

Overview

Within the mandate of our [Federal-wide assurance](#), the Rutgers University IRB follows federal regulatory criteria ([45 CFR 46.111](#)) to evaluate and approve all human subjects research prior to recruiting any subjects.

Research is defined as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this standard, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

Human subjects are defined as a living individual about whom an investigator (whether professional or student) conducting research obtains data through intervention or interaction with the individual, or identifiable private information.

- The IRB must determine that the research plan satisfies all the following concerns
 - Risks to subjects are minimized
 - Risks to subjects are reasonable in relation to anticipated benefits and to the importance of the knowledge that is likely to result
 - Selection of subjects is equitable
 - Informed consent will be sought
 - Informed consent will be documented
 - The research plan provides for monitoring the data collected to ensure the safety of subjects
 - The research plan protects privacy and confidentiality
- When the research design makes any of the subjects vulnerable to coercion or undue influence, the IRB must determine that additional safeguards to protect these subjects have been included in the plan.

Approving research within the full meaning of these criteria requires an understanding of proposed research that comes only from in-depth review. This Standard describes the procedures the Rutgers University IRB follows to fulfill these requirements.

- A) [Informed consent process](#)
- B) [Expedited initial or continuing review](#)
- C) [Initial review](#)
- D) [Continuing reviews](#)
- E) [Proposed amendments](#)
- F) [Independent verification](#)

- G) [Limitations on expedited review of conditional approvals](#)
- H) [\(Rutgers\) Student Research Policy](#)
- I) [Non-Research Procedures](#)
- J) Determining Which Projects Require Review More Often Than Annually
- K) Determining Which Projects Require Verification From Sources Other Than the PI That No Material Changes Have Occurred Since the Previous IRB Review

REFERENCE:

[45 CFR 46.111](#) Criteria for IRB approval of research.

Robert Amdur, M.D. (2003). *The Institutional Review Board Member Handbook*. Sudbury MA: Jones and Bartlett Publishers.

Procedure documents in M:\Lsz\Procedures – e.g. IRB membership, prereview, meeting prep, meeting follow-up, exempt review, subcommittees, continuing review, etc.

A. Informed Consent Process

The informed consent process is a fundamental mechanism to ensure respect for persons (a Belmont principle) and individual autonomy by providing for thoughtful and considered consent for a voluntary act. Thus, informed consent is at the core of research ethics and therefore of IRB review. We hold that it is a process, not a piece of paper.

Our guiding principle is that subjects' consent must be knowledgeable and voluntary. The informed consent process must provide enough information and time, and encourage each prospective subject to explore his or her own values in such a way that these can be reflected in the decision being taken. Standard II-7 details Rutgers University's Informed Consent policies and procedures for evaluating and monitoring the *informed consent* process, *how to* protect vulnerable subjects, *the* informed consent documentation *required*, waiver, and other topics.

Note that the Rutgers University IRB does not generally implement procedures to observe the consent process (other than requiring a witness to oral consent under federal regulations). The need to do so has not been shown in the projects approved and followed by the IRB.

REFERENCE:

AAHRPP II-2.A. The RRU has and follows written policies and procedures requiring an informed consent process that is appropriate for the type of research and for the population from which research participants are selected. Such policies and procedures include requirements for waiving or altering informed consent, when appropriate.

Robert J. Amdur, M.D. & Elizabeth A. Bankert (2003). The consent document. In Amdur, R. *The Institutional Review Board Member Handbook*. Sudbury MA: Jones and Bartlett Publishers, Chapter 2-3.

[ORSP website: Informed Consent Guidance.](#)

Lilford, R.J. (2003). Ethics of clinical trials from a Bayesian and decision analytic perspective: whose equipoise is it anyway? *BMJ* 326, 980-981.
<http://bmj.com/cgi/content/full/326/7396/980>

Procedure documents in M:\LSZ\Procedures

B. Expedited initial or continuing review

What is expedited review?

An expedited review procedure is a review of research involving human subjects, which the IRB chair may perform or may delegate to one or more experienced reviewers among IRB *voting* members (45 CFR 46.110 and 21 CFR 56.110 [November, 1998]).

It may be important for investigators to know that the term “expedited” has a technical meaning within the regulations and refers to procedures within the board. Expedited review does not take place outside the IRB process. “Expedited review” means that if the designated reviewers find that a protocol meets certain specific criteria, the reviewers report the approval and the criteria that were met to the IRB Administrator. The Administrator records the approval in the agenda prior to the meeting of the convened board and notifies the Investigator of the approval. Although it is subject to discussion if other Board members so request, full board discussion and vote is not required.

For all protocols, we use a modification of the **primary reviewer system**. The IRB Sponsored Programs Administrator chooses two IRB members for each protocol, selected for their expertise in the area of the protocol. One of the pair is designated as the lead. This team performs an in-depth review of each assigned application. The lead may determine that a protocol is eligible to be expedited. If the second reviewer agrees, it is so reported to the convened Board, and recorded in the minutes along with the expedite category. If the two reviewers disagree, or if they determine that the protocol does not qualify to be expedited, then the lead reviewer presents a summary and recommendations to the Board for discussion and vote.

What are the differences between the initial review and continuing review processes?

Initial Review. Before recruiting any subjects, investigators fill out an [application form](#) to request initial review of their proposed human subjects research. We have designed the form so the investigator provides all information that the Board needs for either expedited or full review. If the reviewer finds that the research is not eligible for expedited review, it is treated as a full review. In an expedited review, the reviewer’s finding is reported to the board and recorded in the minutes as “expedited” (meaning that the protocol has been granted expedited review), “contingently expedited,” “tabled” or “not approved.” In a full review the primary reviewer presents a summary with areas of concern and recommendations for a vote of the Board. The issues (if any) to be corrected and vote of the Board are recorded in the minutes. [Section II-2.C](#) below describes the full initial review process.

Continuing Review. In the continuing review process the IRB exercises oversight of ongoing human subjects research by requiring investigators to report at intervals (at least annually) the status of their research. Before the current approval expires, IRB staff generates and mails a [Request for Continuing Review](#) to the investigator, asking for a description of the current status of the research. . [Section II-2.D](#) below details the continuing review process. The form and instructions for Continuing Review are also available on the ORSP website.

Review of minor changes to previously approved research. The Sponsored Programs Administrator may administratively approve minor changes (such as address changes or addition of key personnel) that do not affect the risk level or methodology of the research in previously approved research, during the period for which approval is authorized (45 CFR 46.110 (b)(2)). [Section II-2.E](#) below describes the procedure used for amendments.

How do investigators find out about the criteria for expedited initial or continuing review?

ORSP provides forms and instructions for review on its [Human Subject Research](#) website. The ORSP staff designed them to be both efficient and thorough. The forms and instructions tell investigators what criteria the IRB uses for review.

The federal criteria for expedited continuing review are included in the application form. First of all, the criterion of minimal risk must be met. Then, in addition to the requirements for expedited initial review, continuing review must also meet two further criteria.

- 1) The research that was previously approved by the convened IRB, is not (or is no longer) enrolling or actively engaging subjects in any research-related interventions other than long-term follow-up;
- 2) The research is not conducted under an investigational new drug application or investigational device exemption, and the convened IRB has documented that the research involves no greater than minimal risk and no additional risks have been identified.

The instructions in the Application alert investigators to the following considerations:

- Activities on the list of approved research areas for expedited review are *eligible* for review through the expedited review procedure: their presence on this list does not mean that the activities are automatically considered to be of minimal risk.
- The categories in the list of approved research apply regardless of the age of subjects, except as noted.
- The *Rutgers University IRB* does not use an expedited review procedure where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, insurability, reputation, or be stigmatizing, unless investigators demonstrate that they will implement reasonable and appropriate

protections so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

- The Rutgers University IRB does not use an expedited review procedure for classified research involving human subjects.
- The standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review - expedited or convened - utilized by the IRB.

What are the specific research areas that qualify for expedited review?

- *Clinical studies of drugs and medical devices only when condition a) or b) is met:*
 - a) *research on drugs for which an investigational new drug application (21 CFR Part 312) is not required.²*
 - b) *research on medical devices which (1) do not require an investigational device exemption application (21 CFR Part 812); OR (2) are cleared/approved for marketing and are being used in accordance with their cleared/approved labeling.*
- *Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:*
 - b) *from healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an eight-week period and collection may not occur more frequently than twice per week; OR*
 - c) *from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3ml/kg in an eight-week period and collection may not occur more frequently than twice per week.*
- *Prospective collection of biological specimens for research purposes by non-invasive means.*

For example:

 - d) *hair and nail clippings in a non-disfiguring manner;*
 - e) *deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;*
 - f) *permanent teeth if routine patient care indicated a need for extraction;*
 - g) *excreta and external secretions [including sweat];*
 - h) *uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a diluted citric solution to the tongue;*
 - i) *placenta removed at delivery;*
 - j) *amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;*

- k) *supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic techniques;*
 - l) *mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;*
 - m) *sputum collected after saline mist nebulization.*
- *Collection of data through non-invasive procedures [not involving general anesthesia or sedation] routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing.⁴ For example:*
 - n) *physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;*
 - o) *weighing or testing sensory acuity;*
 - p) *magnetic resonance imaging;*
 - q) *electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography;*
 - r) *moderate exercise, muscular strength testing body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.*
 - *Research involving materials [data, documents, records, or specimens] that have been collected or will be collected solely for non-research purposes, such as medical treatment or diagnosis.⁵*
 - *Collection of data from voice, video, digital, or image recordings made for research purposes.*
 - *Research on individual or group characteristics or behavior [including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior] or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.⁶*

Footnotes:

- ¹ *An expedited review procedure consists of a review of research involving human subjects by the IRB chair or by one or more experienced reviewers designated by the chair from among member of the IRB in accordance with the requirements set forth in 45 CFR 46.110 and 21 CFR 56.110 (November 1998).*
- ² *Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.*
- ³ *Children are defined in the HHS regulations as "persons who have not attained the legal age for consent to treatments or procedures involved in this research, under the*

applicable law of the jurisdiction in which the research will be conducted." [45 CFR 46.402 (a)]

4. *Studies intended to evaluate the safety and effectiveness of the medical device are generally not eligible for expedited review, including studies of cleared medical devices for new indications.*
5. *Some research in this category may be exempt from the HHS regulations for the protection of human subjects, according to 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.*
6. *Some research in this category may be exempt from the HHS regulations for the protection of human subjects, according to 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.*

What materials do investigators provide with a request for continuing review?

The [application form](#) makes clear what supporting documentation is needed, including copies of the consent form in use. In the Request for Continuing Review, the investigator provides such information as subject recruitment and status, changes in the investigative team (with corresponding conflict of interest information), reportable unexpected events (if any since last reported), sufficient data to identify changes in the estimation of risks to benefits during the current period, and any projected changes to the protocol and informed consent process.

If the investigator is making changes to the originally approved protocol beyond newly required information, the protocol is placed on the IRB agenda for review, which may be “expedited” if the conditions described above are met.

REFERENCES:

AAHRPP II-2.B. The RRU has and follows written policies and procedures to conduct expedited initial or continuing review (if applicable), and appropriately conducts such review.

ORSP Policies and Procedures, XI, Continuing Reviews

[OHRP Guidance on Continuing Review](#), 7/11/2002

OPRR *Guidebook*, 1993, Chapter 3.

Procedure documents in M:\LSZ\Procedures

C. Initial review

The Rutgers University IRB and the Sponsored Programs support staff strive to maintain an efficient review process while making sure that review of human subjects research protocols is substantive and thorough, and that documentation of the IRB's decisions is complete.

In the effort to maintain the transparency of the process, and to provide guidance and decisions to researchers in a timely manner, over the years the Rutgers University IRB has developed and streamlined its processes and procedures, and has published timelines, procedures and guidelines to the research community.

The following paragraphs describe the process for initial review.

What is the timeline for initial review of human subjects research?

- Before recruiting any subjects for the study, the principal investigator (PI) must have received IRB approval. To apply, the PI fills out a Request for Review of a Research Protocol Involving Human Subjects. The [application form](#) is available on the web, or by mail or email from the ORSP. The forms specify the information the IRB requires, including a detailed description of the rationale and methods for the research and the informed consent process, declaration of any conflicts of interest, and other information.

Researchers can find guidance for this documentation in the Instructions accompanying the form, from the [Human Subject Research](#) website, and may also contact the Sponsored Programs Administrator for assistance and clarification.

- The Sponsored Programs Administrator must receive five copies of the completed form and all relevant attachments by the 12th of the month preceding the IRB meeting date when the protocol is scheduled to be reviewed. This deadline is widely published.

During the approximate three weeks before the meeting, the IRB staff records the application, distributes it to reviewers and handles initial questions and clarifications from investigators. Reviewers must have time to perform an in-depth review, get answers to their questions and prepare for the IRB meeting.

- When the application is received, an IRB staff member enters the protocol into a logbook and assigns it a protocol number (the current year plus a sequence number). The staff secretary creates a file for the protocol and enters key information into the database, the IRB list-serve and the Human Subjects Certification Program.

- The Sponsored Programs Administrator reviews the application for completeness and corresponds by email with the investigator to get any missing information. Copies of all correspondence and replies are kept in the protocol file.
- When the deadline date for submissions has passed, the Administrator assigns one primary and one secondary reviewer to each protocol from the list of IRB members who have confirmed their attendance at the next meeting. The Administrator assigns reviewers in pairs whenever possible to facilitate discussion of the protocols, and considers the expertise (and potential conflicts) of the reviewers in making the choice.
- On approximately the 15th of the month, IRB staff sends the reviewers a copy of each protocol for which they are either a primary or secondary reviewer, and enters the mailing in the protocol file and in a log.

What information do the reviewers receive?

- Each reviewer gets a packet containing the PI's complete application and attachments, a Presentation Guide / Comment Sheet, and lists of the criteria for exemptions and expedited approvals..

What occurs during the review?

- Reviewers are encouraged to evaluate the protocols assigned to them in advance of the meeting date and forward their comments to the Sponsored Programs Administrator, who will, in turn, forward them to the PI for response before the meeting. This procedure allows staff to track the exchange of information, and messages are retained in the file. Protocols that are eligible for expedited review may be approved before the meeting if both reviewers agree on the eligibility.
- The Administrator forwards responses from investigators to the reviewers before the meeting whenever possible.

What is the process for the IRB meeting?

- The Sponsored Programs Administrator prepares an agenda that lists the protocols to be reviewed at the next IRB meeting and the reviewers who are assigned to each protocol, together with other old and new business of the Board. The agenda is mailed to the IRB members one week before the meeting, with a notation that all protocol files are available for review at ORSP.
- Immediately before the IRB meeting, the IRB secretary places each protocol file in the primary reviewer's folder, with a Presentation Guide / Comment Sheet attached to the front of the file. Minutes of the previous meeting are also included in each attendee's materials.

- The presiding IRB Chair convenes the meeting, asks for acceptance of the minutes of the previous meeting, and then asks for the numbers of any protocols that require deferral or are eligible for expedited review or exemption. No further discussion of these protocols is required. The reviewer records the action taken on the Comment Sheet, which remains attached to the file, and it is recorded in the minutes.
- The primary reviewer presents each new protocol and recommends approval, conditional approval or deferral. The secondary reviewer adds comments as necessary, the IRB Chair asks for discussion, and the final determination of the Board is stated as a motion, which is seconded and voted on. The minutes document the number of members approving, disapproving and abstaining, with the names of abstaining members. Reviewers record their concerns or required revisions on the Comment Sheet, which remains with the protocol file, and the requirements are documented in the minutes.

How is the investigator notified of the Board's decision?

- The Sponsored Programs Administrator issues a Notice of Approval for each approved protocol, and mails it to the PI, accompanied by a copy of the approved version of the consent form, stamped with the dates of approval and expiration.
- The Board may give a conditional approval or defer the approval pending changes. In these instances, the Administrator sends an email documenting the required protocol revisions to the PI.

How does the Board handle revisions requested from the PI?

- The IRB Administrator, and the reviewer if appropriate, evaluate responses when they are received from the investigators.
- For protocols that were conditionally approved, when all concerns have been adequately addressed the Administrator issues and mails a Notice of Approval to the PI, along with a copy of the approved version of the consent form, stamped with the dates of approval and expiration. A copy of all messages and Notice of Approval are retained in the file.
- For deferred protocols, staff and reviewers process the PI's revisions for review as a Second Look at the next IRB meeting.

How does the IRB staff track protocol approvals?

- Status is maintained both in the database and in the hard-copy protocol file. When the Notice of Approval is generated, the database tool updates the status of the protocol at the same time.

REFERENCES:

AAHRPP II-2.C. The RRU receives and reviews the relevant information needed to evaluate proposed research studies during initial review.

Robert Amdur, M.D. (2003). *The Institutional Review Board Member Handbook*. Sudbury MA: Jones and Bartlett Publishers, Chapter 2-2.

Howard Mann, M.D. (N.D.) [ASSERT Checklist and Explanatory Document](#). This is an online document containing a detailed checklist of sections and items to include in an application for research, with ethical rationale. The author invites comments and amplifications.

ORSP Policies and Procedures Manual, VIII, Application for Review.

Procedure documents in M:\LSZ\Procedures

D. Continuing Reviews

HHS regulations at 45 CFR 46.109(e) require that continuing review of research be conducted at intervals appropriate to the degree of risk and not less than once per year. The regulations make no provision for any grace period extending the conduct of the research beyond the expiration date of IRB approval. If the protocol expires prior to submission, review, and approval of the request for continuation, subject accrual must be suspended pending re-approval of the research by the IRB.

According to federal guidance (*OPRR Guidebook*, 1993), “It would be a mistake to see the IRB approval process as a one-time step in the life of a research project. IRB approval is a temporary authority that may be withdrawn at any time if warranted by the conduct of the research.”

In contrast to initial review, which is done before research begins, continuing review assesses the actual conduct and outcomes of the research as it has developed over time. For this reason, continuing review must be substantive and meaningful. For example Rutgers University IRB process and procedures require investigators to re-assess risks and benefits of the research based on current knowledge from the research itself and from sources external to the research as part of continuing review.

All principal investigators and other individuals who are responsible for the design and/or conduct of a research protocol that involves human subjects are required to successfully complete the Human Subjects Certification Program (HSCP). While protocols may be submitted for continuing review before the PI obtains the certification, the Notice of Approval will not be issued until the PI has successfully completed the program. Refer to the [separate procedures for HSCP](#) for more detail.

When is Continuing Review required at a shorter interval than one year?

The Rutgers University IRB grants less than one-year duration of approval for a protocol for the following reasons:

1. In an instance of previous noncompliance with federal or university regulations for the protection of human participants in research the IRB will grant less than an annual review in order to verify prospective compliance.
2. Elements of risk, coercion, unconventional study design, conflict of interest on the part of the PI or the characteristics of the participant population as described in the protocol may, in the IRB’s judgment, warrant Continuing Review sooner than annually.
3. The Principal Investigator may determine, under various circumstances, that the protocol will be completed and research will conclude prior to the end of the one-year approval period.

What is the De Novo process?

The Institutional Review Board (IRB) at Rutgers University requires that all non-exempt protocols be reviewed completely (de novo review) every five years before they are approved for continuation. This policy was adopted to ensure that the protocol on file is current, concise, and in compliance. Review standards have changed considerably over the past few years, and venerable projects, as originally submitted, may not meet the more stringent requirements now in effect.

Effective September 2001, the following policy was implemented to ensure that the procedures approved and recorded by the IRB accurately represent the current study procedures:

- Each protocol must be resubmitted to the IRB as a new (de novo) project every five (5) years, or more frequently if the IRB determines that current procedures are not readily discernible due to the number and/or scope of amendments.
- IRB staff will be responsible for requesting the de novo application for renewal at the five year anniversary of first IRB review of each protocol.
- In addition, each reviewer, at their discretion, may recommend that a de novo application be submitted if procedures are not clear.
- The IRB administrative staff may also request a de novo submission if preliminary review of the Request for Continuing Review form indicates that a more concise protocol is warranted.

Each month the IRB staff identifies those protocols that are due for continuing review on a five-year anniversary of the first IRB review of the protocol. The Sponsored Programs Administrator sends the PI a letter explaining the reason for the de novo process, and requesting the PI, if the PI wishes to keep the protocol active, to complete the full *Application Form to Request IRB Review of a Protocol Involving Human Subjects*. For the PI's convenience the form is available in two formats (Word and PDF) on the Office of Research and Sponsored Programs (ORSP) website at: <http://orsp.rutgers.edu/human.asp>.

How does the IRB initiate a Continuing Review?

- At the beginning of each month, IRB staff generates Request for Continuing Review forms from the IRB's database for all protocols that expire in the month that is four months in the future (for example, forms are generated in December for all protocols with April expiration dates). The forms are pre-filled with the project information.
- The database generates a list of the forms that are printed at the same time as the forms. The list includes each protocol number, name of the principal investigator (PI), and expiration date.

- The IRB secretary checks the forms for accuracy, crosschecks them with the list, and mails them to the PI of record. A “Time Sensitive” reminder notice is attached to each form. The following notice appears on the first page of the form itself:

If this form is not returned on time, your protocol may become inactive on the expiration date noted above. Federal regulations and university policy prohibit continuation of research activity on inactive protocols. Therefore, enrollment of new subjects cannot occur on this project if it becomes inactive. In addition, research intervention or interaction with already enrolled subjects must stop if this project becomes inactive unless the IRB determines that it is in the best interest of individual subjects to continue. If your protocol becomes inactive, submission of a new Request for IRB Review and Clearance may be required

- As the forms are returned, the IRB staff date-stamps and attaches them to the protocol file. The IRB secretary enters changes in address, PI, and key personnel as applicable into the database(s), the Access PI database, the IRB list-serv, and the HS Certification Program.
- IRB staff checks each form off the list as “received”, and reviews it for completeness and accuracy. If information or attachments are missing, the PI or other contact person listed on the form is sent an email requesting the missing items. A copy of the message is placed in the folder.
- At the beginning of the next month, IRB staff sends an email reminder to each PI whose form has not been received according to the tracking list.
- When requested information is received from the PI, it is date-stamped and added to the protocol file.
- The secretary enters all requests for continuing review that have been received into the agenda for the upcoming IRB meeting, divided between those with and without amendments.
- Two weeks before the IRB meeting, the IRB Administrator or their designee assigns a reviewer for each request for continuing review, from the list of IRB members who have indicated that they will attend the upcoming IRB meeting.
- One week before the IRB meeting, the IRB secretary emails the agenda to all IRB members with a notation that all files are available for review at the Office of Research and Sponsored Programs (ORSP).
- The IRB secretary places requests for continuing review in the appropriate IRB member’s folder immediately prior to the meeting, with a comment sheet attached to the front of each file.
- The reviewers present the Continuing Review requests at the meeting, and recommend approval, conditional approval, or deferral. The vote of the Board is taken and recorded.
- The IRB Administrator issues a Notice of Approval for each continuation that is approved, and sends email messages to each PI whose protocol requires revision before approval or re-review. A copy of the message is retained in the file.

- All protocols on the tracking list for which continuation requests were not received are made inactive at the time of their expiry.
- As items requested for conditionally approved and deferred Continuing Requests are received, the IRB staff date-stamps and reviews them. The Administrator issues Notices of Approval for conditional protocols. If the protocol was deferred, it is placed on the agenda for the next IRB meeting.

When is a research study considered closed and no longer requiring Continuing Review?

The study is considered to have ended when the following conditions have been met:

- Subject recruitment is permanently closed
- No further follow-up is being done on subjects who were enrolled
- The data analysis is complete
- The research is published. Note that legally required reporting, such as to courts, is not considered “publication.”
- Publication is not a requirement for student research.

Does the IRB monitor ongoing research in addition to continuing review?

Note that the Rutgers University IRB does not currently monitor research proactively.

RESOURCES:

AAHRPP II-2.D. The RRU receives and considers relevant information to conduct continuing reviews of research studies and, when appropriate, requests changes.

[45 CFR 46.109\(e\)](#)

OHRP [Guidance on Continuing Review](#)

Robert Amdur, M.D. & Elizabeth A. Bankert (2003). Continuing Review of Research. In *The Institutional Review Board Member Handbook*. Sudbury MA: Jones and Bartlett Publishers, Chapter 2-3 .

RU ORSP Policies and Procedures XI, Continuing Review.

Continuing Review and De Novo Review: *M:\LSZ\Procedures\crreview.wpd*

Abbreviated Duration of Approval Policy: *M:\LSZ\Procedures\Abbreviated Duration of Approval Policy.doc*

E. Proposed amendments

What are protocol amendments?

Protocol revisions or amendments are additions or changes to the information already approved by the IRB. Investigators must submit all protocol changes and additions to the IRB for review and approval before they are implemented.

When should the investigator send amendments to the IRB for review?

The PI submits amendments for review at any time during the annual cycle in which the amendment will be implemented. A primary reviewer determines whether the amendment increases the risk to human subjects; if so, then the reviewer presents the amendment for full Board review. Otherwise the amendment is given expedited review.

At the project's annual [Continuing Review](#), the full Board reviews the project with a summary of the amendments included.

If the investigator's amendment is approved, does that take the place of the next continuing review?

Approving an amendment does not constitute continuing review of a protocol. The amendment review does not replace the annual Continuing Review or change the due date for Continuing Review. The only exception to this is made when the IRB determines that the nature of the amendments requires a full review of the protocol. In this case the IRB may request full documentation of the protocol and record the full review as a Continuing Review. Upon approval of the protocol, the IRB may explicitly "reset the clock" for annual review and must document this decision in the minutes, in the database, and in the Notice of Approval to the investigator.

The Notice of Approval to the PI explicitly states what has been approved and for how long. If applicable, the consent form with new approval and expiration dates accompanies the Notice of Approval which the PI receives.

IRB Reminder to PIs

The Sponsored Programs Administrator from time to time sends reminders to PIs about the requirement to submit amendments. Following is an example, from the August 13, 2003, Rutgers University IRB Newsletter:

Reminder: Review of Protocols for Possible Modifications

With the beginning of the new academic year, research and recruitment of participants continues with renewed diligence. As a part of this process, we suggest that principal investigators review their protocols to ensure that the work being carried out conforms to the protocol approved by the IRB. It is natural for a protocol to evolve during the course of research, as obstacles are encountered, participants recruited, and data analysis undertaken. However, it is necessary that

all such modifications be submitted to the IRB for review and approval prior to implementation.

We suggest the following review process for all approved and exempt protocols:

- Verification that the Notice of Approval or Exemption for each project involving human participants is current and valid
- Ensuring that the practiced procedures and methodology conform to that approved by the IRB.
- Verifying that the Consent Forms and/or advertisements are current and up to date.
- Reviewing the list of key personnel. It is vital that all persons engaged in the design or conduct of a protocol be named as key personnel and have completed the Human Subjects Certification Program.
- If applicable, ensuring that all letters of authorization or approval from non-Rutgers research sites are current and up to date.

If the review of practiced methods reveals that an addendum is necessary in order to accurately reflect the conduct of the research in the protocol, an amendment may be submitted to [the Sponsored Programs Administrator]. The amendment request does not need to be on a protocol form, rather it should state the reasons for the amendment, describe the changes, and include all relevant documents affected by the change (e.g. Consent Forms, questionnaires, etc.). The amendment will be reviewed and a Notice of Approval or Exemption will be forwarded to the principal investigator.

REFERENCES

AAHRPP I-2.E. The RRU receives and reviews the relevant information needed to evaluate proposed amendments to research studies.

Robert Amdur, M.D. & Elizabeth A. Bankert (2003). Protocol Revisions (Amendments). In *The Institutional Review Board Member Handbook*. Sudbury MA: Jones and Bartlett Publishers, Chapter 2-5.

Procedure documents in M:\LSZ\Procedures

F. Independent verification

Recognizing that there are situations in which the investigator may have a strong interest in continuing a study which may jeopardize objectivity, the Rutgers University IRB acknowledges that it is important that other, independent persons be responsible for a) monitoring particular trials and b) decisions about modification or discontinuation of trials. The IRB uses the following process to determine which protocols should be subject to this oversight:

- During initial or continuing review, the reviewers (or the Board in full discussion) identify those projects that present an increased risk to subjects due to potential conflict of interest, elements of coercion or undue influence, previous investigator negligence, or the nature of the investigation.

The following types of circumstances raise flags about increased risks to subjects:

- Potential conflict of interest may exist when an investigator is offered an incentive for recruiting subjects, or stands to profit from the approval of a device or drug currently under investigation. This situation is more likely to occur in clinical trials of investigational drugs or devices that are sponsored by the pharmaceutical industry. However, conflicts of interest may also inhere in university or departmental requirements, and the IRB takes these into account as well.
- Elements of coercion or undue influence may occur in projects where the investigator is recruiting subjects from a population with which the investigator has a supervisory or mentor relationship: for example, students recruited by their instructor, or employees invited to participate by their supervisor.
- Previous investigator carelessness over timely submission of amendment requests may signal a need to contact a study coordinator or former subject periodically to determine that the protocol is being conducted in accordance with the most recent version of the protocol approved by the IRB.
- The nature of an investigation may pose increased risk to subjects, as when a subject is exposed to a novel therapeutic or surgical technique.
- Once such projects have been identified, their records are flagged both manually (on the file folder) and electronically (in the protocol tracking software) for follow-up.
- The IRB may use different verification procedures, depending on the specific nature and status of the study. The following are examples:
 - For clinical trials of investigational drugs and devices, the IRB may request a status report from the study monitor. The Rutgers University IRB may request that the study coordinator in the investigator's lab forward a copy of the most recent site visit report, which will then be

compared to the IRB protocol file to confirm that all modifications have been submitted to, and approved by, the IRB.

- In circumstances where the study volunteers may be subject to coercion or undue influence, random participants may be contacted to describe the conditions under which the study was conducted. In particular, the IRB verifies that investigators have conducted their recruitment, Informed Consent and study processes in accordance with those approved by the IRB.
- When the PI has been disciplined for implementing changes without IRB approval, it may be necessary to contact the study coordinator, a co-investigator, or the investigator personally for a narrative description of the procedures they are employing currently.
- For trials in which participants are exposed to greater than minimal risk, the IRB may find it appropriate to use an external, independent Data Safety Monitoring Board. The Monitoring Board analyzes accumulating data relevant to risks and benefits on a regular basis. Based on these analyses, the Board may recommend revising or terminating the protocol.

REFERENCES:

OHRP Guidelines (5). Requires written procedures that the IRB follows for determining which projects need verification from sources other than the investigators, that no material changes have occurred since the previous IRB review.

[OHRP IRB Guidebook](#) (1993), Chapter 3, Basic IRB Review, Section E. “Monitoring and Observation.”

ORSP Policies and Procedures Manual, XII.B., Process for Determining which Projects need Verification from Other Sources

Procedure documents in M:\LSZ\Procedures

G. Limitations on expedited review of conditional approvals

The IRB conditionally approves protocols when the requested changes require simple assent *via email* from the PI. When the IRB requests more extensive revisions, approval is deferred to the next meeting. (The procedures are described in the [Initial Review](#) section above.)

The IRB Administrator, and the reviewer if appropriate, evaluate responses when they are received from the investigators.

For protocols that were conditionally approved, when all concerns have been adequately addressed, the Administrator issues and mails a Notice of Approval to the PI, along with a copy of the approved version of the consent form, stamped with the dates of approval and expiration. A copy of all messages and Notice of Approval are retained in the file.

REFERENCES

OHRP Guidance on Written IRB Procedures A(4). The IRB may use expedited review for conditional approvals only for specific revisions requiring simple concurrence from the investigator.

Procedure documents in M:\LSZ\Procedures

H. Student Research

Rutgers University policy states that all research involving human subjects conducted by University personnel, including students, must be reviewed by the IRB. Certain exceptions do apply, however. Researchers can find them on the ORSP website in the "[Course-Related Student Research Projects Policy](#)".

Undergraduate student investigators. In a policy revision, August 2003, Rutgers University undergraduate students may not serve as principal investigators on research.

Effective immediately, no undergraduate student investigators may be named as the principal investigator on protocol submissions. All undergraduate student investigators must name their faculty advisor as the principal investigator on all such protocols. Undergraduates, however, may be named as the co-investigator on the application. This policy will ensure that protocol submissions are received in a complete state that will facilitate substantive review of the protocol and allow for a more timely approval of the research.

This policy applies only to new submissions received after August 12, 2003. Continuation Approval requests where the principal investigator is an undergraduate student will be grandfathered under this policy. The revised [application form](#) can be found on the [Human Subject Research](#) website.

Rutgers permits a graduate student to serve as a principal investigator, although a faculty advisor must accept ultimate responsibility for the project. The supervising faculty member signs all applications for review of research involving human subjects.

The ORSP requires all student investigators and their faculty adviser to complete the Human Subjects Certification Program successfully before issuing the Notice of Approval or Exemption for their protocol.

The IRB protocol number must be cited on all reports of student research, in accordance with the May, 2000, memo issued by Dr. James Flanagan, Vice President for Research.

[Standard II-7.B.](#) describes informed consent protections for Rutgers University students who are recruited as subjects of research.

RESOURCES:

ORSP Policies and Procedures, V. Student Research Policy.

[May 3, 2000](#), memo from James Flanagan, Rutgers University Vice President for Research, informing the University research community of the policy for student research with human subjects.

Procedure documents in M:\LSZ\Procedures

Chastain, G. and Landrum R.E. (1999). *Protecting Human Subjects: Departmental Subject Pools and Institutional Review Boards*. APA (American Psychological Association) Press

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I. Non-research procedures

Activities are not research if they do not involve a systematic approach involving a predetermined method for studying a specific topic, answering a specific question, testing a specific hypothesis, or developing theory and involve human subjects. For example, Rutgers University considers student projects that meet all the following criteria to be non-research:

- The project takes place in a classroom, department, dormitory, or other campus setting, or in a public setting with generally unlimited access to the public, such as a shopping center, park, or street;
- The project involves only the learning of research techniques;
- The project involves no more than minimal risk; and
- The data must be recorded anonymously by the students (i.e., with no names, social security numbers, or any other codes that can be linked to a list of names, or the recorded data will not identify the subject through their behavior).

Other examples of activities that might not be considered non-research because they do not contribute to generalizable knowledge would be activities that are intended for a single individual or an internal program such as:

- Biographies and service or course evaluations, unless they can be generalized to other individuals or other similar circumstances;
- Services, courses, or concepts where it is not the intention to share them beyond the University community;
- Quality Assurance activities designed to continuously improve the quality or performance of a department or program where it is not the intention to share them beyond the University community.

Projects that do not meet these categories **must** be considered research proposals and therefore are subject to IRB review. If the investigator is not certain that all of the criteria above have been met, they should contact the Sponsored Programs Administrator at: 732-932-0150 ext. 2104, or via email at: humansubjects@orsp.rutgers.edu.

J: Determining Which Projects Require Review More Often Than Annually

What is the basis of this requirement?

Rutgers University's Federalwide Assurance (FWA00003913) with OHRP requires that the IRB have a written procedure describing the basis upon which the IRB will review human subjects research more often than annually¹. The IRB shall conduct such an assessment at each phase of the protocol review (i.e., initial review, previously deferred, request for amendment, continuing review, or De Novo review) in order to continuously assess the risks and benefits of the research.

What are the criteria for requiring IRB review more often than annually?

- 1) Previous serious or continuing non-compliance of the PI with the IRB's requirements.
- 2) Research design in which the degree of risk to subjects may substantially fluctuate over the course of the research. Guidance regarding the assessment of risks and benefits is contained in [Rutgers IRB Procedural Guidance: II-4, Risks and Benefits](#).
- 3) Involvement of vulnerable subject populations (e.g., prisoners, minors, mentally disabled individuals, students, etc.) which necessitates additional safeguards in order to protect the rights and welfare of those subjects². Detailed guidance for involving vulnerable populations in research are contained in [Rutgers IRB Procedural Guidance: II-4\(D\), Risks to Vulnerable Populations](#), and [II-5: Participant Recruitment and Selection](#).
- 4) Protocols in which there are serious risks to subjects without any direct benefit to them.
- 5) Research which is completed in less-than one year.

The descriptions in this guidance are not intended to be an exhaustive list that limits the authority of the IRB. The IRB may require review more often than annually based on criteria which only became apparent during the course of protocol review. Such flexibility is needed in order to ensure the ongoing protection of human subjects and to maintain the University's culture of compliance.

¹ 45 CFR 46.103(b)(4)(ii)..

² 45 CFR 46.111(b)

K: Determining Which Projects Require Verification From Sources Other Than the PI That No Material Changes Have Occurred Since the Previous IRB Review

What is the basis of this requirement?

Rutgers University's Federalwide Assurance (FWA00003913) with OHRP requires that the IRB have a written procedure describing the basis upon which the IRB will verify "from sources other than the [PI] that no material changes have occurred since [the] previous IRB review".³ The IRB may conduct such verification at any time in order to verify that the research remains in compliance with the IRB's requirements.

In addition to the criteria noted below, the IRB conducts random assessments of protocols through the Human Subjects Assessment Initiative. This Assessment Initiative also aids the IRB in verifying from sources other than the PI that no material changes have occurred over the course of the research.

What are the criteria for requiring verification from sources other than the PI that no material changes have occurred since the previous IRB approval?

Ordinarily, the IRB entrusts the PI to conduct research within the scope of approval provided by the IRB. However, certain situations may require that the IRB verify from sources other than the PI that no material changes have occurred since the previous IRB approval. The following criteria may be used by the IRB to initiate such verification:

- 1) Previous serious or continuing non-compliance of the PI with the IRB's requirements.
- 2) "Whistle-blower" allegations of non-compliance.
- 3) Complaints by research subjects.
- 4) A key person other than the PI conducting substantial aspects of the protocol.

The descriptions in this guidance are not intended to be an exhaustive list that limits the authority of the IRB. The IRB may require verification from sources other than the PI that no material changes have been made since the previous IRB approval based on criteria which only became apparent during the course of protocol review. Such flexibility is needed in order to ensure the ongoing protection of human subjects and to maintain the University's culture of compliance.

³ 45 CFR 46.103(b)(4)(ii).