

## **SOP: 404**

### **Continuing Review**

#### **1. POLICY**

The IRB shall conduct continuing review of research taking place within its jurisdiction at intervals appropriate to the degree of risk to participants. Periodic review of research activities is necessary to determine whether approval should be continued or withdrawn. All research involving human participants must be reviewed no less than once per year.

The IRB systematically reviews the IRB Continuing Review application, research protocol, consent forms, and the HIPAA forms, which address the arrangement for protecting privacy and confidentiality of research participants during the conduct of the research.

The IRB systematically reviews the IRB Continuing Review application, research protocol, consent forms, and the HIPAA forms, which address the proposed arrangement for storage of identifiable data during and after the conclusion of the study.

IRB approval may be withdrawn at any time if warranted by the conduct of the research. Federal regulations authorize the IRB to establish procedures for the concurrent monitoring of research activities involving human participants.

IRB approval for the conduct of a research project may be revoked if the risks to the participants are determined to be unreasonably high, for example, in cases in which there is more than an expected number of adverse events, unexpected serious adverse events; the Investigator and/or research staff have not completed the education requirements or there is evidence that the Investigator is not conducting the research in compliance with IRB or Institutional guidelines.

Such findings may result in more frequent review of the research project to determine if approval should be withdrawn or enrollment stopped until corrective measures can be taken or the research project terminated.

The expiration date of IRB approval is defined as the last date that the protocol is approved.

#### **Specific Policies**

##### **1.1 Determining Appropriate Interval for Continuing Review**

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

Investigators or qualified designees shall submit an Application for Continuing Review prior to the expiration of the research project or as specified by the IRB, but at least once per year.

HSC Campus: The application shall be filed with the IRB office approximately 75 days before the research project approval period ends.

Norman Campus: The application shall be filed with the IRB office approximately 60 days before the research project approval period ends.

## **1.2 Extensions of Approval Period**

There shall be no grace period extending the conduct of the research beyond the expiration date of IRB approval. Extensions beyond the expiration date are not granted. If the Application for Continuing Review and other supporting documents are not received as required and the Application for Continuing Review has not been approved by the IRB, the Investigator must stop enrollment and all other research project activities including recruitment, interventions, interactions, and collection of private identifiable data until the Continuing Review is reviewed and approved. The IRB shall notify the investigator to stop research project activities and to submit to the IRB Chair a list of participants who could experience harm if research procedures are stopped, along with the investigator's reasons for that assessment.

If the investigator submits such a list to the IRB Chair, and in the opinion of the IRB Chair (or in the case of VA research, the opinion of the IRB Chair and VA Medical Center Chief of Staff), participants in the research project could suffer a hardship if medical care was discontinued, appropriate medical care may continue beyond the expiration date of the IRB approval for a reasonable period of time. For VA research the IRBs shall report expiration (suspension) of research to the sponsor and other agencies as described in SOP 308, Reporting to Regulatory Agencies and Institutional Officials.

The University must seek continuing review as long as the research remains active for long-term follow-up of participants, even when the research is permanently closed to the enrollment of new participants and all participants have completed all research-related interventions.

The University must seek continuing review when the remaining research activities are limited to collection of private identifiable information.

The IRB addresses on a case-by-case basis those rare instances where failure to enroll new participants could seriously jeopardize the safety or well being of an individual. Prospective research data cannot be collected nor can research-related procedures be performed until the IRB reviews and approves a Continuing Review Application.

## **1.3 Continuing Review Criteria**

### **Criteria for IRB Approval of Research.**

- A. In order for the IRB to approve research covered by this policy, all of the following requirements must be satisfied:
  1. Risks to subjects are minimized: (i) By using procedures that are consistent with sound research design and that do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes.

2. Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and to the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB shall consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB shall not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
  3. Selection of subjects is equitable. In making this assessment, the IRB shall take into account the purposes of the research and the setting in which the research will be conducted. The IRB shall be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, handicapped or mentally disabled persons, or economically or educationally disadvantaged persons.
  4. The investigator will obtain informed consent from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by, CFR 45 [§46.116](#)
  5. The University shall document informed consent in accordance with, and to the extent required by, CFR 45 [§46.117](#).
  6. When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.
  7. When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.
- B. When some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, handicapped or mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

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

As an outcome of continuing review, the IRB may require that the research be suspended or terminated as per SOP 411, Suspension or Termination of IRB Approval.

As an outcome of continuing review, the IRB may require that any significant new findings that arise from the continuing review process and that might relate to participants' willingness to continue participation will be provided to participants.

As an outcome of a continuing review which is not resolved within 60 days after expiration, the IRB Chair may inactivate the study.

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

At least one reviewer will receive and review all information that the convened IRB would have received. See SOP 402, Expedited Review.

#### **1.6 Data Monitoring Reports**

Investigators acting as sponsors and who hold the IND for the study have additional reporting requirements to the FDA. The investigator is required to submit an annual report to the FDA and is notified by the IRB sixty days in advance of its due date. Compliance with this requirement is monitored by the IRB via the continuing review application.

## **2. SCOPE**

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

## **3. RESPONSIBILITY**

The IRB Staff is responsible for notifying investigators to submit their Applications for Continuing Review.

The IRB Chair or designee is responsible for providing IRB members adequate submission review training and ongoing guidance and for selecting one primary and one secondary reviewer with the relevant expertise to perform reviews and make necessary recommendations on approval decisions by the IRB. If the IRB Chair or designee cannot select primary and secondary reviewers with the relevant expertise the IRB Chair or designee shall defer the review to another IRB with primary and secondary reviewers with the relevant expertise or obtains consultation for that expertise.

The IRB Chair or designee and the IRB Administrator are responsible to check each item on the agenda to determine whether a consultant is needed for additional expertise, such as scientific or scholarly expertise in a particular field, expertise regarding the local context or knowledge, or experience in working with vulnerable populations.

The primary and secondary reviewers are responsible to conduct an in-depth review of all materials.

All other IRB members are responsible to review all provided materials in enough depth to be prepared to discuss the information at the convened meeting.

The HRPP Director is responsible for establishing and implementing processes for making research renewal decisions.

The IRB is responsible for timely and thoroughly reviewing of the Application for Continuing Review, communicating to the investigator any needed changes, and reviewing and taking action prior to the approval expiration date.

The investigator is responsible for submitting a copy of the last signed consent form/assent form at the time of continuing review.

The IRB is responsible to verify that the correct consent form/assent form is being utilized.

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

21 CFR 56.108,111

45 CFR 46.111

OHRP Guidance on Continuing Reviews, July 11, 2002

## 5. REFERENCES TO OTHER APPLICABLE SOPs

SOP 301, Research Submission Requirements

SOP 308, Reporting to Regulatory Agencies and Institutional Officials

SOP 402, Expedited Review

SOP 411, Suspension or Termination of IRB Approval.

## 6. ATTACHMENTS

203-H	Continuing Review Reviewer Checklist (HSC)
203-H-1	Continuing Review Reviewer Checklist (NC)
301-B	Application for Continuing Review or Final Closure Report
301-B-1	Continuing Review of Approved Research
404-A	Determination of Approval & Expiration Date Examples
601-V	Continuing Review Periodic Report Request
203-E	Reviewer Checklist for Research Involving Pregnant Women, Fetuses & Neonates (HSC)
203-E-1	Reviewer Checklist for Research Involving Pregnant Women, Fetuses & Neonates (NC)
203-F	Reviewer Checklist for Research Involving Prisoners (HSC)
203-F-1	Reviewer Checklist for Research Involving Prisoners (NC)
203-G	Reviewer Checklist for Research Involving Children (HSC)
203-G-1	Reviewer Checklist for Research Involving Children (NC)
203-D	VA Research Reviewer Checklist

## 7. PROCESS OVERVIEW

- 7.1 IRB Staff makes sure all documents are reviewed for submission, per SOP 301, Research Submission Requirements.
- 7.2 The IRB Administrator provides to the IRB Chair, designee, or the IRB the item to be reviewed and the tools to conduct the review.
- 7.3 Continuing review of research is conducted at intervals appropriate to the degree of risk to the participant, but not less than once per year. Research must be reviewed and approved on or before the one-year anniversary date of the previous IRB review date.
- 7.4 At the time of approval, the research project is given an approval-through date that is recorded in the IRB database. Investigators or qualified designees are required to submit an Application for Continuing Review before the expiration of the study or as specified by the IRB, but at least once per year. The approval period is determined at initial review and depends on the level of risk.

HSC Campus: The application shall be filed with the IRB office 75 days before the end of the research project approval period.

Norman Campus: The application shall be filed with the IRB office 45 days before the end of the research project approval period.

- 7.5 Monthly reports from the IRB database are generated based on the expiration date. The report lists the continuing reviews due by the month of expiration.
- HSC Campus: First reminder notices are generated from the database 90 days prior to expiration, with a due date of the 15<sup>th</sup> of the month or the next business day thereafter.
- Norman Campus: First reminder notices are generated from the database 75 days prior to expiration with a due date of 60 days from the date of the reminder notice or the next business day thereafter.
- 7.6 The IRB sends subsequent reminders to the Investigator by email and/or telephone calls.
- 7.7 Federal regulations do not allow for a grace period or extension of the approval period. If the Application for Continuing Review is not reviewed and approved by the end of the approval period, the Investigator may not continue enrollment or other research activities. The Investigator is responsible for notifying the IRB if there is a need to continue medical treatment of current participants for their safety and well-being.
- 7.8. When a continuing review is not resolved within 60 days after the project has expired, the IRB Staff will present the project to the IRB Chair for inactivation.
- 7.9 When the Application for Continuing Review is received in the IRB Office, the IRB staff reviews it for completeness and type of review. All expedited Applications for Continuing Reviews are given to the IRB Chair or designee for review. The Applications for Continuing Review for the convened IRB are added to the next appropriate meeting agenda for review.
- 7.10 The IRB provides all documents included with the Application for Continuing Review to all IRB members. These documents include the Application for Continuing Review, protocol or protocol summary, consent form(s), Research Authorization forms, and all documents as outlined in the Application for Continuing Review.
- 7.11 Review by the Convened IRB: The convened IRB reviews all documents at the meeting and makes recommendations for approval, contingent approval, deferral, or disapproval as follows:
- A. Approval: If the IRB approves the Application for Continuing Review without revisions, the IRB Administrator generates an approval letter for signature by the IRB Chair.
  - B. Contingent Approval: If the IRB determines minor changes are required, the IRB Administrator generates a Contingent Approval letter notifying the Investigator of the requested changes. When the Investigator returns the changes, the IRB Administrator reviews the changes for completeness. The IRB Administrator notes any deficiencies or discrepancies for the IRB Chair and forwards the Continuing Review report to the IRB Chair for review. If the Board-requested changes are not received before the expiration date, the IRB Administrator generates a Notice of Expiration letter.
  - C. Deferral: The IRB may determine that substantive clarifications or modifications regarding the protocol or informed consent documents

are required. In these cases, the IRB defers approval, pending subsequent review by the convened IRB of responsive material. The IRB Chair contacts the Investigator concerning the details of the deferral and drafts the deferral letter.

Once the Investigator returns the changes, the IRB Administrator places the Application for Continuing Review on the next appropriate meeting agenda. The IRB Administrator evaluates whether there will be a lapse in IRB approval. If there will be a lapse in IRB approval, the IRB Coordinator prints the Notice of Expiration letter for signature by the IRB Chair.

**D. Disapproval:** The IRB may identify serious concerns for participant safety or Investigator compliance. In these cases, the Board disapproves the research. The IRB Chair drafts the disapproval letter and the IRB Administrator generates and sends the disapproval letter to the Investigator.

7.12 **Expedited Review of Continuing Reviews:** The IRB Chair reviews all continuing review documents received and either approves or contingently approves the Application for Continuing Review. The IRB Chair may also determine that the Application for Continuing Review should be presented for review by the convened IRB. The IRB Chair may not disapprove an Application for Continuing Review.

**A. Approval:** If the IRB Chair approves the Application for Continuing Review without changes, the IRB Coordinator generates an approval letter for signature of the IRB Chair.

**B. Contingent Approval:** If the IRB Chair determines that minor changes are required, the IRB Administrator notifies the Investigator of the contingent approval and the revisions required by the IRB Chair. If the IRB Chair determines that the convened Board should review the Application for Continuing Review, the IRB Administrator assigns the item to the next appropriate meeting agenda.

**APPROVED BY:** \_\_\_\_\_ **DATE:** 09/01/2009

**NEXT ESTABLISHED REVIEW DATE:** MAY 2012