IRB RELIANCE

SECTION	EFFECTIVE DATE	REPLACES POLICY	REPLACES
P&P 8.01	12.08.2022	P&P 8.01	02.18.2020

1.0 Scope

This policy applies to the conduct of human subjects research under the jurisdiction of the LSUHSC-NO Human Research Protection Program (HRPP). This includes research under the oversight of the HSC-NO IRB and research for which HSC-NO is relying on an external IRB for oversight.

2.0 Policy Statement

Where appropriate, LSUHSC-NO may enter into reliance arrangements, under which HSC-NO-affiliated research personnel utilize the services of, and rely on, an external, reviewing IRB for IRB review and oversight. Alternatively, the HSC-NO IRB may provide IRB review and oversight for non-affiliated research personnel. Among other reasons, reliance may be appropriate for any of the following:

- Request or requirement by the sponsor or funding agency
- Study is part of an existing network, consortium, or agency which encourages or mandates single IRB review
- Proposed external IRB has already reviewed the study or a similar study
- IRB expertise concerns (e.g., special subject population, untypical research design, sensitive topics)
- Efficiency considerations, especially for collaborative research
- Feedback or request from Institutional Official, HRPP staff, IRB, etc.
- Conflict of interest concerns (e.g., institutional conflict of interest)

Reliance is generally not considered appropriate for the following types of research, unless a compelling reason for reliance exists:

- **Research previously approved by the HSC-NO IRB:** When research has already been approved by the HSC-NO IRB, arguments for potential efficiencies to be gained by use of a single IRB are difficult to make. Transfer of oversight between IRBs places additional burden on both IRB and study staff for little benefit and may give the perception of forum-shopping. In addition, institutional knowledge about a protocol created through multiple IRB reviews is likely to be lost during the transfer process.
- **Research for which an HSC-NO IRB investigator holds the IND or IDE:** As the IND or IDE holder, the investigator assumes the responsibilities of the sponsor, resulting in additional responsibility and oversight which make reliance on an external IRB inappropriate.
- **Compassionate use protocols when approval of each patient is required by the FDA, IRB, or sponsor in order to provide treatment at the participating institution**: Since treatment is specific to the local institution, local IRB review is required.
- **Comparative effectiveness research**, as identified by the HRPP, unless an IRB Chair or member with expertise in the relevant specialty agrees to the reliance. This type of

research often compares standard-of-care methodologies which can vary by location and require specific knowledge of local context.

- **Planned emergency research:** Planned emergency research requires a community consent plan that would require specific knowledge of local context; as such, reliance on an external IRB would not be sufficient to protect subjects.
- **VA research**, unless the reviewing IRB is the Veterans Health Administration (VHA) Central Office IRB, an IRB of another VA facility, an IRB of another federal agency, or a non-affiliated IRB that has been specifically designated by the Office of Research and Development, pursuant to VHA Handbook 1200.05(f)(8)(a)

When reliance is accepted, the relying institution may not approve the research if not approved by the reviewing IRB and vice versa.

When reliance on an external IRB is requested for research which is greater than minimal risk, the reviewing IRB must be deemed qualified by HRPP leadership in accordance with 3.3 below. Qualification of the reviewing IRB is less critical when the reviewing IRB will review only (1) minimal risk research or (2) greater than minimal risk research when HSC-NO-affiliated research personnel are only engaged in minimal risk research activities.

3.0 Procedures

3.1 HRPP Submission and Review

Study teams may request reliance on an external IRB for any of the above reasons by submitting a Reliance Request to the HRPP. HRPP staff evaluate the request, ensure all institutional responsibilities are met, and determine on a case-by-case basis whether reliance on the external IRB is acceptable. If the HRPP determines that reliance is not appropriate, the study must be submitted to the HSC-NO IRB for review.

3.2 Post-Approval Reporting

After the HRPP has accepted reliance on an external IRB for review and oversight and the Reviewing IRB has approved the research, all subsequent study-related activities or reports must be submitted to the Reviewing IRB according to its requirements and procedures. In addition, the HSC-NO IRB must be notified of certain events and actions, including the following:

- Changes in local PI and HSC-NO affiliated study team personnel
- Determinations of the Reviewing IRB for modifications, continuing review, and/or reportable new information (e.g., unanticipated problems, adverse events, unresolved participant complaints, etc.) within 30 days of determination
- Reviewing IRB-approved revised study documents and/or additional attachments
- Changes that require revisions to the HIPAA authorization
- Potential conflicts of interest, including institutional and potential financial interests, that could affect or be affected by the research
- Study closure

3.3 Qualifications of External IRBs

Reviewing, external IRBs are evaluated and deemed qualified based on a balance of the following factors:

- IRB has been granted AAHRPP-accreditation or if not, can demonstrate they have certain AAHRPP-required policies & procedures in place
- IRB's membership satisfies the requirements of 45 CFR 46.107 and 21 CFR 56.10
- Policies and procedures for the IRB are publicly available for review, or the IRB has an appropriate process in place for making policies and procedures available to research personnel
- IRB has a process for notifying HSC-NO HRPP of determinations of unanticipated problems, serious and/or continuing noncompliance, suspensions, and terminations
- IRB has a process for ensuring HSC-NO HRPP has access to IRB approvals, determinations, and documentation, either in real-time or upon request.

Insufficiency in one of the above factors may be outweighed by consideration of the other factors and does not automatically deem the external IRB unqualified. Qualification requests are approved by the Executive Director of the Office of Research Services.

3.4 Reliance on the LSUHSC-NO IRB

Study teams may request that the HSC-NO IRB provide IRB approval for non-affiliated research personnel. The study team is responsible for communication of IRB-related information, including ensuring non-affiliated research personnel are familiar with and will follow HSC-NO HRPP policies and procedures. The study team must also ensure all required reporting and requests for amendments by non-affiliated research personnel are submitted to the HSC-NO IRB, and IRB decisions and approved documents are communicated to sites and/or non-affiliated research personnel. HRPP staff evaluate the request, ensure all institutional responsibilities are met, and determine on a case-by-case basis whether reliance is acceptable. If the HRPP determines that reliance is not appropriate, the non-affiliated research personnel must obtain IRB approval from an appropriate, external IRB for their participation in the research.

When non-affiliated research personnel are conducting the research on behalf of an external institution, the external institution must agree to rely upon the HSC-NO IRB for IRB review and approval of the research personnel's participation.

Relevant LSUHSC-NO policies are available on the HSC-NO IRB website.. An IRB staff member will notify the relying IRBs via email when policies or procedures have changed.

3.5 Reliance Documentation

When the HSC-NO HRPP agrees to rely on an external IRB, or when an external institution agrees to rely on the HSC-NO IRB, the responsibilities of the reviewing IRB and the relying institution are documented through a written agreement between the reviewing IRB and the relying institution (e.g. reliance agreement or IRB authorization agreement) or via the SMART IRB Agreement documented in either SMART IRB or IREx.

When the HSC-NO IRB provides approval for non-affiliated research personnel in research not federally-funded who are not conducting research on behalf on an institution, the research personnel must provide written attestation of knowledge of and agreement to follow the HSC-NO HRPP Policies to be documented in an executed Individual Investigator Agreement (IIA). Alternatively, the HRPP may determine that an agreement or attestation is unnecessary and that responsibilities may be documented in institutional policy or the specific research protocol.

When HSC-NO extends its Federalwide Assurance to cover non-affiliated research personnel, the extension will be documented by a written agreement signed by HSC-NO, the HSC-NO PI, and the non-affiliated research personnel.

3.6 Exceptions to the NIH sIRB Policy

The NIH sIRB policy applies to all NIH-funded multi-site studies were domestic sites will conduct the same protocol. This policy does not apply to:

- Foreign sites; or
- Career Development (K), Institutional Training (T), or Fellowship (F) awards.

Exceptions to the policy may be made when sIRB is prohibited by law, regulation, or policy. These exceptions must be identified in the sIRB plan submitted at time of proposal and must include specific citation to the relevant law, regulation, or policy.

Other exception requests not base on law, regulation, or policy may be requested and must require review and approval from the NIH. The request must include:

- Justification for other exception must be included in the sIRB plan in the proposal.
- Name(s) of site(s) that are requesting use of other IRB than the sIRB.
- Sufficient information must demonstrate a compelling justification such as why the sIRB cannot serve as the reviewer for the site(s) requesting exception.

4.0 Responsibilities

Responsibilities are governed by the relevant reliance agreement, where applicable, and the reviewing IRB and relying institution shall comply with all terms and conditions of the reliance agreement. At a minimum, responsibilities should include those listed below.

4.1 Reviewing IRB Responsibilities

Unless otherwise dictated by the written reliance agreement, the reviewing IRB shall:

- Perform initial and continuing review and review modifications and reportable events for all sites
- Obtain additional approvals or certification requirements such as:
    - Approval from DHHS when research involves pregnant women, fetuses, and neonates; or children; or prisoners.
    - Certificates of Confidentiality or NIH Genomic Data Sharing Policy
- Ensure criteria for approval are met for all research and all sites, taking into account local context information provided by relying institution

- Review consent forms, when applicable
- Make Privacy Board determinations per HIPAA, when applicable
- Consider conflict of interest determinations, including any management plans, relating to the research and ensure plans are incorporated into IRB review as applicable
- Notify PI of IRB decisions, etc., and ensure appropriate communication plan for dissemination between sites
- Maintain appropriate IRB records and documents relating to the IRB review, and make records available to relying institution upon request
- Notify the relying institution of any of the following which relate to the conduct of research at the relying institution
    - Unanticipated problems, serious and/or continuing noncompliance, suspensions, and/or terminations
    - Audits, including findings and corrective actions
    - Reporting to a federal agency
    - Communication with regulatory agencies
- Responsible for continued oversight of study activities until closure or mutually agreed upon transfer of study if reliance agreement is terminated

4.2 Relying Institution Responsibilities

Unless otherwise dictated by the written reliance agreement, the relying institution shall:

- Ensure research personnel are appropriately qualified and meet relying institution standards for eligibility to conduct research, including but not limited to human subjects protection training and conflict of interest disclosure
- Provide local context information to the reviewing IRB and ensure required information is incorporated into IRB-approved documents
- Ensure research personnel are notified of their responsibilities when conducting research pursuant to a reliance agreement
- Ensure compliance with the reviewing IRB determinations and requirements, applicable federal regulations, and all applicable state and local laws and institutional requirements
- Ensure appropriate monitoring of research and perform reviewing IRB-directed audits upon request
- Establish a process for reviewing conflicts of interest and creating management plans when appropriate, and providing a copy of the management plan to the reviewing IRB

- Notify the reviewing IRB of any of the following which relates to research under the oversight of the reviewing IRB:
    - Unanticipated problems and serious and/or continuing noncompliance
    - Restriction/suspension of research activities
    - Audits, including findings and corrective actions
    - Communication with regulatory agencies
    - Legal claims
    - Research misconduct
- Receive notifications of issues from the reviewing IRB and take additional local action, if applicable

4.3 HSC-NO IRB Responsibilities

Unless otherwise dictated by written agreement, the HSC-NO IRB retains the following responsibilities even when HSC-NO has relied upon an external IRB for review:

- Provide IRB review upon request by the HRPP or the institution. This may include local review of reviewing IRB determinations of unanticipated problems, serious/continuing noncompliance, or suspensions and terminations.
- Review reports of any relevant audits.

4.4 Research Personnel Responsibilities

HSC-NO-affiliated research personnel conducting research for which an external, reviewing IRB has provided approval must fulfill all responsibilities outlined in the HSC-NO HRPP *Policy and Procedure Guidebook*, plus the following:

- Submit Reliance Request
- Obtain IRB approval for conduct of the research by HSC-NO -affiliated research personnel from the reviewing IRB, including ensuring all HSC-NO -affiliated research personnel are listed on the IRB documentation as required by the reviewing IRB
- Ensure the IRB-approved documents are accurate and consistent with conduct of the research by HSC-NO -affiliated research personnel
- Conduct research in accordance with the reviewing IRB's policies and procedures, the IRB-approved documents and conditions of approval, and any applicable laws and regulations
- Ensure all HSC-NO -affiliated research personnel are appropriately qualified and have met HSC-NO or HSC-NO -affiliate standards for eligibility to conduct research, including but not limited to human subjects protection training and disclosure of any conflict of interest

5.0 Related Information

Additional guidance on collaborative research and the use of external IRBs is available at the HRPP website at https://www.lsuhsc.edu/administration/academic/ors/external_irb.aspx.

Additional guidance on use of sIRB for NIH-funded research is available at the NIH website at https://grants.nih.gov/policy/humansubjects/single-irb-policy-multi-site-research.htm.

6.0 Definitions

- **Continuing noncompliance:** A pattern of the same or similar instances of noncompliance, occurring in reasonably close proximity, which continues to occur after discovery of noncompliance and implementation of a preventive action plan, or results from failure to implement a preventive action plan approved by the IRB.
- **External IRB:** An IRB not constituted by LSUHSC-NO. It may be the IRB of another institution or organization, or an independent (commercial) IRB.
- **Federalwide Assurance (FWA)**: A formal, written, binding attestation in which an institution ensures to the U.S. Department of Health and Human Services (HHS) that it will comply with applicable regulations governing the protection of human subjects.
- **Institutional Official (IO):** The signatory on the FWA filed with the Office for Human Research Protections (OHRP). OHRP requires the IO to be a high-level official who has the authority to represent the institution named in the FWA. The VPR serves as the IO for UK and is responsible for signing IAAs and Individual Investigator Agreements (IIAs) on behalf of the institution.
- **IRB Authorization Agreement (or Reliance Agreement):** A formal written agreement that identifies and describes the respective authorities, roles, responsibilities, and methods of communication between an institution/organization providing the ethical review of research and a participating site relying on that institution/organization.
- **LSUHSC-NO-affiliated research personnel:** Research personnel who are (1) faculty, staff, and students of HSC-NO; (2) staff and employees of the LSU Health Network and the Health Care Services Division; or (3) independent investigators or staff and employees of select institutions that have executed agreements for the HSC-NO IRB to serve as their IRB of Record.
- **Minimal risk:** 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 or during the performance of routine physical or psychological examinations or tests.
- **Non-affiliated research personnel:** Research personnel who are not affiliated with HSC-NO as defined above.
- **Non-compliance:** Any action or activity associated with the conduct or oversight of research involving human subjects that fails to comply with federal or state regulations, or institutional policies governing human subjects research or the requirements or determinations of the IRB.
- **Relying IRB or Organization:** Generally, an organization or institution that is relying on the review of, or has ceded IRB review to, another IRB to provide oversight for a specific research study or set of studies.

- **Reportable New Information:** Reportable New Information (RNI) refers to any new information that may impact on the conduct of an IRB-approved, non-exempt, human subjects research study or the safety and welfare of the participants in that study. RNIs include, but are not limited to, adverse events, non-adverse events, non-compliance, and updated study information or written reports.
- **Reviewing IRB (or IRB of Record):** An IRB that provides the ethical review of the research for another organization (in this case, LSUHSC-NO) and is designated to do so through an approved Federal-wide Assurance (FWA) on file with the Office for Human Research Protections (OHRP). Note: Commercial IRBs will not have FWAs, but must be registered with OHRP.
- **Serious noncompliance:** An instance of non-compliance that, in the investigator's judgment, DOES adversely affect the risk/benefit ratio of the study; the rights, safety, or welfare of the participants or others; or the integrity of the study/data.
- **Unanticipated problem:** Any incident, experience, or outcome that meets all of the following criteria: 1) is unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied; 2) is related or possibly related to participation in the research ("possibly related" means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and 3) suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.