A. Overview

Louisiana State University Health Sciences Center–New Orleans (LSUHSC–NO also referred to as the Institution) and the National Cancer Institute (NCI) have initiated an authorization agreement whereby LSUHSC–NO will defer to the Adult and Pediatric CIRBs on certain CIRB-approved national multi-center cancer treatment trials. Studies reviewed by the Adult CIRB include all Phase III Adult Cooperative Group treatment trials approved by CTEP (ACOSOG, CALGB, ECOG, GOG, NCCTG, NCIC CTG, NSABP, RTOG and SWOG). The Adult CIRB may review other CTEP-approved Phase III clinical trials that are approved by CTEP, even if the sponsor is not a Cooperative Group. The Board may also review Phase II studies for rare tumors that appear on the CTSU menu. Studies reviewed by the Pediatric (Ped) CIRB include all Pilot, Phase II, and Phase III Children's Oncology Group (COG) treatment trials approved by CTEP and/or DCP. The Ped CIRB may review other trials approved by DCP, and also other federally-funded trials (i.e., via R01 grants). The Board may review other CTEP-approved clinical trials as directed by CTEP, even if the sponsor is not a Cooperative Group.

The CIRBs will conduct reviews of the following: initial and continuing reviews, amendments, non-local serious adverse events, local serious adverse events that are not listed in the protocol or that meet the criteria of unanticipated problems, all unanticipated problems, and all instances of noncompliance. The CIRBs will also address local context issues via the Annual Institution Worksheet About Local Context, the Annual Principal Investigator Worksheet About Local Context, and the Study-Specific Worksheet About Local Context.

As the Signatory Institution, LSUHSC-NO will monitor the conduct of the research locally. This monitoring will be accomplished by the LSUHSC-NO IRB staff, the Clinical Trials Review Committee (CTRC) stationed in the Stanley S. Scott Cancer Center (SSSCC), and the Pediatric Review Committee (PRC) stationed in Children's Hospital on behalf of the Institution. The CTRC will be utilized by the Institution for studies that will be opened under the Adult CIRB. The PRC will be utilized by the Institution for studies that will be opened under the Pediatric CIRB. LSUHSC-NO will decide on a study-by-study basis whether to open a study through the CIRB – making the CIRB the sole IRB of Record for that study – or to conduct its own local, Full Board (LSUHSC-NO IRB) review. See the "Review Process for CIRB-Approved Protocols" section below for a detailed description of this process. The principal investigator will also inform the Institution through the LSUHSC-NO IRB staff and either the CTRC or PRC of all local SAEs, all local unanticipated problems, and all local protocol deviations/violations/instances of noncompliance. In addition, the principal investigator will inform the Institution of all CIRB activity regarding the study, including initial and continuing reviews, amendment reviews, and all other study-related activity or decisions. If LSUHSC-NO determines at any point that it is no longer appropriate for the CIRB to be the IRB of record for a given study, the Institution reserves the right to require the principal investigator to submit to the CIRB the appropriate documents to transfer IRB review responsibility from the CIRB to the LSUHSC-NO IRB. Once this transfer of responsibility is complete, the LSUHSC-NO IRB would be the IRB of record for that study.

B. Establishing Local Context

The CIRB will address local context issues via the Annual Institution Worksheet About Local Context, the Annual Principal Investigator Worksheet About Local Context, and the Study-Specific Worksheet About Local Context. The LSUHSC-NO IRB staff will complete the Annual Signatory Institution Worksheet About

Local Context on behalf of LSUHSC-NO and will submit this worksheet to the CIRB. The principal investigator will complete the Annual Principal Investigator Worksheet About Local Context, and will submit this completed worksheet to both the CIRB and the LSUHSC-NO IRB staff. The principal investigator will complete the Study-Specific Worksheet About Local Context – once permission has been granted by the Institution – and will submit this completed worksheet to both the CIRB and the LSUHSC-NO IRB staff.

If at any time throughout the duration of the study the Institution determines that the CIRB-approved protocol does not satisfactorily address local context issues, the Institution reserves the right to require the principal investigator to submit to the CIRB the appropriate documents to transfer IRB review responsibility from the CIRB to the LSUHSC-NO IRB. Once this transfer of responsibility is complete, the LSUHSC-NO IRB would become the IRB of record for that study.

C. Review Process for CIRB-Approved Protocols

As part of the Signatory Institution's responsibility to monitor the conduct of the research, LSUHSC-NO will review CIRB-approved protocols to ensure that the research is appropriate for LSUHSC-NO. The CTRC, PRC, and LSUHSC-NO IRB staff will work on behalf of the Institution to fulfill this duty.

Reviews of CIRB-approved protocols will be performed as follows:

1. The principal investigator (with assistance from the SSSCC or Children's Hospital staff) who wishes to enroll subjects in a CIRB-approved protocol will download all relevant documents from the Participant's Area of the CIRB website (www.ncicirb.org) and submit these documents to either the CTRC (for studies that will utilize the Adult CIRB) or to the PRC (for studies that will utilize the Pediatric CIRB).
2. The principal investigator must also submit to the CTRC or PRC a version of the informed consent document which includes incorporation of CIRB-approved institutional boilerplate language. No changes to the CIRB-approved informed consent document may be made by the Institution, the CTRC, or the PRC. Only the CIRB-approved boilerplate language may be added to the informed consent document. This boilerplate language is submitted by the LSUHSC-NO IRB staff on behalf of LSUHSC-NO to the CIRB for approval in the Annual Institution Worksheet About Local Context. Any changes to the boilerplate language must be CIRB-approved prior to implementation. It is the responsibility of the principal investigator to incorporate the CIRB approved institutional boilerplate language into the informed consent document. No CIRB-approved information may be deleted from the informed consent document. Revisions/changes to the local informed consent document other than those described above require Full Board review at the local level by the LSUHSC-NO IRB, and the CIRB cannot serve as the IRB of record for that protocol at LSUHSC–NO.
3. The CTRC or PRC will examine all study-related materials and decide whether a particular protocol and informed consent document are acceptable and whether they are appropriate in their local context.
4. The CTRC or PRC will notify the LSUHSC-NO IRB staff as to whether or not they believe the study is acceptable and appropriate using the Local Management Process Checklist, and will send the LSUHSC-NO IRB staff all study related documents that were used for the review.
5. The LSUHSC-NO IRB staff will notify the principal investigator of the determination with regard to each protocol submitted.
    - If the CIRB review was determined by the CTRC or PRC to be acceptable and appropriate, the Institution will inform the principal investigator that s/he may now

complete the Study-Specific Worksheet About Local Context and open the study under the CIRB.

- If the CIRB review was not determined by the CTRC or PRC to be acceptable and appropriate, the Institution will inform the principal investigator that s/he cannot complete the Study-Specific Worksheet About Local Context and cannot open the study with the CIRB. If the principal investigator intends to continue with the review process, s/he will be required to submit the necessary documents to the LSUHSC-NO IRB for local, Full Board review.

6. If permission was granted by the Institution to complete the Study-Specific Worksheet About Local Context, the principal investigator will submit this completed worksheet to the CIRB for review. The principal investigator must also submit a copy of this worksheet to the LSUHSC-NO IRB staff for their records and must notify the LSUHSC-NO IRB staff if/when the CIRB approves this worksheet.

D. Further Review Procedures

The Institution will perform reviews of further documentation as follows:

1. For amendments that were approved by the full board CIRB, the principal investigator (with assistance from the SSSCC or Children's Hospital staff) will submit to the CTRC or PRC copies of the amendments along with the CIRB approval documentation.
2. For continuing reviews that were approved by the full board CIRB, the principal investigator (with assistance from the SSSCC or Children's Hospital staff) will submit to the CTRC or PRC copies of the continuing review application, the CIRB's continuing review approval documentation, and any other materials relevant to the re-approval application. The CIRB renewal date becomes the re-approval date of record.
3. The SSSCC or Children's Hospital staff will send the LSUHSC-NO IRB staff copies of any such items that were reviewed by the full board CIRB and subsequently received by the CTRC or PRC, along with a statement of approval indicating that the CTRC or PRC accepts (or does not accept) the results of the CIRB review.
4. The principal investigator (with assistance from the SSSCC or Children's Hospital staff) will submit to the LSUHSC-NO IRB staff copies of any expedited CIRB activity.
5. LSUHSC-NO retains the option not to accept the CIRB review and can choose to request a local Full Board review, in which case, the principal investigator would submit the appropriate documents to the CIRB to transfer IRB review responsibility from the CIRB to the LSUHSC-NO IRB. Once this transfer is complete, the LSUHSC-NO IRB would be the IRB of record for that study.
6. The principal investigator must report local serious adverse events, local unanticipated problems, and local instances of noncompliance to the CIRB as required by the CIRB Standard Operating Procedures, and must simultaneously report to the Institution and either the CTRC or PRC all such events. The principal investigator must inform the LSUHSC-NO IRB staff and either the CTRC or PRC of any actions taken by the CIRB as a result of problems identified in these areas. LSUHSC-NO retains the option to request a local Full Board review of such events, in which case the principal investigator would submit to the CIRB the appropriate documents to transfer IRB review responsibility from the CIRB to the LSUHSC-NO IRB. Once this transfer is complete, the LSUHSC-NO IRB would be the IRB of record for that study.

E. Further Responsibilities of LSUHSC–NO

LSUHSC-NO will:

1. Comply with the CIRB's requirements and directives
2. Report to the CIRB the names of any Component or Affiliate Institutions that rely on LSUHSC-NO IRB
3. Maintain a Federalwide Assurance (FWA) and designate the NCI CIRBs under its FWA
4. Maintain compliance with any additional state, local, or institutional requirements related to the protection of human subjects
5. Ensure that local investigators receive proper initial and continuing education on the requirements related to human subjects protections
6. Perform oversight of the local conduct of the study, monitoring study compliance, thereby ensuring the safe and appropriate performance of the research at this institution. There will also be the provision of a mechanism by which complaints about the research can be made by local study participants or others
7. The Institution will review all local SAEs, unanticipated problems and issues of non-compliance as submitted to the CIRB and evaluate whether Institutional actions in addition to those taken by the CIRB may be required
8. Provide updates to the CIRB whenever a principal investigator is no longer the responsible party for a study under the purview of the CIRB
9. Provide to the CIRB and keep current the names and addresses of local contact persons who have authority to communicate for the Institution, such as the local IRB administrator
10. Notify the CIRB when a regulatory deficiency has been cited on an audit that occurred during the time that the CIRB was responsible for study review
11. Maintain a regulatory file for each study under CIRB purview as per local institution and Cooperative Group policy