Expedited Review of Research

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What is Expedited Review?

- Common Rule (HHS) 45 CRF 46 and FDA 21 CFR 56 regulations for protection of human subjects.
- Applies to minimal risk research (all procedures and methods are included on the list of categories maintained by DHHS), as well as minor changes to approved research.
- Review research in lieu of review by the convened IRB.
- Research may be reviewed by the IRB Chair or Chair designees.
- Reviewers must apply all applicable regulations, including the **criteria for approval** and the requirements for **informed consent**.
- Reviewers may not disapprove research, if the reviewer cannot approve the research, it must be referred to the convened IRB for further review.

Minimal Risk Definition

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 or during the performance of routine physical or psychological examinations or tests.

Expedited Research – 2018 Requirement (Revised Common Rule – Final Rule)

- Under the 2018 requirements, there is an assumption that activities and examples on the list of expedited categories are no greater than minimal risk, and therefore, the burden to the reviewer is to determine if or when a proposed activity on the list is greater than minimal risk.

- Documentation of the rationale for an expedited reviewer's determination that the research falls within one of the categories but is more than minimal risk.

- The 2018 revisions to the Common Rule to the expedited review regulations have not been adopted by the FDA.
  - FDA regulated studies still require Continuing Review (CR).

What is Eligible for Expedited Review?

- Research that is no more than minimal risk and on the list of categories maintained by DHHS.
- Minor changes to previously approved research
  - The regulations do not define “minor change”.
  - Reasonable interpretations of “minor change” include:
    - Addition of procedures described on the list of expedited categories,
    - Modifications that add no more than minimal risk to the subjects, and
    - Modifications that do not substantively alter the research design.

Expedited Review Categories (DHHS 1998)

1. Studies of drugs and medical devices when no IND or IDE is needed.
2. Blood samples by finger stick, heel stick, ear stick, or venipuncture.
3. Biological specimens for research purposes by “noninvasive” means.
4. Data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves.
5. Materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes.
6. Data from voice, video, digital, or image recordings made for research purposes.
7. Research employing survey, interview, oral history, focus group, etc.
8. Continuing review of research previously approved by the convened IRB where:
   (a) only-follow-up remains,
   (b) no subjects enrolled, and no additional risks identified, or
   (c) only data analysis remains.
9. Continuing review where:
   (1) not conducted under an IND/IDE,
   (2) other expedited categories are not applicable, and
   (3) Board considers minimal risk.

Possible Actions of Expedited Review

Additional Considerations

- Criteria for IRB Approval of Research (111 Criteria)
- Informed Consent
- Waivers of Informed Consent and HIPAA Authorization
- Vulnerable Populations

Criteria for IRB Approval of Research 45 CFR 46.111 and 21 CRF 56.111

- Well-known mantra for Human Research Protection Programs (HRPPs).
- Each approval criteria reflects one or more of the Belmont principles.
- There are differences between the Pre 2018 Common Rule, 2018 Common Rule (Revised Common Rule) and FDA approval criteria.

Criteria for IRB Approval of Research 45 CFR 46.111

1. Risks are Minimized
2. Favorable Risk to Benefit Assessment
3. Equitable Selection of Subjects
4. Informed Consent Sought
5. Informed Consent Documented
6. Monitoring Plan for Safety
7. Privacy and Confidentiality Protected
8. Additional Safeguards for Vulnerable Population

The “Conventional” Picture of Informed Consent

- Belmont’s account of informed consent contains three elements:
  - *Information* (disclosure, especially of the risks involved in the study)
  - *Comprehension* (manner of disclosure in relation to subject’s capacity of comprehension, measures to test comprehension when warranted by the level of risk, provisions for cases where subjects has limited capacity for comprehension)
  - *Voluntariness* (agreement to participate free from coercion, pressure, or undue influence)

“*Conventional*” informed consent process provide a detailed document aiming at full disclosure of relevant information, full comprehension of that information by the subjects and written documentation of consent by a signature.

Ethical Functions of Informed Consent

- Protecting subject's *welfare*
- Respecting subject's *autonomy*
- Providing *transparency* and
- Fostering *trust* in the research enterprise

General Waiver or Alteration of Consent

- Ethical human subjects research does not always require:
  - Written documentation of consent (waive the signature altogether)
  - Consent forms (other means of conveying the relevant information such as a conversation, a video or a website)
  - Full disclosure (deception or withholding information)
  - Full comprehension by subjects
  - Consent (waive informed consent altogether)

Criteria for Waiver or Alteration of Consent

- The research involves no more than minimal risk to the subjects;
- The waiver or alteration will not adversely affect the rights and welfare of the subjects;
- The research could not practicably be carried out without the waiver or alteration; and
- Whenever appropriate, the subjects or LARs will be provided with additional pertinent information after participation.

Vulnerability in Research

- The Common Rule requires that "*when some or all of the subjects are likely to be vulnerable…additional safeguards have been included in the study to protect the rights and welfare of these subjects*" [45 CFR 46.111(b)].

- This requirement is based, in part, on the Belmont Report principle of respect for persons. Belmont states that "*persons with diminished autonomy are entitled to protection*".

Vulnerable Populations

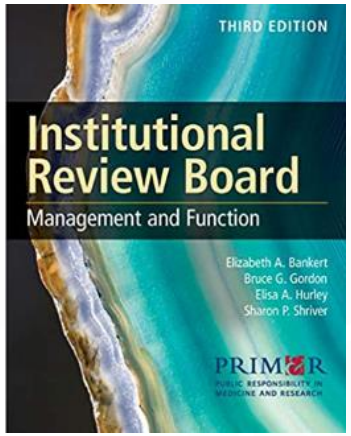
- Subpart B: Pregnant Women, Human Fetuses and Neonates
- Subpart C: Prisoners
- Subpart D: Children
- Adults with decisional impairment
- Medical Vulnerability
- Economic and Social Vulnerability
- Students
- American Indian and Alaska Native Individuals, Tribes and Communities

Basic IRB Approach

- The criteria for approval at 45 CFR 46.111 require the IRB to determine that additional safeguards have been included in the study to protect the rights and welfare of subjects who are likely to be vulnerable.
  - Is the inclusion in the research necessary?
  - Are the proposed safeguards adequate?

References

- Institutional Review Board: Management and Function



- Code of Federal Regulations: 45 CFR 46 – Protection of Human Subjects
  https://www.ecfr.gov/on/2018-07-19/title-45/subtitle-A/subchapter-A/part-46

Questions?

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