The Christ Hospital IRB
Section: 02
Effective Date: 01/02/07
Revised/Reviewed Date: 11/12/21
AAHRPP Element: II.1.A, II.1.B, II.1.D, II.1.E

IRB REFERENCE MANUAL
SECTION 02
IRB REVIEW OF PROPOSED RESEARCH STUDIES

2.0 IRB REVIEW OF PROPOSED RESEARCH STUDIES

The Christ Hospital Institutional Review Board (TCH IRB) must review and approve all research activities involving human subjects that fall under the Institution's Human Research Protection Program prior to the implementation of such research activities. Notification of the IRB chair, or in his absence, designee, is required for emergency use of a non-approved investigational drug or a non-approved investigational device. (See Section 2.5)

There are three categories of IRB review of proposed research study as discussed in sections below: 1) not human subjects research designation, 2) exempt review, 3) expedited review, 4) full board review. At The Christ Hospital, the IRB, not the researcher, determines the review level. Studies determined by the IRB to qualify for exempt or expedited review are reviewed by the IRB upon receipt; studies which are determined to qualify for full board review and which are received by the meeting deadline are placed on the agenda for review at the next scheduled IRB meeting. Studies received after the meeting deadline may be placed on the agenda for review at the next scheduled IRB meeting if it is determined there is adequate time for review. (See SOP 2.01 for more information on protocol submission.)

In order to receive full IRB approval, all investigators and key research personnel listed on the study application for a research project involving human research are required to complete the Collaborative Institutional Training Initiative (CITI) web-based education and certification program.

2.1 Designation that a Project is Not Research, or is Research but Does Not Involve Human Subjects

Certain studies submitted for exempt review may not meet The Christ Hospital's definition of human subject research because the activity meets neither the DHHS definition of human subjects research [i.e., does not meet the DHHS definition of "research" as specified under 45 CFR 46.102(d) involving "human subjects" as specified under 45 CFR 46.102(f)] nor the FDA definition of human subjects research [i.e., does not meet the FDA definition of "research" as specified under 21 CFR 56.102(c) involving "human subjects" as specified under 21 CFR 56.102(e)]. For example, Quality Assurance projects may not meet the DHHS definition of "research" if they are not designed to develop or contribute to generalizable knowledge (45 CFR 46.102(d)) and do not meet the FDA definition of research if

they do not involve the administration of drugs or devices (21 CFR 56.102(c)). Studies that are research, but do not involve human subjects (according to the regulations) might include those in which (a) the investigator conducting research neither interacts nor intervenes with an individual to obtain data (including specimens) about that person or (b) does not obtain identifiable private information. This determination is made by TCH IRB Chair or his/her designee. (Complete Form: Application for "No Humans" Designation)

2.2 Exempt Review

Research activities in which the only involvement of human subjects will be in one or more of the categories listed below are exempt from the HHS Federal Policy regulations (45 CFR 46.101(b)(1-6) including the requirement to obtain informed consent. However, the exemption criteria at 45 CFR 46.101(b)(1-5) do not apply to research that is subject to FDA oversight. (See 1.0 Preface, Section XI "Definitions of Research and Human Subjects.") The Christ Hospital requires IRB review of human research activities appearing to meet these exempt criteria so as to ensure regulatory compliance. Research protocols qualifying for exempt review are reviewed administratively by the IRB Chair or his/her designee. Following an initial IRB determination of exempt status, exempt research activities are not subject to annual renewal requirements.

Category 1 Research conducted in established or commonly accepted educational settings that specifically involves normal educational practices that are not likely to adversely impact students' opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education instructional strategies, and research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

Category 2 Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

a) The information obtained is recorded by the investigator in such a manner that the identity of the human participant's cannot readily be ascertained, directly or through identifiers linked to the participants;

b) Any disclosure of the human participants' responses outside the research would not reasonably place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, educational advancement, or reputation;

- or –

c) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Category 3 Research involving benign behavioral interventions in conjunction with the collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording if the subject prospectively agrees to the intervention and information collection and at least one of the following criteria is met:

a) The information obtained is recorded by the investigator in such a manner that the identity of the human participants cannot readily be ascertained, directly or through identifiers linked to the subjects; or

b) Any disclosure of the human participants' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, educational advancement, or reputation; or

c) The information obtained is recorded by the investigator in such a manner that the identity of the human participants can readily be ascertained, directly or through identifiers linked to the participants, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For the purposes of this provision, benign behavioral interventions are brief, harmless, painless, not physically invasive, not likely to have a significant adverse lasting impact on the subjects, and the investigator has no reason to think the subjects will find the interventions offensive or embarrassing. Provided all such criteria are met, examples of such benign behavioral interventions would include having the subjects play an online game, having them solve puzzles under various noise conditions, or having them decide how to allocate a nominal amount of received cash between themselves and someone else.

If the research involves deceiving the subjects regarding the nature or purpose of the research, this exemption is not, applicable unless the subject authorizes the deception through a prospective agreement to participate in research in circumstances in which the subject is informed that he or she will be unaware of or misled regarding the nature or purposes of the research.

Category 4 Secondary research for which consent is not required: Secondary research uses of identifiable private information or identifiable biospecimens, if at least one of the following criteria are met:

a) The identifiable private information or identifiable biospecimens are publicly available; or

b) Information, which may include information about biospecimens, is recorded by the investigator in such a manner that the identity of the human participants cannot readily be ascertained directly or through identifiers linked to the participants, the investigator does not contact the participants, and the investigator will not re-identify participants; or

c) The research involves only information collection and analysis involving the investigator's use of identifiable health information when that use is regulated under 45 CFR parts 160 and 164, subparts A and E, for the purposes of "health care options" or "research" as those terms are defined at 45 CFR 164.501 or for "public health activities and purposes" as described under 45 CFR 164.512(b); or

d) The research is conducted by, or on behalf of, a Federal department or agency using government-generated or government-collected information obtained for non-research activities

Category 5 Research and demonstration projects which are conducted by or subject to the approval of (Federal) department or agency heads and which are designed to study, evaluate or otherwise examine: (a) public benefit or service programs, (b) procedures for obtaining benefits or services under those programs, (c) possible changes in or alternatives to those programs or procedures or (d) possible changes in methods or levels of payment for benefits or services under those programs.

Category 6 Taste and food quality evaluation and consumer acceptance studies.

Category7 Storage or maintenance of identifiable private information or identifiable biospecimens for secondary research for which broad consent is required.

Category 8 Secondary research involving use of identifiable private information or identifiable biospecimens for which broad consent was required.

NOTE: The Christ Hospital has made an Institutional decision that broad consent will not be permitted at this time. As a result, the TCH IRB will not consider applications under exempt category 7 or 8 which requires broad consent.

2.2.1 Exempt Review Submission Requirements

If an investigator is uncertain if their research meets the requirements for exempt research, they may contact the IRB Office at IRB_Office@thechristhospital.com to determine if the study is eligible for exempt status. If an Investigator believes that their research study meets the federal regulations, and institutional and ethical criteria for an exemption

from IRB review, they must submit the IRB Exempt Application along with any applicable questionnaires and screening or recruitment instruments, etc. to the IRB for review and approval.

2.3 Expedited Review

Research activities involving no more than minimal risk and in which the only involvement of human subjects will be in one or more categories listed below (carried out through standard methods) may be reviewed by the IRB through an expedited (i.e., administrative review) procedure. This means that these types of reviews are not conducted by the convened TCH IRB, but rather administratively. As defined by federal regulations, minimal risk means that 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, (i.e., the general public) or during the performance of routine physical or psychological examinations or tests. Under the expedited review procedure, review of research protocol and consent form is carried out by TCH IRB chair or his/her designee. In conducting the review, these individuals may exercise all the authorities of the IRB except that they may not disapprove the research. A research activity may be disapproved only subsequent to the full board review. The Christ Hospital IRB will report each protocol approved by expedited review at its next regularly scheduled meeting.

Please note the following:

1) The expedited review procedure may not be used where identification of the subjects 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 may be stigmatizing; unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
2) The expedited review procedure may not be used for classified research involving human subjects.
3) Standard requirements for informed consent or its waiver, alteration or exception apply to the research protocol qualifying for expedited review.
4) Categories 1 through 7 below pertain to both initial and continuing review.

Research activities eligible for expedited review are limited by federal policy and FDA regulations to the following: 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included in this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

Categories in this list apply regardless of age of subjects except as noted. The IRB recognizes that 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. Categories 1 through 7 below pertain to both initial

and continuing review. Note: Children are defined in the HHS regulations as "persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted." 45 CFR 46.402(a) Source 63 CFR 60364-60367, Nov. 9, 1998.

Category1 Clinical studies of drugs and medical devices only when either condition below is met:

a) Research on drugs for which an investigational new drug application (21 CFR 312) is not required. Note: 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; or
b) Research on medical devices for which (1) an investigational device exemption application (21 CFR 812) is not required; or (2) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

Category 2 Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:

a) From healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or
b) 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 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

Category 3 Prospective collection of biological specimens for research purposes by noninvasive means. Examples include:

a) Hair and nail clippings in a nondisfiguring manner;
b) Deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
c) Permanent teeth if routine patient care indicates a need for extraction;
d) Excreta and external secretions (including sweat);
e) Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
f) Placenta removed at delivery;
g) Amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
h) Supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth

and the process is accomplished in accordance with accepted prophylactic techniques;

i) Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; or
j) Sputum collected after saline mist nebulization.

Category 4 Collection of data through noninvasive 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. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications). Examples include:

a) 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;
b) Weighing or testing sensory acuity;
c) Magnetic resonance imaging;
d) Electrocardiography; electroencephalography, thermography detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography;
e) Moderate exercise, muscular strength testing, body composition assessment and flexibility testing where appropriate given the age, weight and health of the individual.

Category 5 Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). Note that some research in this category may be exempt from the federal regulations or TCH Policy and procedure. This listing refers only to research that is not exempt.

Category 6 Collection of data from voice, video, digital, or image recordings made for research purposes.

Category 7 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.

2.3.1 Expedited Review Submission Requirements

The following documentation must be submitted:

- Study Application
- Protocol, if applicable
- Informed consent document, if applicable
- CITI completion certificate

- Waiver of Informed Consent, if applicable
- Waiver of Documentation of Informed Consent, if applicable
- HIPAA Request for Full or Partial Waiver, if applicable
- Questionnaires, screening instruments, recruitment materials, if applicable
- Financial disclosure forms, for funded research

2.3.2 Expedited Review Turnaround Time

Research protocols qualifying for expedited review will be reviewed by the IRB chair or designee for exempt/expedited reviews in order of date received by the IRB office. Depending upon the volume of submissions received, expedited review turnaround time varies.

2.4 Full Board Review

Research activities which do not qualify for exempt review (see 2.2) or expedited review (see 2.3) under the stated categories must be reviewed and approved by a "full IRB" committee at a regularly scheduled meeting. For complete requirements See Section 7.0 "Research Protocol and Consent – Format and Requirements"

2.4.1 IRB Meeting Dates and Requirements

All meetings of TCH IRB are held on the second Tuesday of each month at 7:30 a.m. Deadline for IRB submission is 21 days prior to the meeting date. The submission is comprised of a research study application (containing device and drug information and HIPAA Request for Partial Waiver, as applicable to the research), the informed consent, financial disclosures, protocol, and other applicable documentation for review and approval by the board.

2.4.2 Pre-review of Research

All research protocols shall undergo department review (and section review, if applicable). This includes a) industry initiated and sponsored clinical trials of drugs or devices that are subject to prior FDA acceptance of an IND or IDE application, b) research reviewed by an external scientific committee as a condition of research funding (e.g., NIH sponsored research) or for inclusion in cooperative group trials, c) studies which meet one of the exempt criterion defined by the federal regulations (see Chapter 2.0). The purpose for this review is to assure that the department head is aware of the research being conducted in his/her department so that the department head can disseminate this information throughout the department and aid in recruitment. The department head should be aware of all scholarly research conducted by department members so that the department head can communicate this to any resident training program director for incorporation in their reports to their respective accrediting bodies. In addition, all research projects other than those indicated above will be reviewed by the department head and if applicable, section chiefs or their designates or designated committee for approval and indicate that the

principal investigator has a) the appropriate training and experience, b) adequate resources, c) sufficient time allocation to conduct the research, d) determined that the research is pertinent to the needs and goals of the institution, department and community, and e) confirmed that the research has been found to be acceptable for IRB submission.

Substantial modification to the aims and/or design of a research protocol (with the exception of the categories of research defined above) may also need departmental review prior to submission of these modifications for IRB approval.

2.4.2.1 Fiscal (Contract) Review

The Chief Clinical Officer reviews contracts after IRB approval. This review includes an evaluation of the costs associated with the study and resources needed. The IRB fee typically covers the cost of initiating a research study.

2.4.2.2 Christ Hospital Cancer Center Protocol Review Process

The Cancer Research Administrative Team perform a timely and thorough review and respondent commentary (written or verbal when applicable) of potential projects and or relevant research. The Christ Hospital Cancer Collaborative Committee (CCC) members are also generally consulted regarding potential research projects. The review and commentary may be requested of the entire committee or select members as determined by the Research Director and may occur in a group setting or on an individual basis depending on the timing and specific situation.

The Christ Hospital Cancer Center Research Department also utilizes varying Christ Hospital support individuals in the study selection process, depending on the nature and depth of the project. These individuals include but are not limited to; the research nursing staff (regarding clinical and regulatory implications), Cancer Center Director (regarding facility, financial and staffing feasibility), IRB Chairman (regarding complicated drugs, devices, and or techniques with regards to safety and accountability), The Christ Hospital Administration officers (regarding complicated fiscal, assurance and/or public relation concerns), Departmental Managers (regarding the feasibility of complicated medical or radiation oncology devices and or techniques), and Tumor Registry (for patient population feasibility).

2.4.2.3 Research Protocols Involving Human Subject or Patient Exposure to Ionizing Radiation (Ref. Radiation Safety Committee ATT 10.1a, 10.1b):

All new and investigational procedures involving potential radiation exposure will be reviewed by the Radiation Safety Officer and

another Senior Physicist. The Radiation Safety Committee votes to approve the protocol given the recommendation of the RSO before initiation.

2.4.2.4 Investigational Drug Service (Ref. The Christ Hospital Pharmacy Services Investigational Drug Study & Research Service)
Before IRB consideration of potential drug studies, protocols are reviewed for design and safety. Medication is reviewed for safety, side effects and preparation/storage issues. If there are issues, questions are addressed with the investigator at the IRB meeting. During Site Initiation Visit Meetings, the pharmacy's role in the study is determined and procedures are worked out for pharmacy/nursing handoffs. Questions may also be addressed with the sponsor at these meetings. The staff is educated on procedures and accountability prior to study initiation.

2.5 Early/Expanded Access of Non-Approved Investigational Drugs or Biological Devices (See Section 13.0 "Early/Expanded Access to Test Articles")