

## **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 Periodic review of research activities is necessary to determine whether approval should be continued or withdrawn.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 non-exempt research involving human participants must be reviewed no less than once per year.

The IRB systematically reviews the Continuing Review/Final Report submission form, research protocol, consent documents, and the HIPAA forms, which address the arrangement for protecting privacy and confidentiality of research participants during the conduct of the research and for storage of identifiable data during and after the conclusion of the research project.

IRB approval may be withdrawn at any time if warranted by the conduct of the research.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 or unexpected serious adverse events or if 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Such findings may result in more frequent review of the research project to determine if approval should be withdrawn or enrollment stopped until corrective measures can be taken or the research project terminated.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 research project 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 sometime after IRB granted approval.

Investigators shall submit a Continuing Review/Final Report submission form prior to the expiration of the research project or as specified by the IRB, but at least once per year.

The IRB must receive the Continuing Review/Final Report by the appropriate board-meeting deadline, prior to expiration of the research project. Prior to the expiration date, the IRB's electronic information system provides a 60-day notice of expiration to the Investigator.

## 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 Continuing Review/Final Report and other supporting documents are not received as required and the Continuing Review/Final Report has not been approved by the IRB, or if IRB-requested conditions have not been reviewed and approved by the expiration date, the Investigator must stop enrollment and all other research project activities, including but not limited to recruitment, interventions, interactions, and collection of private identifiable data, until the Continuing Review/Final Report 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 if 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 is discontinued, appropriate medical care may continue beyond the expiration date of the IRB approval for a reasonable period of time as determined by the IRB Chair or IRB designee. 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 Investigator 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 Investigator 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, 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/Final Report.

## 1.3 Continuing Review Criteria

- 1.3.1 When conducting continuing review, the IRB reviewer should start with the working presumption that the research, as previously approved, does satisfy all of the initial review criteria (SOP 403: Initial Review - Criteria for IRB Approval). The IRB reviewer should focus on whether there is any new information provided by the Investigator or otherwise available to the IRB that would alter the IRB's prior determinations, particularly with respect to the IRB's prior evaluation of the potential benefits or risks to the participants. The IRB also should assess whether there is any new information that would necessitate revision of the protocol and/or the informed consent or HIPAA documents.

If research does not satisfy all of the criteria for initial review (SOP 403: Initial review – Criteria for IRB Approval), the IRB must require changes that will result in research satisfying these criteria, defer taking action, or disapprove the research.

- 1.3.2 When conducting continuing review and evaluating whether research continues to satisfy the criteria for IRB approval of research, IRBs should pay particular attention to the following four aspects of the research:
  - A. Risk assessment and monitoring;
  - B. Adequacy of the process for obtaining informed consent;
  - C. Investigator and institutional issues; and
  - D. Research progress.
- 1.3.3 If any of the following are true, the IRB shall obtain verification from sources other than the Investigators that no material changes have occurred since previous IRB review:
  - A. The IRB has doubts about the veracity of the information provided by the Investigator.
  - B. The information provided by the Investigator is inconsistent with other information known to the IRB, and the inconsistencies are not resolved through communication with the Investigator.
  - C. There was previous serious or continuing non-compliance with continuing review requirements.
  - D. There is any other reason for which an IRB member believes that such verification is appropriate.

#### **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 that might relate to participants' willingness to continue participation be provided to participants.

As an outcome of a continuing review that is not resolved after the IRB approval expiration date, the IRB Chair may administratively inactivate the research project.

For HSC, studies not resolved within 60 University business days after expiration of IRB approval may be administratively inactivated by the IRB Chair or IRB designee.

For NC, studies not resolved within 7 University business days after expiration of IRB approval may be administratively inactivated by the IRB Chair or IRB designee.

## **1.5 Expedited Review for Renewal**

For Continuing Review studies that qualify for expedited review, the Primary 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 research project have additional reporting requirements to the FDA. The Investigator is required to submit an annual report to the FDA and a copy to the IRB. Compliance with this requirement is monitored by the IRB via the continuing review application.

## **2. SCOPE**

This SOP applies to all research submitted to the IRB.

## **3. RESPONSIBILITY**

3.1 Investigators are required to submit a Continuing Review/Final Report before the expiration of the research project or as specified by the IRB; but at least once per year.

3.2 The IRB Chair or IRB 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 IRB designee cannot select primary and secondary reviewers with the relevant expertise, the IRB Chair or IRB designee shall defer the review to another IRB with primary and secondary reviewers with the relevant expertise or obtain consultation for that expertise.

3.3 The IRB Chair or IRB 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 special populations.

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

3.5 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.

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

3.7 The IRB is responsible for timely and thorough review of the Continuing Review/Final Report, communicating to the Investigator any needed changes, and taking action prior to the approval expiration date.

3.8 If a participant has been enrolled since previous IRB review, the Investigator is responsible for submitting a copy of the last-signed consent and HIPAA documents, as applicable, with the name of the participant redacted at the time of continuing review.

3.9 The IRB is responsible to verify that the correct consent documents are being utilized by the Investigator.

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

21 CFR 56.108,111

45 CFR 46.111

45 CFR 46.111

46.204-207

46.305

46.404-409

OHRP Guidance on Continuing Reviews, November 10, 2010

#### **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 403, Initial Review – Criteria for IRB Approval

SOP 411, Suspension or Termination of IRB Approval

#### **6. ATTACHMENTS**

203-A HSC Reviewer Checklist

203-A-1 NC Reviewer Checklist

#### **7. PROCESS OVERVIEW**

7.1 The IRB's electronic information system notifies Investigators to submit their Continuing Review/Final Report.

7.2 Upon submission of the Continuing Review/Final Report by the Investigator, the IRB staff verifies that all necessary documents are received per SOP 301: Research Submission Requirements.

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 IRB gives the research project an approval-through date that is entered in the IRB's electronic information system. The approval period is determined at initial review and depends on the level of risk.

The IRB must receive the Continuing Review/Final Report by the appropriate board-meeting deadline, prior to expiration of the research project. Prior to the expiration date, the IRB's electronic information system provides notice within 60 University business days to the Investigator.

- 7.5 Continuing review reports from the IRB's electronic information system are generated based on the approved expiration date. The report lists the continuing reviews due by the month of expiration.
- 7.6 Federal regulations do not allow for a grace period or extension of the approval period. If the Continuing Review/Final Report 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 in writing if there is a need to continue medical treatment of current participants for their safety and well-being.
- 7.7 As an outcome of a continuing review that is not resolved after the expiration date, the IRB Chair or IRB designee may administratively inactivate the research project.
- For HSC, studies not resolved within 60 University business days after expiration may be administratively inactivated by the IRB Chair or IRB designee.
- For NC, studies not resolved within 7 University business days after expiration may be administratively inactivated by the IRB Chair or IRB designee.
- 7.8 All expedited Continuing Review/Final Reports are given to the IRB Chair or IRB designee for review. The Continuing Review/Final Report for the convened IRB is added to the next appropriate meeting agenda for review.
- 7.9 IRB members will have access to all documents included with the Continuing Review/Final Report and study file, such as the Continuing Review/Final Report, protocol, consent documents, Research Authorization forms, and all documents as outlined in the Continuing Review/Final Report.
- 7.10 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 Continuing Review/Final Report without revisions, the IRB Administrator generates an approval letter for signature by the IRB Chair.
  - B. Contingent Approval: If the IRB determines that minor changes are required, the IRB Administrator generates a Contingent Approval outcome 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 response to the IRB Chair for review. If the Board-requested changes are not received before the research approval 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 to be sent.

Once the Investigator returns the changes, the IRB Administrator places the Continuing Review/Final Report 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 Administrator sends the Notice of Expiration letter to the Investigator.

- D. Disapproval: The IRB may identify serious concerns for participant safety or Investigator compliance. In these cases, the IRB disapproves the research. The IRB Chair drafts the disapproval letter, and the IRB Administrator generates and sends the disapproval letter to the Investigator. The process for reporting in accordance with SOP 308: Reporting to Regulatory Officials, will be instituted.

7.11 Expedited Review of Continuing Reviews: The IRB Chair or IRB designee reviews all continuing review documents received and either approves or contingently approves the Continuing Review/Final Report. The IRB Chair or IRB designee may also determine that the Continuing Review/Final Report should be presented for review by the convened IRB. The IRB Chair or IRB designee may not disapprove a Continuing Review/Final Report.

- A. Approval: If the IRB Chair or IRB designee approves the Continuing Review/Final Report without changes, the IRB Administrator generates and sends an approval letter.
- B. Contingent Approval: If the IRB Chair or IRB designee determines that minor changes are required, the IRB Administrator notifies the Investigator of the contingent approval and the revisions required by the IRB Chair or IRB designee. If the IRB Chair or IRB designee determines that the convened Board should review the Continuing Review/Final Report, the IRB Administrator assigns the item to the next appropriate meeting agenda.

**APPROVED BY:** \_\_\_\_\_ **DATE:** 09/09/2016

**NEXT ESTABLISHED REVIEW DATE:** AUGUST 2018