

	<b>CONDUCTING REVIEW OF NEW APPLICATIONS</b>			
	<b>P &amp; P</b>	<b>VERSION DATE</b>	<b>REPLACES P &amp; P</b>	<b>PREVIOUS VERSION DATE</b>
	3.01	10.01.2023	3.01	09.13.2022

**Submission of Applications**

Instructions for preparing and submitting applications through Quali Protocols are found on the IRB website.

New applications are accepted throughout the month. However, the DEADLINE for submission of any new application that requires Full-Board review is the last working WEDNESDAY of the month to be eligible for the next month's meeting. Limits on the number of items scheduled on the agenda may be made at the discretion of the Chair or Chair's designee.

Upon initiation of a new application, an IRB Number will be assigned by Quali for that protocol. The applications comprise the official record for the study. All future correspondence with the IRB must reference that tracking number. Correspondence that does not identify the IRB number will be returned without further action.

Upon receipt of a new application, the IRB Office assesses the application for completeness. If the application involves a test article, a copy of an approved IND, IDE, or clinical trial certificate, where required, must be included. The FDA website will be queried to confirm the document provided. A waiver of consent may be granted at the investigator's request if all federal regulations apply. It is recommended that the investigator contact the IRB Office prior to submission to discuss these regulations. The application may be returned to the study team for additional information and/or incompleteness. If the application is incomplete and is received immediately prior to the deadline for Full Board review, the application may be ineligible for that review cycle. Consequently, it is very important for the PI or delegated submitter to make certain that the application and all required material are complete before submission.

**Exempt Determinations and Applications for Expedited Review**

Applications for exemption are evaluated by the Chair or designee to determine if they are eligible for consideration under 45CFR46.101(b) and/or 21CFR56.104, and policies outlined in the present document.

Applications for Expedited review are evaluated by the Chair or designee to determine if they are eligible for consideration under 45 CFR 46.110 and 21 CFR 56.110, and policies outlined in the present document. Applications qualifying for expedited review procedures must have an appropriately-formulated consent form depending upon the degree of risk, unless a waiver is requested. The consent form is evaluated, and corrections may be required by the Chair or designee prior to approval. If during the expedited review, the reviewer determines that the study is greater than minimal risk the reviewer will return the application to the study team to explain the rationale and request that the study team to change the application type to Full Board.

Approval for initiation of the study and the start of the approval period are set at the time approval is issued through Quali. A copy of the Determination Letter can be accessed at any time via the study's Activity Log.

## **Applications for Full Board Review**

New applications requiring Full-Board review are evaluated by the Chair or designee who assigns reviewers when new applications are slated for a specific meeting. Once slated for a specific meeting, the administrative reviewer will:

1. Reach out to request the attendance of the Principal Investigator, or delegate if the PI is unavailable, at the meeting where their study will be discussed
2. Assign a Board Member as a Primary reviewer and, if necessary, also assign a Secondary Reviewer.

If there is not at least one person on the IRB with appropriate scientific or scholarly expertise or other expertise or knowledge to conduct an in-depth review of the protocol, the Chair invites an individual who has the appropriate scientific or scholarly expertise or other expertise or knowledge to conduct an in-depth review of the protocol to serve as an expert consultant on this protocol. The consultant will serve as the primary reviewer in the IRB meeting and will perform a review under the same criteria as an IRB member; however, the consultant will not have voting privileges. The use of a consultant is documented in the minutes.

In addition to the application and consent form, the primary reviewer receives the expanded protocol and all other related materials, including the investigator's brochure. These materials are provided to the primary reviewer at least one week prior to the meeting.

All applications and related materials are available to all members, both before and during the meeting at which the application is reviewed. Agenda materials are accessible to Board members approximately 1-2 weeks prior to the scheduled meeting at which they will be discussed.

The Board evaluates each proposal with a full discussion on the merits of the full protocol. These include, but are not limited to: scientific merit, risk/benefit ratio to subjects, expertise of the investigator, etc. Particular emphasis is placed on the risks to subjects that may be encountered as a result of enrollment in the protocol. These risks may include, but are not limited to: medical, psychological, financial and social risks.

During the meeting, the Principal Investigator or delegate will present a summary of the study to the Board as well as answer any reviewer or Board Member questions. Once the PI's presentation is complete, the primary reviewer, which may be a consultant, presents a summary of their review and leads a discussion of the study. The reviewer checklist provides a framework for the reviewer to present appropriate information related to the .111 criteria. Fulfillment of the .111 criteria is monitored by the Chair. After a full discussion of the study by the Board, the primary reviewer then makes a recommendation based on the review of the full protocol, application, consent forms, investigator brochure, and any other related material. A motion is made, members are asked for comment, and the Chair calls for a vote. Notification of the Board's decision is made to the principal investigator following the meeting.

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## **Potential Recommendations of the Board**

**Approval:** No further changes needed; an assurance notice is prepared to finalize the approval process.

Modifications Required to Secure Approval (MRSA): Moderate revisions are necessary. Such modifications are generally administrative in nature, e.g., misspellings, missing header and footer information on informed consent documents, queries from the board to which a “yes” or “no” answer may be given by the PI, or the requirement by the Board that certain specific language as dictated by the Board be included in the informed consent document. Modifications in the study or answers provided in response to Board concerns will be reviewed in the IRB Office by the Chair or Vice-Chair to assess that changes have been incorporated. The Chair may seek assistance of any member of the Board in this process. In most cases, these modifications will not have to be re-assessed by the Full Board. However, if the Chair or any other Board member is not satisfied with the quality of the response, it will be re-assessed by the Full Board at an officially-convened meeting. When the modifications are approved by the Chair or Vice-Chair, an assurance notice is prepared to finalize the approval process.

Withheld: Extensive revisions needed. Such modifications are generally clarifications to allow the Board to better understand the protocol and informed consent document requirements. Examples are clarifications concerning study design, clarifications of protocol procedures, and substantive changes to the informed consent document. Modifications must be re-submitted for Full Board review. In order to be assessed at the next meeting, changes must be received in the IRB Office by the last working Wednesday of the month. The time-frame for return of the response will be short if the investigator wishes to have the application re-evaluated at the next scheduled meeting. The investigator should be prepared to attend the meeting to discuss his/her application if so requested by the Board.

Disapproval: The scientific or ethical problems posed by the study are of grave concern to the Board. The proposal cannot be re-submitted; a completely new proposal must be submitted to the Board. Modifications or clarifications would not be appropriate to resolve these issues.

### **Investigator Qualification Considerations**

The PI and other investigators listed on the application should be qualified by education and training in the area in which the research is being conducted. The IRB will assess qualification based on review of information in the application and/or CV of the investigators.

### **Investigational Device Studies**

Research that involves assessing the safety and effectiveness of a medical device must fit into **ONE** of the following categories:

1. Studies Exempt from IDE requirements.
2. Significant Risk (SR) device research with formal IDE submission to FDA.
3. Non-Significant Risk (NSR) device research which with IRB approval is “considered “ to have an approved IDE, i.e., an Abbreviated IDE.

The LSUHSC IRB requires that all device studies are discussed at a convened IRB meeting to ensure that a risk determination or concurrence has been properly made. The P.I. for the device study is required to submit the “Investigator Checklist for IDE Exempt, Non- Significant Risk or Significant Risk Devices” as part of the Quali IRB submission. Regardless if the study is considered to be exempt from the IDE requirements and may under certain circumstances qualify for Expedited Review Category 1, the administrative reviewer will bring the study to the convened Board for confirmation, as the determination of risk is based on the use of as proposed in the study under review, not the device alone.

The IRB grants exception to this requirement specifically for diagnostic devices (e.g., invitro diagnostics (IVDs), testing assays, laboratory developed tests (LDTs) and genomic sequencing), which are exempt from the requirements in certain circumstances: The study is exempt as long as the sponsor specifically states at 21 CFR with the requirements. The study is exempt as long as the sponsor complies with the requirements under at 21 CFR809.10(c) for labeling, and if testing: (i) is noninvasive; (ii) does not require an invasive sampling procedure that presents significant risk; (iii) does not by design or intention introduce energy into a subject; and (iv) is not used as a diagnostic procedure without confirmation of the diagnosis by another, medically established diagnostic product or procedure. [21 CFR 812. 2 (c) (3)]

If the research involves a device, a determination of Significant Risk (SR)/Non-Significant Risk (SR/NSR) must be documented by the IRB as appropriate.

Sponsors are responsible for making the initial risk determination and presenting it to the IRB unless one has already been made by the FDA. The administrative reviewer will be required to request formal documentation from the sponsor of how the initial risk determination for the device was made when Board concurrence is required.

The following elements are considered by the IRB in a determination of SR/NSR for the device:

- *What is the basis for the risk determination?* The risk determination is based on the proposed use of a device in an investigation, and not on the device alone.
- *What is the nature of harm that may result from use of the device?* SR studies are those that present a potential for serious risk to the health, safety, or welfare of a subject.
- *Will the subject need to undergo an additional procedure as part of the investigational study, for example, a surgical procedure?* IRBs should consider the potential harm the procedure could cause as well as the potential harm caused by the device.

#### *Nonsignificant Risk Device Studies*

An NSR device study is one that does not meet the definition for a SR device study

If the sponsor identifies a study as NSR, the sponsor must provide the reviewing IRB an explanation of its determination (21 CFR 812.2(b)(1)(ii)) and should provide any other information that may help the IRB in evaluating the risk of the study.

#### *Significant Risk Device Studies*

Under 21 CFR 812.3(m), an SR device means an investigational device that:

- Is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject;
- Is purported or represented to be for use supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a subject;
- Is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or
- Otherwise presents a potential for serious risk to the health, safety, or welfare of a subject

Once these criteria have been reviewed by the IRB, the determination is incorporated into the motion concerning action on the application.

