consent documents that include the term "research" or "study" throughout. We are in the process of revising the expanded access template to make it clearer that it doesn't involve research.

An overview of the different types of expanded access:

Expanded Access for Drugs	**Brief Definition**
Expanded access for individual patients	Expanded access to an investigational drug for **treatment use by a single patient submitted under a new IND**. There is a 30-day waiting period before treatment with the drug may begin, unless the treating physician receives clearance from FDA. If the treatment protocol is submitted to an existing IND by the sponsor of the existing IND, there is no 30- day waiting period before treatment with the product may begin. FDA just needs to have received and IRB approval has to be in place before treatment may begin.
Expanded access for individual patients, for emergency use	Use by **a single patient in an emergency situation (i.e., a situation that requires a patient to be treated before a written submission can be made) submitted as a protocol under a new IND or as a new protocol to an existing IND by the sponsor of the existing IND.** Treatment is initially requested and authorized by telephone or other rapid means of electronic communication, and may start immediately upon FDA authorization. The written submission (i.e., the individual patient expanded access IND) must be submitted within 15 business days of the telephone authorization.
Expanded access for intermediate-size patient groups	Access to an investigational drug for **use by more than one patient, but generally fewer patients than are treated under a typical treatment IND or protocol**, submitted as a protocol under a new IND. Unless FDA notifies the sponsor that treatment may begin earlier, there is a 30-day waiting period before treatment may begin.
Expanded access for widespread treatment use	Access to an **investigational drug for treatment use by a large (widespread) population, can be submitted as a protocol under a new IND.** The investigational product must be under active development for marketing. Unless FDA notifies the sponsor that treatment may begin earlier, there is a 30-day waiting period before treatment may begin.

Expanded Access for Devices	**Brief Definition**

Emergency use	Use of an investigational device when an **individual patient is in a life-threatening situation and needs immediate treatment** (there are no alternative options and no time to use existing procedures to get FDA approval for the use)
Compassionate use	Use of an investigational device to **treat or diagnose an individual patient or a small group of patients** with a serious disease or condition when there are no available alternative options
Treatment Investigational Device Exemption	Use of an investigational device to **treat or diagnose a group of patients** with a serious or immediately life-threatening disease or condition when the device is also being studied for the same use under an approved Investigational Device Exemption.

Artificial Intelligence, Machine Learning, and Big Data (December 2023)

This month's Take 5 will cover the IRB's progress developing guidance and tools related to review of Artificial Intelligence (AI), Machine Learning (ML), and Big Data in Human Subjects Research.

As we noted during the IRB Member retreat, the IRB has an AI/ML/Big Data Working Group. **The goal of the working group is to develop useful guidance and reasonable requirements which maximize participant safety, rights, and welfare while facilitating research.**

Here are some specific areas of focus for the AI/ML/Big Data working group:

Data: Data quality, bias, security, monitoring in secondary use, development, training, testing, deploying in research

Blackbox Considerations: transparency, explainability

Identifiability: ease/risk of reidentification, best practices to avoid reidentification, transparency to participants

Member Recruitment

We need your help in recruiting new IRB members with expertise in:

- Anthropology
- Cardiology
- Infectious Diseases
- Neurology
- Peds Oncology
- Pulmonology
- Sociology
- Solid Organ Transplant

Please email Rebecca Rousselle with your member recommendations!

The working group is also collaborating with the following experts and key stakeholders:

1. Data science experts
2. IRB Members
3. Emory and External Researchers who are working with and have expertise in AI/ML/Big Data
4. Internal Emory Offices working on institutional, compliance, and ethical guidance and best practices in this space
5. A Nationwide IRB Working Group comprised of members from peer institutions

What this means for You as an IRB Member:

1. Training is forthcoming on policies and guidance around the use of AI/ML/Big Data in research
2. Protocol templates will be revised to capture critical details
3. New IRB Members to be added with related expertise

Here is a link to this month's IRB webinar on the topic, which is also located on the IRB website.

Device Determinations (October 2023)

This month's Take 5 will cover medical devices. Specifically, the types of determinations that are routinely reviewed with the device studies that route to Committee.

An investigational device exemption (IDE) allows investigational devices to be used in a clinical study in order to collect safety and effectiveness data. Research that involves assessing the safety or effectiveness of a medical device **must fit in ONE of the following categories** and **a completed Emory IRB Device Checklist is required** for documenting the Board's findings:

1. **Studies exempt from IDE requirements ("IDE Exempt"):** The Emory IRB Device Checklist in eIRB should indicate that the device, as used in this study, is "Exempt" from IDE requirements. If the IRB agrees that the study is exempt from IDE requirements, the IRB does **not** need to make a device risk determination and may proceed to evaluate study based on IRB approval criteria and informed consent regulations.
    - **Note:** The IRB always has the right to request that the PI consult with FDA to verify the study is exempt from IDE requirements.

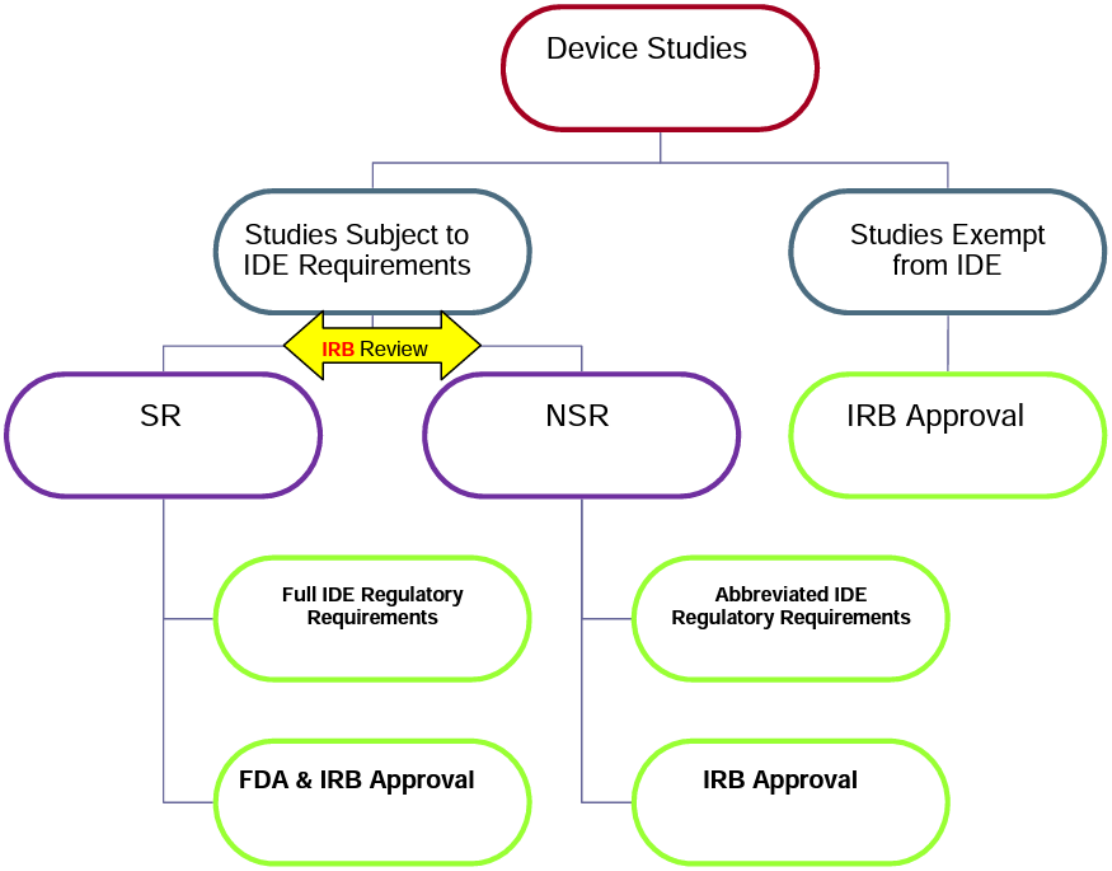
If the study is NOT exempt from IDE Requirements, the convened IRB must make a device risk determination. The determination must be based on the *proposed use of the device in the study,* not just on the qualities of the device itself. The committee should use information such as the sponsor's risk designation (if applicable), sponsor or PI's justification for the risk, a description of the device, reports of prior investigations, proposed investigational plan, and subject selection criteria.

Note that OHRP and FDA do not allow studies with an IND or IDE to have expedited Continuing Review.

2. **Non-Significant Risk device research ("NSR device"):** These studies are also known as an "Abbreviated IDE.
    - NSR device studies must return to full board for Continuing Review until they are in "long term follow-up only" stage. This is true even if the overall study is deemed *no more than minimal risk*.
    - **Note:** The IRB always has the right to request that the PI consult with FDA to see if a study is "Significant Risk" and needs an IDE.

3. **Significant Risk device research ("SR Device"): This** requires a formal IDE submission to FDA
    - A Significant Risk device is an investigational device that: (1) is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject; (2) is for use in supporting or sustaining human life and represents a potential for serious risk to the health, safety, or welfare of a subject; (3) is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or (4) otherwise presents a potential for serious risk to a subject. The IRB should evaluate the device as used in the study.
    - **Note: The study must be conducted under a valid FDA-approved IDE. The IRB staff validate the IDE number, and no further device determination is required.**

A helpful flowchart:


Device Studies
Studies Subject to IDE Requirements
Studies Exempt from IDE
IRB Review
SR
NSR
IRB Approval
Full IDE Regulatory Requirements
Abbreviated IDE Regulatory Requirements
FDA & IRB Approval
IRB Approval

Ancillary Reviews (September 2023)

This month's *Take 5* will include a refresher on "Ancillary" Reviews. We reference these frequently during meetings and thought best to make sure everyone is clear on when they apply to a given project. As a reminder, **Ancillary Reviews are required by groups outside of the Emory IRB**; though, many provide valuable reassurance to the IRB about safety, feasibility, and scientific rigor.

Common Ancillary Reviews:

- **Departmental Review**: Required for *all* study submissions to ensure adequacy of the facilities and resources, eligibility, and qualifications of the investigators, and the scientific merit of the study. The PI's primary department must provide the approval.
- **Conflict of Interest:** Required if an investigator or their immediate family member meets the threshold for financial interest and/or if there is any "institutional conflict of interest."
- **CHOA Device Review:** Required if any investigational devices will be used at Children's Healthcare of Atlanta.
- **EHSO Biosafety:** Required based on the Ancillary Review Information section of the eIRB SmartForm and location of the research. If the study teams indicate "yes" to either option under question #2 *and* the study includes non-VA sites, the review is required.
    - More information relating to human gene transfer studies (option #1) is covered in the Emory Biosafety Review Guidelines (PDF)
    - Option #2 should only be answered "yes" if the material is brought to an Emory research laboratory for further experimentation. Human blood, blood products or tissue that are shipped to non-Emory laboratories will not require Biosafety ancillary review.
- **EHSO Radiation Safety**: Required if the protocol includes any type of radiation—whether scans, radioactive drugs, or radiation therapy—*and* the study includes non-VA sites.
- **OIT Security Review:** Required for studies using PHI, IIHI, or sensitive information (e.g., drug use, alcoholism, sexual preferences) *and* storing data with identifiers in a "non-vetted" software or app.
    - Note that separate security reviews are required for each IRB submission as there are unique considerations for each project.
- **PRMC:** Required for *all cancer-related research* involving Emory faculty or students, regardless of Winship Cancer Institute involvement. This includes social and behavioral research, chart reviews, etc.
- **S-I Advisory**: Required for all studies for which an Emory researcher holds an IND or IDE.

Less-common Ancillary Reviews:

- **Controlled Substance Consult:** Required if protocol includes the use of any controlled substances.
- **HESC (Human Embryonic Stem Cell Committee):** Required for studies involving Human Embryonic Stem Cells or Inducted Pluripotential Stem Cells (iHPSCs) that may otherwise not require IRB review (e.g., research where cells are deidentified before being received by Emory).
- **REMS (Risk Evaluation and Mitigation Strategy) Consult:** Required for all protocols using a drug under a REMS, as imposed by the FDA.

Post-Approval Ancillary Reviews:

These ancillary reviews occur *after Emory IRB approval* but should be selected by the analyst in eIRB during Pre-Review. This provides the reviewing Committee with view-only access to the study in eIRB.

- **Grady ROC (Research Oversight Committee):** Required for studies conducted fully or partially at a Grady facility.
- **VA R&D (Research and Development Committee)**: Required for all studies which include the Atlanta VA.

When any Ancillary Reviews are pending at the time of IRB review, these will must remain pending issues with the Committee. In rare cases, if the pending review requires significant changes (i.e., beyond which a staff-Designated Reviewer or Vice-Chair can approve) the study may need to return to the Full Board.

Template Modifications (August 2023)

This month's Take 5 will cover what *can* and *can't* be modified within protocols and consent form templates.

When reviewing study documents, it's important to **remain focused on the approval criteria**. If there is critical information missing, lack of clarity, overall high grade level, etc. it's appropriate to request a revision. If it could be just a little bit better…probably best to just let it be or make the change a *recommendation* instead of a *requirement*.

A reminder of the information we should not modify:

- **Cost Option language**: this information has been vetted by our colleagues in the Office of Research based on budget negotiations. The language is intentionally vague on what may or may not be covered since it's virtually impossible to predict all scenarios. *Rare exception*: if there is one "big ticket" item or procedure (e.g., study drug) that you believe it's important to call out due to the expense, and we are certain whether the study will pay for it, then you could request it be added. The rest of the section should be left completely intact.
- **Injury Option language**: the option selected should line up with the terms of the contract. The language has been carefully crafted with input from legal and should only be modified if OSP notes incongruence with the contract.
- **Multi-site protocols**: Emory has little control over a protocol provided by a lead site or coordinating center. As a result, specific information about OUR site's research activities can be included in that document.

Note: In general, be conservative when requiring changes to the consent form. Keep the approval criteria in mind…we don't want perfect to be the enemy of the good! 😊

Pending vs Deferred (July 2023)

It has been a while since we covered what types of revisions will meet approval criteria as opposed to deferral. So, now is the time!

As a reminder**, if the IRB can't easily suggest changes and/or seek concurrence with a proposed revision, it's time to defer.** The IRB must always make sure that approval criteria are met. If more information is needed from a team to make that call, it's best to defer.

Per OHRP guidance, the IRB may require the following as conditions of approval of research:

8. **Confirmation of specific assumptions or understandings** on the part of the IRB regarding how the research will be conducted (e.g., confirmation that the research excludes children)
9. **Submission of additional documentation** (e.g., certificate of ethics training)
10. **Precise language changes** to protocol or informed consent documents
11. **Substantive changes to protocol or informed consent documents along with clearly stated parameters that the changes must satisfy.**

Please to review the existing guidance on the website for more specific scenarios that the Board may encounter.

Note: the IRB staff will be looking for very clear wording for any pending issues. Taking the time to clarify during the meeting avoids confusion and the need for further follow up.

Reviewer Conflicts (June 2023)

Any IRB member (or consultant) must disclose a conflicting interest in a project to the IRB Chair or Director before the project is reviewed by the Full Committee. The conflicted individual may not participate in the review of such project by any means. For studies reviewed by the Full Committee, the conflicted individual must leave the room during the discussion of and vote on such a project, *except when providing information at the IRB's request*. In those cases, the conflicted individual will be present to provide the information but must leave the meeting for the remainder of the discussion and vote on the item.

A "conflicting interest" of an IRB member or consultant, generally includes the following:

1. **Participation of themself or their spouse or dependent children** in a project, including serving as an investigator on the project, a member of the research team or involvement in the design, conduct, or reporting of the research;
2. **Supervisory relationship** between themself and the Principal Investigator of the research.
3. **Financial interest**, defined as:
    a. **Receiving payments** of $5,000 or more including salary; consulting fees; honoraria; and/or gifts received within the past 12 months or anticipated for the next 12 months (excluding salary, grant support, and other payments for services received from Emory University)
    b. **Equity or ownership interest** (**including stock options**) valued at $5,000 or more as determined by reference to the entity's publicly listed price (excluding mutual funds)
    c. Any equity or ownership interest in an entity if the entity's value cannot be determined by reference to publicly listed prices (e.g., **privately held companies, such as start-up companies**)
    d. **A position** as director, officer, partner, trustee, employee, or any other position of management
    e. **Receipt of licensing fees or royalties** from intellectual property rights (patent, copyright, trademark, trade secrets, etc.) that are more than $5,000 annually from an entity or for a technology related to an Investigator's teaching, research, administrative, or clinical duties at Emory
    f. **Any compensation** whose value could be affected by the outcome of the research.
4. **Personal relationship with investigator** (has an immediate family relationship or other close personal relationship with the investigator) NOTE: This does not mean a close *working relationship* (i.e., colleagues can review each other's studies unless they for some reason do not feel they can be objective);
5. **Fiduciary relationship** to sponsor or the product or service being studied (serves as an executive to a company sponsoring the research or the product or service being studied or serves on such a company's board of directors);

6. **Other non-financial interests** that may be conflicting interests, such as having an interest that they believe conflicts with the ability to review a project objectively;
7. Any other reason for which the individual believes they have a conflicting interest with the research.

If you have any Conflict of Interest with research reviewed by your committee, ***the sooner you alert your IRB committee staff pod, the better!*** *Staff will ensure that reviews are assigned appropriately, and quorum is maintained.*

Recruitment Methods (May 2023)

Recruitment is the beginning of the informed consent process. As a result, IRBs are required to ensure that information given to subjects as part of informed consent meets the requirements specified in the regulations at 45 CFR 46.116. In addition, the FDA wants an additional assurance that the recruitment materials do not promise a certainty of cure beyond what is outlined in the consent and the protocol.

Below is a summary of the basic information to consider when reviewing the materials provide by the team. As a reminder, the materials can be found in the smart form under "Local Site Documents" question #2.

Here is a link to additional guidance on the IRB website.

Recruitment Materials

Recruitment materials ***should***:

- Include name, address, and contact info of study site/study team.
- Detail the condition under study or purpose of the research.
- Cover basic eligibility criteria.
- Reference time or other commitment required.
- Mention participation benefits, if any (e.g., a no-cost health examination, participation in a nutrition program, etc.)

Recruitment materials ***should not***:

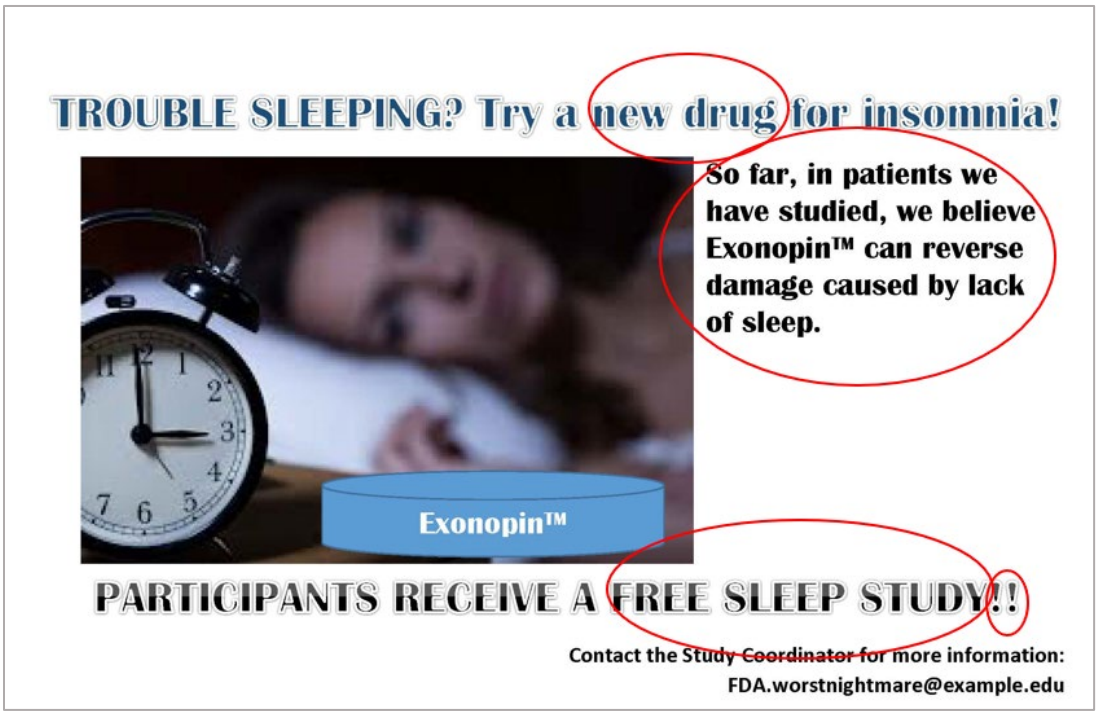
- Emphasize compensation in any way. For example, no **bolding**, *italicizing*, underlining, or different colored text.
- Overstate benefits to participation.
- Keep the scope of the research question in mind.
- Gloss over risks
- Based on FDA guidance, no claims should be made that test article is safe or effective for the purposes under investigation- including by research subjects (if applicable)
- Should not use terms like "new treatment", "new drug", etc., without explaining the test article is investigational.
- Ads shouldn't promise "free medical treatment" when the intent is to say subjects won't be charged for taking part in investigation.

Is the team proposing to review medical records for recruitment?

Once the population is identified, teams should **not** be "Cold Calling"

- Team should find a treating physician willing to make contact. The provider can then ask patient's permission to pass along contact info
- Passing along info about the study or providing a blank informed consent is not *engagement* in human subjects research thus no need to list treating physicians on the study if not engaged
- *Last resort:* researchers may obtain permission from physicians to contact their patients directly but must make it clear that physician was consulted in introduction

Example of what NOT to approve:



Reviewing Continuing Reviews (April 2023)

1. Reminder about expectations for both the **review** and **presentation** of continuing reviews (CRs). As a reminder, there is no need to complete a full review of the study. It's ok to focus **only** on the below:

   Where to focus your review

   - Look at information **since the last CR**
     - any modifications with any **significant** updates to study design?
     - any withdrawals? If so, were there any concerning facts associated with the summary?
     - Check for any concerning reportable new information (RNI's) that were not previously reported.
     - Discrepancies in enrollment data.
     - Any reports from data safety monitoring. Note: We ask analysts to request if missing. If there are any questions about what is provided, you may have to confirm intervals of review in the protocol.

   What to present:

   - Brief description of the study. Plan to hit on design, population, and any other important details related to review of progress.
   - Study status-enrolling, closed to enrollment?
   - Summary of feedback in DSMB reports e.g, statement about whether recommendations to proceed, concerns about progress, etc.
   - Determination of whether risk level is unchanged.

   ❖ The presentation generally takes a couple of minutes, assuming there are no concerns about progress in the last approval period.

2. When reviewing modifications to the study, it's important for the committee to determine whether the risk/benefit ratio remains favorable. Please remember to be explicit about that finding when preparing to vote.

3. Save the Date for the IRB Member Retreat! (It's in person this year-yay!)

   ❖ **When**: Friday, 8/18/2023 from 8-12
   ❖ **Where**: Miller Ward Alumni House
   We are planning to make it open to remote attendance, in case needed. There will be great topics and speakers. As a reminder, this is an opportunity to advance your knowledge as a member so please prioritize.
   Added perk: We will serve breakfast.
   A formal outlook invite will be coming your way soon!

Reviewing Modifications (March 2023)

This month's Take 5 will revisit the process for reviewing modifications. Specifically, what Members should expect from study teams. We know this can be tricky, so let us know if we didn't cover an area of confusion. As a reminder, study teams are instructed to clearly summarize what is included in a modification. Depending on what is being modified, teams may include tracked versions of documents or even a "summary of changes" document. The IRB is *most* concerned with changes that significantly impact risk or study design (e.g., IB updates, ICF risk updates, etc.).

- In the new system, we no longer require a "Tracked-change" version of a **word document**. Instead, study teams are directed to use the "Update" function to submit revisions to documents. The system can then automatically create a "compare" or "track-changes" version for the IRB.
- In cases where a **PDF** is uploaded, you should see either a stand-alone document summarizing changes or a page at the beginning of that details any updates. We generally only accept a PDF for IBs.
- In all cases, there should be some detail provided in the "Summarize the modification" section.

Below are some examples:

Investigator Brochures:

3. * **Summarize the modifications:**
CHANGES TO INVESTIGATOR BROCHURES
- IDO IB v1 Addendum 01 (26-Sep-2016)
- IDO IB v1 Addendum 02
- IDO IB v5
- IDO IB v8
- NIVO IB v19 Addendum 01
- NIVO IB v20 Addendum 01

In the example above, we would expect to see something in the actual **IB** that summarized what is being added/removed. We don't necessarily expect any additional detail in this section.

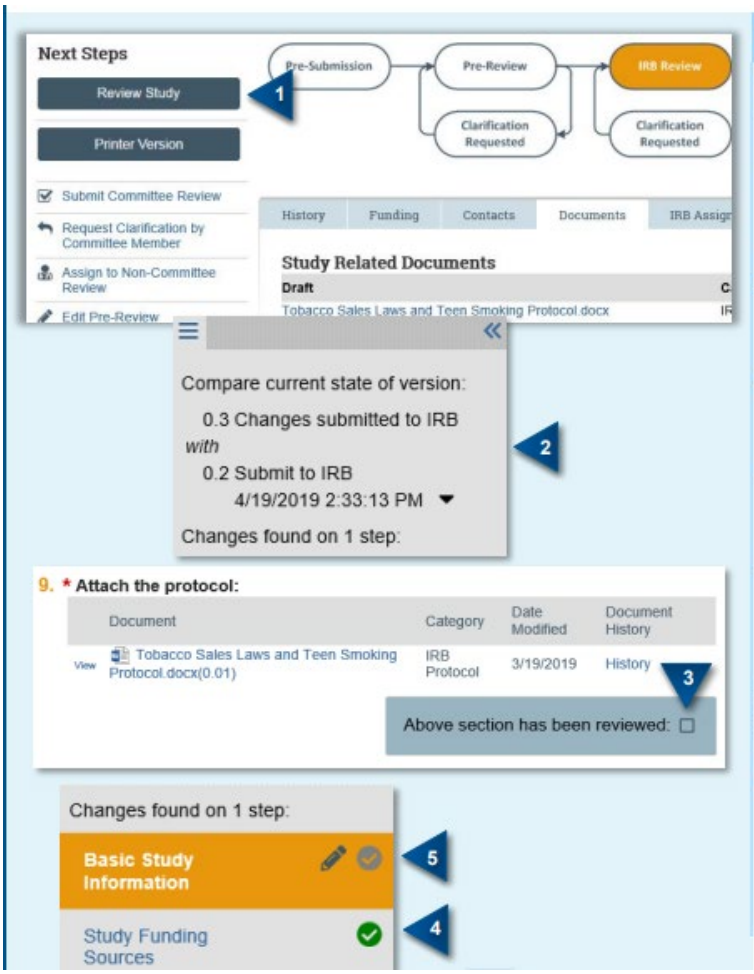
ICF and Protocol Revisions:

If there were **consent or protocol revisions**, we would expect something like you see below:

3. * **Summarize the modifications:**
1) addition of language to the ICF regarding the possibility of a port ---in discussing potential patients with Pediatric Research Unit at CAP, they brought up that a need for a port may become an issue for these very young patients. Even though the IV portion of the protocol is only 6 months and then IM injections become possible, the infusions are weekly. We would like to add language to the ICF that introduces this possibility at the time of consent, even though it may never become necessary. Also since the consent will be needed to be translated we would rather not wait to add this language. (the sponsor has agreed to pay the cost of a port if necessary and the patient's choice)

2) addition of the Spanish translation documents for travel services

Technical steps to review a modification in the system



Review the Submission Pages

Review the submission and attached documents using the following tools:

1. Click **Review Study** and review each section. You can scroll through the submission or use the Left Navigator to jump to specific sections of the form.
2. To see what changed between this and a previous version, look in the Compare section of the Left Navigator.
3. After reviewing each section, select the check box at the bottom to indicate you have reviewed it.
4. The section turns green, and a green check mark appears in the Left Navigator.
5. If the submission is edited later, the green check mark is removed and a pencil icon is added, indicating to review that section again.

Note: This **Review Tracker** feature does not stop a submission from moving forward in the review process.

6. Click the **Reviews** tab to access reviews completed by other committee members or reviewers.

"Study Scope" for Drugs and Devices (December 2022)

This month's "Take 5" covers considerations around the "**Study Scope**" question for studies involving drugs and/or devices…

- ❓ Should the study team have completed the "Devices" and/or "Drugs" section of the smartform?
- ❓ What information does the IRB need about the drug/device, and where should it be?
- ❓ Is the study really FDA-regulated?

Device	Drug
*"Does the study evaluate **the safety or effectiveness** of a device or use a humanitarian use device (HUD)?"*	*"Does the study **specify the use** of an approved or unapproved drug or biologic?"*
If the team answers "yes" - the device details and IRB Device Checklist will be in the *Devices* smartform section. If the team answers "no" - the device should be described in the submission, but you will not see the *Devices* section. • Information can be in the protocol and in uploaded manuals. • The IRB should determine when it has enough information to assess the risks and benefits of the study. • Also, FDA regulations **may not** apply. Examples of when FDA regulations would generally **not** apply, and no Device section is required: ➢ An FDA-approved device is used to test a physiologic principle, and no data is collected *about* the device; ➢ An FDA-approved device is used to address a research question and no data is collected *about* the device; or ➢ An FDA-approved device is used for clinical purposes (e.g., to monitor a side effect, measure treatment progress in a study) with no intent to assess safety or effectiveness of the device, nor to support a new indication for marketing	**Note**: FDA regulations generally always apply if a drug is being used as part of the research intervention, and the smartform answer should be "Yes." ❖ **Exception**: If the study only involves collection of data from **Standard of Care treatment**, the study team should likely answer "*No*." You should see the details outlined in the protocol as opposed to uploaded under the "Drug" section of the smart form. ❖ Caveat: if the study *assigns* participants to one or more "standard of care" treatments (i.e. a "comparative effectiveness" study), *the **Study Scope** question should be answered "Yes"*

Device	Drug
➢ A non-FDA-approved device is used for research data collection, with no intent to assess safety or effectiveness of the device (e.g. a research-use-only neural stimulator used to measure physiological reactions in healthy volunteers)	
Definition: The term "**device**" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part, or accessory, which is: (A) recognized in the official National Formulary, or the United States Pharmacopeia, or any supplement to them, (B) intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or (C) intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of its primary intended purposes. The term "device" does not include software functions excluded pursuant to section 360j(o) of this title.	**Definition:** The FDA defines a **drug**, in part, as "intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other than food) intended to affect the structure or any function of the body of man or other animals." *If a study evaluates the effectiveness of a food or dietary supplement to diagnose, cure, treat, or mitigate a disease or condition, it will likely qualify as a drug.

Clinical Decision Support Software (October 2022)

This month's ***Take 5*** introduces new FDA guidance on "Clinical Decision Support Software".

Good news!

The FDA just provided a helpful "infographic" we can use to determine when "Clinical Decision Support" software is a "medical device" per FDA rules.

What is "Clinical Decision Support" software?

It is *software* that is "intended to provide decision support for the diagnosis, treatment, prevention, cure, or mitigation of diseases or other conditions." Think of an app that guides doctors on how much of

a certain medication to give based on certain lab results, based on standard guidelines. It can also refer to a specific function of a larger platform or app.

Why is this FDA guidance useful?

Because the IRB needs to know for sure when a study is an "FDA regulated clinical investigation" - for example, when the objective is to test a "drug" or "device."

Why do we care about that?

Because this impacts (1) the consent form language [FDA must be referenced in the *Confidentiality* or *HIPAA* section], (2) the need for continuing review, and (3) whether a study is subject to audit by the FDA.

What does the guidance say?

The guidance itself isn't really new - the infographic makes the very long text-based guidance easier to digest.

Per the guidance, a software function **must** meet all four criteria below to be considered a **Non-Device CDS**.

1. The software function does NOT acquire, process, or analyze medical images, signals, or patterns.
2. The software function displays, analyzes, or prints medical information normally communicated between health care professionals (HCPs).
3. The software function provides recommendations (information/options) to a HCP rather than provide a specific output or directive.
4. The software function provides the basis of the recommendations so that the HCP does not rely primarily on any recommendations to make a decision.

*If all **four criteria are** met, the software function may be **non-device CDS**. If a study includes software that **does not meet the above criteria**, we will apply typical device determinations (e.g. "non-significant risk device").

See the next page for a really helpful graph:

Your Clinical Decision Support Software: Is It a Device?

FDA

The FDA issued a guidance, Clinical Decision Support Software, to describe the FDA's regulatory approach to Clinical Decision Support (CDS) software functions. This graphic gives a general and summary overview of the guidance and is for illustrative purposes only. Consult the guidance for the complete discussion and examples. Other software functions that are not listed may also be device software functions. *

Your software function must meet all four criteria to be Non-Device CDS.

Summary interpretation of CDS criteria

1. Your software function does **NOT** acquire, process, or analyze medical images, signals, or patterns.
2. Your software function displays, analyzes, or prints medical information normally communicated between health care professionals (HCPs).
3. Your software function provides recommendations (information/options) to a HCP rather than provide a specific output or directive.
4. Your software function provides the basis of the recommendations so that the HCP does not rely primarily on any recommendations to make a decision.

Your software function may be non-device CDS.

Non-Device Examples

Non-Device examples display, analyze, or print the following examples of medical information, which must also not be images, signals, or patterns:

- Information whose relevance to a clinical decision is well understood
- A single discrete test result that is clinically meaningful
- Report from imaging study

AND

Non-Device examples provide:

- Lists of preventive, diagnostic, or treatment options
- Clinical guidelines matched to patient-specific medical info
- Relevant reference information about a disease or condition

AND

Non-Device examples provide:

- Plain language descriptions of the software purpose, medical input, underlying algorithm
- Relevant patient-specific information and other knowns/unknowns for consideration

Device Examples

Device examples acquire, process, or analyze:

- Signal acquisition systems
- In vitro diagnostics
- Magnetic resonance imaging (MRI)
- Next Generation Sequencing (NGS)
- Continuous Glucose Monitoring (CGM)
- Computer aided detection/diagnosis (CADe/CADx)

OR

Device examples display, analyze or print:

- Continuous signals/patterns
- Medical images
- Waveforms (ECG)
- More continuous sampling (aka – a signal or pattern)

OR

Device examples provide:

- Risk scores for disease or condition
- Probability of disease or condition
- Time-critical outputs

OR

Device examples:

- Basis of recommendations is not provided

Your software function is a device.

***Disclaimer:** This graphic gives a general overview of Section IV of the guidance ("Interpretation of Criteria in Section 520(o)(1)(E) of the FD&C Act"). Consult the guidance for the complete discussion. The device examples identified in this graphic are illustrative only and are not an exhaustive list. Other software functions that are not listed may also be device software functions.