Title: **IRB Initial Review of Research Protocols**	*Applicable to: **Beaumont Health**	Effective Date: **03/16/2018**
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Policy Owner: **Administrative Director**	Document Type: **Policy**	Functional Area: **IRB and Clinical Research, Research Institute**

***For This Document, Beaumont Health Includes**:
Beaumont Corporate Shared Services
Beaumont Hospital, Dearborn
Beaumont Hospital, Farmington Hills
Beaumont Hospital, Grosse Pointe
Beaumont Hospital, Royal Oak
Beaumont Hospital, Taylor
Beaumont Hospital, Trenton
Beaumont Hospital, Troy
Beaumont Hospital, Wayne
Beaumont Medical Group
Beaumont Pharmacy Solutions
Post Acute Care

I. PURPOSE:

The purpose of this policy is to ensure Beaumont Health (BH) is in accordance with Department of Health and Human Services (HHS) regulations and Food and Drug Administration (FDA) regulations, which mandate all research involving human participants must be reviewed and approved by an Institutional Review Board (IRB) prior to the implementation of such research activities.

II. SCOPE:

This policy applies to investigators, key personnel, IRB members and staff.

III. POLICY:

A. **The Beaumont Health (Beaumont) IRB serves as the primary Institutional Review Board for human participant research conducted at Beaumont (for information about the use of external IRB's, see policy *Review by an External Institutional Review Board*).** The BH Institutional Review Board (IRB) serves as the IRB for all BH human participant research. Beaumont research encompasses all laboratory based, translational and clinical research conducted at BH, or utilizing BH facilities, patients or staff (including retrospective studies of specimens or medical records). Any investigation involving human participants at BH requires prior review and approval by the IRB. This includes but is not limited to:

1. Clinical research conducted at BH facilities.

2. Outcomes or registry studies where data collection is taking place in the private practice, but the surgical procedure or intervention being assessed, took place at BH.
3. The investigator or key personnel are BH employees, residents or fellows.
4. Research being conducted by the BioBank, wherein they are responsible for collecting and analyzing specimen being studied (unless by contract with an outside agency) appropriately reviewed and approved by Research Administration.
5. Research funded by BH (fully or in part), including funding by internal and external grants, philanthropic funds from the Beaumont Foundation and cost sharing.

B. The level of IRB review a protocol will undergo is based on the type of protocol submitted. The IRB will determine the level of review required, upon receipt of the submission. The types of IRB review include:
1.Exempt review
2.Expedited review
3.Full board review.

C. In addition, IRB notification is required for the:
1. Emergency use of a non-approved investigational drug or biologic or a non-approved investigational device, and
2. Humanitarian or treatment use (compassionate use) of an investigational drug or biologic or a non-approved investigational device.

D. The criteria for initial IRB review and approval of research protocols are set forth by HHS and FDA regulations and include determining the level of participant risk, potential benefit, the informed consent process and documentation, use of protected health information, and safeguarding the participant.

E. The IRB process to conduct initial review, continuing review, and review of modifications to previously approved research may involve approval with conditions:
1. Substantive changes or requirements, requests for more information for IRB consideration, and other issues related to the criteria for approval require review and approval by the convened IRB.
2. Minor or prescriptive changes or requirements may be reviewed for approval by the IRB chair, or designated IRB member.
3. The date of IRB approval is the date all of the conditions were determined to be met.

IV. SCIENTIFIC EVALUATION:

A. All initial protocol submissions to the IRB require signature of the department/division Chairperson, which attests to the scientific validity and benefit of the proposed research and confirms support and resources necessary to conduct the research will be made available.

B. A full scientific review of investigator-initiated, greater than minimal risk research by the Scientific Review Committee is required prior to IRB submission.

C. The IRB will review a research protocol involving human participants to determine if the research design is sound enough to yield the expected knowledge. When additional verification is needed, the IRB may use consultants or contact the department Chairperson or their designee to provide input. Consultants to the IRB must be free from any conflict of interest with the research study under review.

V. GENERAL IRB GUIDELINES

A. The IRB must receive sufficiently detailed information in the submitted materials to make determinations, according to federal guidelines. The IRB will ensure all regulatory criteria cited at 45 CFR 46.111 Criteria for IRB Approval of Research are satisfied. These criteria include:
   1. Risks to participants are minimized by using procedures consistent with sound research design and which do not unnecessarily expose participants to risk, and whenever appropriate, by using procedures already being performed on the participants for diagnostic or treatment purposes.
   2. Risks to participants are reasonable in relation to anticipated benefits, if any, to participants and the importance of the knowledge that may reasonably be expected to result.
   3. Selection of participants is equitable.
   4. Informed consent will be sought from each prospective participant or their legally authorized representative.
   5. Informed consent will be appropriately documented.
   6. When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure participant safety.
   7. When appropriate, there are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data.

B. When some or all of the participants are likely to be vulnerable to coercion or undue influence, such as children, pregnant women, cognitively impaired, employees, trainees or economically or educationally disadvantaged persons, additional safeguards must be included to protect the rights and welfare of these participants. Prisoner research is not conducted at BH.

The materials for submission of a new protocol to the IRB include:

1. A completed IRB application in iMedRIS.
2. A completed IRB *Research Waiver of Authorization.*
3. The Informed Consent and Authorization/ Assent /Information Sheet documents (with appropriate prior approvals i.e., HHS or Department of Defense if applicable).
4. A full protocol, approved by the FDA, HHS or any other agency or institution with oversight of the research.
5. A copy of the federal grant proposal when applicable.
6. Conflict of Interest Disclosures for each individual listed as Key Personnel.
7. An Investigator's Brochure, if applicable.
8. Any surveys, questionnaires or other measurement tools.
9. All appendices.
10. Any advertisements.
11. Curriculum vitae (CVs) and other pertinent data which may assist in the decision making process.
12. The FDA issued IDE letter, if the research includes a device.

C. If the PI plans to collaborate or share data with another institution and the research is not otherwise covered by a clinical trial agreement or contract, a research collaboration or data use agreement must be completed.

D. Upon receipt of the submission by the IRB, a pre-review will be conducted by an IRB staff member using the Pre-Review Checklist. The checklist includes a comprehensive administrative review to assure completeness, consistency of information and compliance with regulations and policies.

E. The level of IRB review required is determined by the IRB Chairperson or his/her designee. The criteria used to determine the type of initial review a protocol submission will receive can be found in the IRB Policies and Procedures on the Research Institute web pages on *Inside Beaumont.*

VI. FULL BOARD REVIEW SUBMISSION GUIDELINES:

A. In order to give committee members adequate time for review, the IRB abides by strict submission deadlines (see IRB website Submission Information, Meeting Dates and Deadlines). Instructions for using iMedRIS are located on the IRB webpages and within iMedRIS.

B. When a submission is received in the IRB Office, it is date stamped, checked for proper original signature, logged into the database, and assigned an IRB protocol number. If it is determined the

protocol must undergo full board review, the IRB Chairperson or his/her designee will assign the protocol to a primary reviewer.

VII. FULL BOARD REVIEW

A. A complete set of study materials (IRB application, informed consent and authorization/assent/ information sheet, IRB Research Waiver of Authorization, full protocol including grant proposal, Investigator Brochure (if applicable), surveys, questionnaires or other measurement tools, appendices, advertisements, HHS-approved sample consent document (if applicable), complete HHS-approved protocol (if applicable), any relevant grant applications or other pertinent data are available to the primary reviewer, IRB chairperson and IRB Manager in iMedRIS, for the review of research. The study materials are made available to the reviewers in sufficient time (approximately one week) to allow for a complete review prior to the scheduled IRB meeting. To assure a comprehensive review, the primary reviewer will use the Primary Review Checklist.

B. An agenda is sent to all IRB members with the IRB application, reviewer checklists, the protocol, informed consent and authorization/ assent/ information sheet documents, questionnaires, surveys, and advertisements in iMedRIS prior to the IRB meeting and in sufficient time (approximately one week) to allow for a complete review.

C. The entire application will be available at the meeting for members to use during the course of the discussion.

D. IRB members will evaluate each project, utilizing the provided Reviewer Checklists and project materials, for regulatory criteria required for IRB approval including the following:
   1. Merit-sound research design that minimizes risk,
   2. Risk/Benefit ratio,
   3. Equitable selection of participants,
   4. Consent process and documentation,
   5. Safety monitoring,
   6. The protection of privacy and confidentiality,
   7. The potential for coercion in vulnerable participants and to ensure adequate protection afforded against coercion.

E. The primary reviewer will conduct a complete review of the protocol and application documents. At the convened IRB meeting, the primary reviewer will summarize the study, discuss issues and concerns in detail, and field questions from IRB members. The IRB Chairperson will then open the floor for discussion of the protocol. All IRB members will be afforded full opportunity to discuss each research proposal during the convened meeting. If a

Committee member has a conflict of interest with the research or is listed as key personnel on a study, the member will be recused prior to the final discussion and vote. The conflict of interest and recusal will be noted in the meeting minutes. The PI or co-investigator is encouraged to attend the portion of the meeting at which their project is being reviewed, in order to answer committee questions. Greater than minimal risk, investigator initiated studies highly recommends the PI or co-investigator participation in the IRB meeting introduction of the project and to answer committee questions, in order to facilitate review.

F. Safety Committee(s) review of IRB submission materials will be required for a subset of studies. Upon completion of Safety Committee(s) review, a signoff on the IRB application or a letter documenting Safety Committee(s) review outcome is required. The Safety Committees include:
   1. Pharmacy review for a drug or biologic research study;
   2. Radiation Safety review for therapeutic radiation and/or diagnostic radiation exposure;
   3. Institutional Biosafety review for a study involving the use of potentially pathogenic infectious agents (including bacteria and viruses), or the transfer of recombinant or synthetic nucleic acid molecules, in vivo (in humans or experimental animals) or in cell culture and/; or
   4. Clinical Engineering for a study involving a device.

VIII. EXPEDITED REVIEW OF INITIAL PROTOCOL SUBMISSIONS:

A. Research activities involving no more than minimal risk and in which the only involvement of human participants will be in one or more of the Expedited categories found in IRB Policy (213) *Expedited Review of Research* will be eligible to undergo Expedited review by the IRB. Minimal risk means the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

B. An experienced IRB member, without a project-specific conflict of interest as documented on the Reviewer Checklist, will conduct the IRB review. The expedited review may be conducted by the IRB Chairperson, IRB manager, IRB research nurse clinician, IRB coordinator or other IRB member as deemed appropriate by the IRB Chairperson, per Expedited categories found in policy (213) *Expedited Review of Research*, following 21 CFR 56.110. The expedited reviewer may consult with other IRB member(s) or a non-IRB member consultant with special expertise in the scientific area or discipline or special population being studied. However, the reviewer remains responsible for their review and approval of research using the expedited procedure. The expedited reviewer may approve, require modifications or if the reviewer feels the protocol qualifies for disapproval the protocol would be submitted to the full board for review.

IX. EXEMPT REVIEW OF INITIAL PROTOCOL SUBMISSIONS:

A. Research activities in which the only involvement of human participants will be in one or more of the Exemption categories found in the IRB policy (231) *Research Exempt from Full IRB Review*, may be eligible for exemption from further review by the IRB. A PI cannot begin a research protocol until after "concurrence" of Exemption status has been provided in writing, by a designated member of the IRB.

X. CONFLICT OF INTEREST:

A. If an individual listed as Key Personnel discloses a potential conflict of interest, the IRB will refer the disclosure to the Director of Research Regulatory and Billing for review by the Research Institute Conflict of Interest Committee (COIC). Recommendations from the COIC will be presented to and reviewed by the IRB for their concurrence or additional recommendations. (See *Conflict of Interest for an Individual Involved in Research)*

B. If a member of the convened IRB has a vested interest (e.g., business partner or clinical associate) or a conflict of interest in a protocol under discussion, he/she may be present during the presentation of the project but must recuse self and leave the room during deliberation and voting on those protocols. (See RI policy *Institutional Conflict of Interest*).

XI. FULL BOARD RECOMMENDATION:

A. A primary reviewer may recommend one of the following for each new application:
   1. **Approve** - this indicates full approval has been granted, and the research may begin.
   2. **Modifications Required** - this indicates the protocol requires minor revisions and/or clarifications which must be rectified (within a reasonable period of time) prior to approval being granted. When the PI completes the modifications required the IRB Chairperson, or his/her designee, will review all of the information submitted for accuracy prior to approval.
   3. **Defer** - this indicates a number of significant questions and concerns could not be resolved at the IRB meeting. If modifications are required to aspects of the protocol related to Regulatory Criteria for IRB Approval of Research, per 45 CFR 46.111, deferral will occur.
   4. **Disapprove** - the IRB may disapprove a research protocol based on concern for human participant safety, which in the Committee's opinion, cannot be readily resolved by the PI. Concerns which might result in disapproval are major scientific or ethical problems, lack of oversight, lack of qualified staff to conduct the study, etcetera.

B. The reviewer's recommendation will be made in the form of a motion.

The motion made by the reviewer should contain the following elements:

1. The level of approval (approved, modifications required, deferred, disapproved).
2. The recommended revisions and/or clarifications (minor/substantive revisions).
3. Other pertinent issues related to the proposal.
4. Reasons for recommended disapproval, if appropriate.
5. Inclusion or exclusion of vulnerable populations are appropriate in the protocol; e.g. cognitively impaired participants, pregnant woman and fetus, and children. (See IRB policy 242 *Vulnerable Populations –Children as Research Participants* for details).
6. Level of risk for pregnant woman and her fetus.
7. Level of risk for pediatric protocols (outlined below):.
   a. Research presenting "no greater than minimal risk to children."
   b. Research involving an intervention or procedure presenting more than minimal risk to children which offers the "prospect of direct benefit" or may "contribute to the well-being of the individual child."
   c. Research involving an intervention or procedure which presents only a "minor increase over minimal risk," yet does not offer any "prospect of direct benefit" or "contribute to the well-being" of the child.
8. Time frame for frequency of review - criteria used to determine how often a protocol will require IRB continuing review are:
   a. The probability and magnitude of anticipated risks to participants,
   b. Likely medical conditions of proposed participants,
   c. Qualifications and experience of principal investigator and research staff,
   d. The nature and frequency of adverse events in similar studies at BH and other sites,
   e. The vulnerability of the population being studied, and
   f. Any other factors identified as pertinent by the IRB.

C. Each motion must be seconded by another IRB member. After the motion has been made, the IRB Chairperson will open the floor for further discussion, and conduct a final vote. Each application is voted on separately. Members have the option of voting "For" or "Against" the recommendation or "Abstaining" from the vote. The Chairperson will call for each type of vote (For, Against, Abstain) separately.

D. A detailed account of each vote shall be entered into the minutes for each protocol separately, and will include the number of members "For", "Against", "Abstaining", and all of the above elements of the motion. Details about the discussion points, concerns, major questions and recommendations are entered into the minutes for each protocol.

E. **Vulnerable Populations** - A separate vote will be taken for each vulnerable population category to be enrolled in a study at the initial review or if there is a new vulnerable population

added to an amendment. The vote is to establish the IRB opinion on whether appropriate safeguards are in place to protect the vulnerable populations included in study participation.

F. **Modifications Required -** If the IRB requires modifications prior to approval:
   1. Substantive changes or requirements, requests for more information for IRB consideration, and other issues related to the criteria for approval require review and approval by the convened IRB.
   2. Minor or prescriptive changes or requirements may be reviewed for approval by the IRB chair, or designated IRB member.
   3. The date of approval is the date all the conditions were determined to be met.

G. **Communication of Review Outcome** - Following the meeting, results of the Committee's deliberations along with any required modifications are communicated to the PI, generally within one (1) week of the formal decision.

H. **Continuing Review** - All research approved by the IRB is subject to continuing review annually or more frequently as determined by the IRB. See IRB policy (205) *Continuing Review and Renewal of a Protocol.*

I. **Member Communication -** The IRB minutes, available to all members, are the set of documents which arise from a convened IRB meeting and include the attendance record, voting record and other panel composition documentation. The IRB has developed a process to inform IRB members about research protocols or plans which have been approved using the expedited procedure. In order to communicate findings and actions from reviews using the expedited procedure, the IRB lists each expedited review (initial project review, continuing review and amendments) and general information about the review in the minutes. General information may include, but is not limited to, the IRB number, PI name, study title and submission outcome. Members are prompted to access the study file in the IRB electronic system for more review details, such as protocol-specific justifications for regulatory determinations of waiver of consent, waiver of consent documentation, inclusion of pregnant women, inclusion of children and significant/non-significant risk device determinations, which are found on reviewer checklists. Written directions for accessing the study file in iMedRIS are included in each set of minutes.

XII. REGULATORY REFERENCES:

45 CFR 46.108(b) IRB Functions and Operations
21 CFR 56.108(b) IRB Functions and Operations
21 CFR 56.110 Expedited Review Procedures
45 CFR 46.111 Criteria for IRB Approval of Research

21 CFR 56.111 Criteria for IRB Approval of Research
45 CFR 46.111 (b) Subparts B-D

XIII. APPLICABLE POLICIES:

IRB policy 213 *Expedited Review of Research*
IRB policy 231 *Research Exempt from Full HIC Review*
BH policy *Institutional Conflict of Interest*
IRB policy *Research Supported by the Department of Defense*
IRB policy *Review by an External Institutional Review Board*
IRB policy *Criteria for Determining the Frequency of Review*
IRB policy *Continuing Review and Renewal of a Protocol*

CORPORATE AUTHORITY:

Beaumont Health ("BH") as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., ("Subsidiary Hospitals") establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals' workforces are collectively designated as BH workforce throughout BH policies.