

CONTINUING REVIEW AND INSTITUTIONAL ANNUAL CHECK-IN (IAC)

The IRB conducts continuing review of research requiring review by the convened IRB at intervals appropriate to the degree of risk, but not less than once per year [45 CFR 46.109(e)]. The research protocol must satisfy the criteria set forth in 45 CFR 46 for the IRB to approve the protocol for continuation.

In accord with federal requirements, the IRB approval period can extend no longer than one year after the start of the approval period. The PI may not continue research after expiration of IRB approval; continuing is a violation of federal requirements specified in 45 CFR 46.103(a). If the IRB approval expires, the PI must cease all research activities and may not enroll new subjects in the study. However, if the IRB determines that there is an overriding safety concern and/or ethical issue or that it is in the best interests of the individual subjects to continue participating in the research activities, the IRB may permit the subjects to continue in the study for the time required to complete the continuing review process.

Unless the IRB determines otherwise, continuing review of research is not required in the following circumstances [45 CFR 46.109(f)]:

- Research eligible for expedited review in accordance with 45 CFR 46.110;
- Research reviewed by the IRB in accordance with the limited IRB review;
- Research that has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study:
 - Data analysis, including analysis of identifiable private information or identifiable biospecimens, or
 - Accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care.

For research protocols that do not require continuing review per federal regulations, Franklin University requires PIs to submit a completed and signed Institutional Annual Check-In (IAC) form for all current and IRB approved human subjects research projects. The IAC is a less stringent mechanism of review for project updates.

CONTINUING REVIEW PROCEDURES

Continuing Review Requests, Submissions, and Screening

1. IRB staff send continuing review requests and reminders to the PI before the IRB approval period expires (e.g., approximately 12 weeks, 8 weeks, and 4 weeks prior to expiration). The PI is responsible for responding to those requests in a timely manner.
2. The PI completes the application for continuing review according to the instructions on the form.
3. The PI must submit continuing review reports for studies as long as the research:
 - Remains open to enroll new subjects; and/or
 - Remains active for long-term follow-up.

See the Study Closure SOP for details on circumstances in which a PI may close a study.

4. IRB staff screen the application to ensure compliance with selected federal requirements, such as need for prisoner representative review.
5. When the IRB Office receives the continuing review materials, IRB staff conduct a preliminary screening of the materials submitted and of the IRB's protocol records to ensure the materials are complete and consistent with IRB requirements.
6. During screening, IRB staff update the IRB database with requested extension dates, number of subjects enrolled, and other information provided by the PI in the continuing review materials. IRB staff compare answers in the continuing review materials with the data in the existing IRB file (i.e., physical file or database).
7. IRB staff assign a meeting date and contact ad hoc and cultural consultants regarding issues for which the IRB does not have the appropriate expertise, using the procedures outlined in the Initial Full Review SOP.
8. The IRB Office may request additional information or materials from the PI if the application is not complete. If the PI does not respond, IRB staff make up to three attempts to contact the PI and/or research staff for additional information/materials, provided there is sufficient time before the end of the approval period.
9. If the IRB Office does not receive a response from the PI, the IRB Office sends the continuing review to the IRB. If the approval period limits the amount of time available to resolve outstanding issues, IRB staff may schedule the protocol for IRB review "as is" to avoid a lapse of approval. IRB staff forward notes detailing the missing or incomplete materials to the IRB.

Continuing Review Procedures

1. The IRB conducts continuing review at regularly scheduled convened meetings.
2. A designated IRB member serves as the primary reviewer for continuing review IRB protocols. If the member has a conflict of interest, is unavailable, or does not have the appropriate expertise to review the continuing review, IRB staff send the continuing review to the IRB Manager, IRB Chair, another voting member of the IRB, or a consultant with the appropriate expertise.
3. Approximately 5-10 days prior to the convened meeting, the primary reviewer receives the following information, but not limited to:
 - A completed continuing review report form (progress report) for each study, which includes, when applicable: the number of subjects enrolled and subjects withdrawn from the study; a written summary of both unanticipated problems and available information regarding adverse events since the last IRB review; recent literature; complaints about the research; and any new, significant findings (new findings and implications for subject participation described);
 - A research protocol (full description of the research with changes incorporated since initial IRB approval);
 - Copies of currently approved consent form(s), assent form(s), permission form(s), and verbal script(s) including translated documents;

- Copies of consent form(s), assent form(s), permission form(s), and verbal script(s) including translated documents for which the investigator is seeking IRB approval (with changes underlined for the primary reviewer);
- Current IRB approvals/letters of support from non-Franklin sites;
- Attachments (e.g., updates/changes, explanations);
- Complete grant application (new, revised, or renewals only);
- Copies of signed consent forms for the two most recently enrolled subjects; and
- IRB staff recommendations.

See the Continuing Review form for a complete list of information and attachments the PI must submit.

4. Approximately 5-10 days prior to the meeting, the IRB members scheduled to attend the meeting receive the following items, but not limited to:

- The completed continuing review report form;
- A cover memo if it contains information pertinent to the protocol review;
- Attachments (updates/changes, explanations);
- A copy of the consent/assent form for which the investigator is seeking IRB approval;
- A protocol summary and status report of the progress of the research.

5. All IRB members review information in the agenda packet in advance of the meeting (including those protocols for which the IRB member is not the primary reviewer) in enough depth to be familiar with the protocol, to be prepared to discuss the protocol at the meeting, and to be prepared to determine whether the research meets the regulatory criteria for approval.

6. IRB staff ensure that the complete IRB protocol record is available to all IRB members prior to and, if requested, during the convened meeting. All IRB members have the opportunity to discuss each research protocol during the convened meeting.

7. The convened IRB assesses the continuing review materials using the federal criteria for approval (i.e., 45 CFR 46.111 and 21 CFR 56.111).

8. When the IRB reviews research that involves categories vulnerable to coercion or undue influence, IRB staff ensure that adequate representation or consultation is present for discussions of research involving vulnerable human subjects.

9. The IRB and IRB staff conduct the convened meeting in accord with the Conduct of IRB Meetings SOP. Members who have a conflict of interest follow procedures outlined in both the Conduct of IRB Meetings and IRB Member and Consultant Conflict of Interest SOP.

10. IRB staff serve as intermediaries between the PI and the IRB primary reviewer. However, the primary reviewer may contact the PI directly for clarification. The reviewer documents in the continuing review materials the issues discussed with the PI.

11. Primary reviewers provide recommendations to the IRB at the convened meeting on issues which they determine do not meet the federal criteria for approval, are controverted, need additional information, or concern compliance with the mandatory Franklin University human research training requirements.

12. If the primary reviewer is unable to attend the meeting, IRB staff provide his/her comments or recommendations in writing for presentation to the IRB at the convened meeting.

13. At the meeting, the IRB reviews the continuing review report and any controverted issues and their resolution prior to voting. During discussion, IRB members raise only those controverted issues that the IRB determines do not meet the federal criteria for approval as specified in 45 CFR 46.111, 21 CFR 56.111. IRB approval of the continuing review materials documents that the IRB agrees with the PI assessment of any specific findings included in the continuing review report that the IRB has not previously addressed.

14. The convened IRB makes the final determination on the outcome of the review.

Lapse of Approval

1. If a PI fails to return the continuing review report form or the IRB has not completed review by the end of the approval period, IRB staff notify the PI in writing that the approval will lapse or has lapsed. IRB staff inform the PI that research must cease and no new subject enrollment may occur. IRB staff also inform the PI that he/she should, if appropriate, notify subjects that the study approval has lapsed and that, if applicable, it is his/her responsibility to notify the funding agency of the expiration of the IRB approval.

2. The PI may ask the IRB for permission to allow subjects currently participating to continue due to an overriding safety concern, ethical issues, or because it is in the best interest of the individual subjects. The IRB makes the final determination, if appropriate. The IRB Office or IRB notifies the PI in writing of that determination.

3. In the case of a study in which the PI is actively pursuing renewal, but he/she could not respond to the IRB request for changes before the end of the approval period, with the result that a lapse of approval has occurred, IRB staff send the resubmitted materials to the same IRB that requested the changes. The IRB may subsequently approve the study for continuation.

4. If a protocol approval has expired due to failure of the PI to submit a continuing review report or to respond to the IRB's request for revisions and the PI subsequently submits the continuing review materials/revisions after the end of the approval, the IRB Office requests from the PI either a written statement that verifies no research activities have occurred since the lapse (i.e., recruitment or enrollment of new subjects, interaction, intervention, or data collection from currently enrolled subjects, or data analysis), or a written summary of events that occurred in the interim. If the PI submits the materials/revisions less than three months from the end of the approval period, IRB staff forward the PI's summary and the continuing review materials/revisions to the IRB.

5. If a protocol approval has expired due to failure of the PI to submit a continuing review report or respond to the IRB's request for revisions and the PI subsequently submits the continuing review materials/revisions more than three months after the end of the approval, the IRB requires a new initial review application.

6. When continuing review and approval of a research study do not occur prior to the end of the approval period, the IRB does not report the expiration as a suspension of approval under Food and Drug Administration or Department of Health and Human Services regulations.

CONTINUING REVIEW OUTCOME(S)

1. An IRB member makes a motion, the motion is seconded, and then the IRB members vote for, against, or abstain from one of the following five actions:

- **APPROVED:** IRB approval – An approved vote indicates that the IRB concluded that the research and, if applicable, consent forms meet the federal criteria for approval. The IRB’s approval vote verifies that the IRB members agree with the information/materials submitted for continuation of the protocol and/or specific findings described in the continuing review report by the PI. IRB staff send the investigator an approval letter with valid dates of IRB approval.

- **REVISIONS and/or ADDITIONAL INFORMATION REQUIRED:** A vote for revisions indicates that the IRB has approved the protocol pending submission of minor revisions and that the IRB has given the individual chairing the meeting (and/or other IRB member with appropriate expertise or qualifications) the authority to approve the minor revisions which do not involve substantive issues. IRB staff send a letter to the PI describing the revisions requested by the IRB.

The PI responds to the IRB’s suggested revisions in writing and sends the response to the IRB Office. IRB staff give those responses to the IRB member designated at the IRB meeting to review the requested revisions. That IRB member may forward the responses to the entire IRB for additional review, request additional information, or approve.

- **TABLED:** A vote of tabled indicates the IRB withholds approval pending submission of major revisions/additional information. IRB staff send the PI a letter listing the reasons for tabling and include a description of the revisions or clarifications requested. For some studies, the IRB may appoint one or more members of the IRB to discuss the reasons with the investigator. If the vote is for tabled, IRB staff schedule the PI’s response to the requested revisions for review by the full committee. The IRB does not require the PI to attend. In some cases, the committee may ask the PI to attend the future IRB meeting at which the IRB reviews his/her response to discuss or answer IRB concerns or questions. IRB staff notify the PI of the request for him/her to attend that future IRB meeting.

- **DISAPPROVED:** A disapproved vote indicates the IRB disapproves the protocol. IRB staff send the investigator a letter describing the reasons for disapproving the protocol. This outcome usually occurs when the IRB determines that the risk of the procedures outweighs any benefit or if the research does not meet the federal criteria.

2. During the convened meeting, the IRB determines the approval period as appropriate to the degree of risk but not less frequently than once per year. The IRB may set a shorter approval period (for continuing review to occur more often than annually) for high risk protocols or protocols with a high risk/low potential benefit ratio. No approval period extends beyond one year. When a protocol receives final approval, IRB staff document the approval period in the approval letter to the investigator. IRB staff include the approval period in the meeting minutes.

3. The date of the start of the approval period is the date of the convened meeting. When the outcome of the IRB vote is approval pending submission of minor revisions, IRB staff issue approval after the IRB Chair or the individual chairing the meeting reviews and approves the PI’s response. The approval period begins on the date on which the convened IRB reviewed the protocol.

4. If the PI has concerns regarding the IRB decision/ recommendations for changes in the study, the PI may submit his/her concerns to the IRB in writing with a justification for altering the IRB decision. The appropriate reviewer or, if need be, convened IRB review the appeal. The appeal determination is final.

INSTITUTIONAL ANNUAL CHECK-IN (IAC) PROCEDURES

1. Franklin University requires PIs to submit a completed and signed Institutional Annual Check-In (IAC) form for all IRB approved research projects that are not required to undergo continuing review in accordance with federal guidelines. For these protocols, IRB staff send IAC requests and reminders to the PI before the one-year period after initial IRB approval or last check-in ends (e.g., approximately 12 weeks, 8 weeks, and 4 weeks prior to one year). The PI is responsible for responding to those requests in a timely manner.
2. The PI completes the IAC according to the instructions on the form.
3. The IRB Manager reviews the form and contacts the PI for missing information or clarification.
4. IRB staff update the IRB database and file the IAC in the protocol folder.
5. If the IRB Office does not receive a response from the PI, or if the IAC contains reports of serious problems or adverse events, the IRB Manager consults with the IRB Chair to determine a resolution.