Expedited Review of Human Subject Research

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Content Applies To

Mayo Clinic Human Research Protection Program

Policy

The Mayo Clinic Human Research Protection Program - Institutional Review Board (IRB) permits the use of expedited review procedures for eligible human subject research activities, as defined by federal regulations.

Key Terms

Children: 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).

Expedited review: An expedited review procedure consists of a review of research involving human subjects by the IRB chairperson or by one or more experienced reviewers designated by the chairperson from among members of the IRB in accordance with the requirements set forth in 45 CFR 46.110.

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 [45 CFR 46.102(i)].

Eligibility for Expedited Review

The IRB may use an expedited review procedure to review either or both of the following:

- Research that involves no more than minimal risk and which appears on the following list of expedited review categories authorized by 45 CFR 46.110 and 21 CFR 56.110.
- Minor changes in previously approved research during the period for which approval is authorized.

Expedited Review

1. An expedited review will be performed by the IRB Chair or by an experienced IRB member designated by the IRB Chair, i.e. a member with demonstrated knowledge and application of research ethics in human subject protections of at least one year.
2. Reviewers receive and review the same materials that the convened IRB receives for protocols reviewed by the convened IRB.
3. The criteria for approval using the expedited procedure are the same as those for review by a convened IRB.
4. The reviewers may exercise all of the authorities of the IRB except that the reviewers may not disapprove the research.
5. A research activity may be disapproved only after review in accordance with the non-expedited procedure.
6. The reviewer will make one of the following determinations regarding the application:
    - Approved
    - Revisions and/or additional information required.
    - Forward to Convened IRB.
7. Documentation of the review, action taken by the reviewer, and any specific findings required by federal regulations will be documented in the reviewer notes in IRBe.
8. In all cases the expedited reviewer reserves the authority to refer any study to a medical reviewer and/or to the Convened IRB for review.
9. Items approved using the expedited review procedure (initial review, modifications, and continuing review) are forwarded via the electronic IRB system to a convened IRBe agenda for review.

IRB Oversight of Expedited Review

IRB members are advised of research proposals which have been reviewed by the expedited procedure with a listing provided with each convened meeting agenda. This information is also included in the meeting minute history. Any member can request to review the entire IRB record associated with items reviewed by the expedited review procedure.

Categories of Research That May Be Reviewed by the IRB using an Expedited Review Procedure

Applicability:

- The activities listed should not be deemed to be of minimal risk simply because they are included on 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.

- The categories in this list apply regardless of the age of subjects, except as noted.
- The expedited review procedure may not be used 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 reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
- The expedited review procedure may not be used for classified research involving human subjects.
- The standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of IRB review (expedited or convened).
- Categories 1 through 7 pertain to initial, modifications and continuing review.
- Categories 8 and 9 pertain to continuing review.

Research Categories Eligible for Expedited Review

1. 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 (IND) 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.)

   (b) Research on medical devices for which (i) an investigational device exemption application (IDE) is not required; or (ii) the medical device is approved (cleared) for marketing and the medical device is being used in accordance with its approved (cleared) labeling.

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

   (a) Collected from healthy, non-pregnant 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) Collected 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.

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

   (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 sub gingival 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;

(j) Sputum collected after saline mist nebulization.

Additional examples: See footnote*

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:

   (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.

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: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b) (4). This listing in this document refers only to research that is not exempt.

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

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. NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b) (2) and (b) (3). This listing in this document refers only to research that is not exempt.

8. Continuing review of research previously approved by the convened IRB as follows:

   (a) Where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects;

   OR

   (b) Where no subjects have been enrolled and no additional risks have been identified;

   OR

   (c) Where the remaining research activities are limited to data analysis.

9. Continuing review of research, not conducted under an investigational new drug application (IND) or investigational device exemption (IDE) where categories two (2) through eight (8) above do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

   *Footnote: OHRP agrees with the Food and Drug Administration's position that for purposes of expedited review Category 3, the following procedures are considered non-invasive (9/22/11 OHRP correspondence):

   - Vaginal swabs that do not go beyond the cervical os;
   - Rectal swabs that do not go beyond the rectum; and
   - Nasal swabs that do not go beyond the nares.

Review of Protected Populations (45 CFR 46, Subparts B, C, and D)

Subpart B: Additional Protections for Pregnant Women, Human Fetuses and Neonates Involved in Research

- Research with participant contact involving pregnant women, human fetuses and neonates that includes clinical studies of drugs or devices (Expedited Category 1) will be forwarded to the Convened IRB for review and determination.
- Proposed research projects involving the collection of data through noninvasive procedures (Expedited Category 4), will be reviewed by an IRB medical reviewer for assessment of the level of risk.
- The Convened IRB will determine whether Expedited procedures may be used for continuing review of these studies in accordance with 45 CFR 46.110 (9).
- In all cases the Expedited Reviewer reserves the authority to refer any study involving Subpart B to a medical reviewer and/or the convened IRB for review

Subpart C: Additional Protections Pertaining to Biomedical and Behavioral Research Involving Prisoners as Subjects

Research involving prisoners as subjects requires review by a prisoner representative of the IRB and will be forwarded to a convened IRB for review and determination.

Subpart D: Additional Protections for Children Involved as Subjects in Research

- Research involving children as subjects will be reviewed using Expedited procedures providing the research is no greater than minimal risk in accordance with 45 CFR 46.404.
- In all cases the Expedited Reviewer reserves the authority to refer any study involving Subpart D to a medical reviewer and/or the convened IRB for review

Modifications to Research Initially Approved by a Convened IRB

Modifications to applications previously approved by a convened IRB may be reviewed by the expedited review process if they meet the following criteria:

1. Modifications do not pose an increased risk to subjects;

   AND

2. Any additional procedures fall within categories 1-7 of research that may be reviewed using the expedited procedure.
3. Modifications constitute a minor change to previously approved research.

   Minor Modifications: Any modification that would materially affect the assessment of risks and benefits should not be considered minor. Examples of minor modifications include, but are not limited to:

   - Protocol revisions that entail no more than minimal risk
   - Decrease in the number and volume of sample collections as long as they do not negatively alter the risk/benefit ratio of the study.
   - Changes to the informed consent documents that do not affect the rights and welfare of study participants, or do not involve increased risk, or significant changes in the study procedures
   - Minor changes to recruitment procedures, recruitment materials or submission of new recruitment materials to be used in accordance with approved recruitment methods
   - New study documents to be distributed to or seen by subjects that are similar in substance to those previously approved
   - Changes in research personnel or contact information
   - Administrative or clerical changes

Modifications to Research Initially Approved by Expedited Review

Modifications to applications previously approved by Expedited review process may be reviewed using Expedited review if they meet the following criteria:

1. With the modification implemented, the research would continue to pose no more than minimal risk to subjects,

   AND

2. The modifications do not involve any procedures that do not meet Expedited categories 1 through 7.

Continuing Review

Continuing review of an approved application may be conducted by the Expedited review process if it meets one of the following criteria:

1. Continuing research activities pose no more than minimal risk to subjects, as assessed by the reviewer; AND the research met the criteria for initial expedited review and continues to meet those criteria, AND all procedures continue to meet one or more of the expedited review categories [1-7] as identified at initial/previous review.
2. Research which was previously reviewed by the convened IRB, but meets the criteria for expedited review and meets category 8(a), 8(b), or 8(c) for expedited review as defined by the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA).
3. Research which was previously reviewed by the convened IRB but meets the criteria for expedited review, and meets category 9 for expedited review as defined by OHRP and the FDA.

Continuing Review Period (effective October 5, 2013)

Research meeting the following criteria may, at the discretion of the IRB, be reviewed at intervals of up to three years:

- Per IRB determination, the research presents no greater than minimal risk to subjects
- The research does not include contact with subjects
- The research is unfunded, or there is Mayo funding only
- The research does not include FDA components
- The research is conducted by Mayo Clinic investigators. Extended continuing review intervals do not apply to studies where the Mayo Clinic IRB is the IRB of record for an external investigator.

References

21 CFR 56.110 Expedited Review Procedures for Certain Kinds of Research Involving No More than Minimal Risk and for Minor Changes in Approved Research

45 CFR 46.110 Categories of Research That May Be Reviewed by the Institutional Review Board (IRB) Through an Expedited Review Procedure

45 CFR 46 Protection of Human Subjects

Effective Date

February 13, 2014