

University of Kentucky Office of Research Integrity and Institutional Review Board Standard Operating Procedures			
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Approved By: ORI Director	Signature	Date	Date First Effective: 07-24-06
Approved By: Nonmedical IRB Chair	Signature	Date	
Approved By: Medical IRB Chair	Signature	Date	Revision Date: 10-15-07

OBJECTIVE

To outline the procedures for submitting a pediatric protocol to the National Cancer Institute (NCI) Central Institutional Review Board (CIRB) application for facilitated University of Kentucky (UK) IRB review

GENERAL DESCRIPTION

In accordance with NCI CIRB regulations and UK policies and procedures, data collection of NCI sponsored pediatric research must be reviewed by the NCI CIRB initially. It is the responsibility of each investigator that does NCI sponsored pediatric research to seek such review of any research study involving pediatric human subjects prior to initiation of the project.

RESPONSIBILITY

Execution of SOP: IRB Chair, IRB Member, IRB Facilitated Reviewer, Principal Investigator (PI)/Study Personnel, Office of Research Integrity (ORI) Staff, ORI Director, ORI Research Education Specialist, ORI Research Compliance Officer, UK NCI CIRB Liaison

PROCEDURES

Submission & Screening

1. The PI notifies the Children's Oncology Group (COG) manager of the NCI CIRB approved study he/she would like to open. The PI/study personnel downloads all CIRB documents (protocol, consent form, CIRB application) from the "Members" area on the CIRB website (www.ncicirb.com) and completes and submits the required CIRB application documents to the NCI CIRB.
2. The PI submits the NCI CIRB protocol to the Markey Cancer Center Clinical Research Coordinating Center (CRCC) for review by the Protocol Review Committee (PRC). PRC

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reviews all interventional cancer clinical trials. Once the PI obtains PRC approval he/she submits the document to the UK ORI. The PI includes the PRC approval letter with the NCI CIRB application if submitted to and approved by the PRC before the PI submits the UK IRB application.

3. The PI may simultaneously submit a copy of the NCI CIRB application documents to the UK IRB and the MCC PRC committee. However, the UK IRB approval is not granted until the PRC has approved the protocol.
4. The protocol title as submitted to the UK IRB must contain the word “NCI-CIRB” at the beginning of the title. Upon receipt of a copy of the NCI CIRB application document, ORI staff assign the document an IRB protocol number.

Facilitated IRB Review and Local Modification of the Application

1. The facilitated reviewer, who is a voting IRB member, completes a facilitated review and determines whether there are local concerns that need to be addressed and whether to accept CIRB review. The pediatric NCI CIRB facilitated reviewer downloads CIRB review paperwork from the CIRB website (including IRB minutes, approval letter, scientific and non-scientific reviews) once the NCI CIRB review is complete.
2. The facilitated reviewer may propose/approve minor additions to the protocol or word substitutions in the informed consent document to facilitate better comprehension by the local population and add state and local law and institutional requirements or IRB policies but may not delete or contradict any protocol contents in order for the NCI CIRB to be the IRB of record.
3. The PI works with the CIRB liaison to modify the informed consent form to meet the UK facilitate reviewer’s request for minor modifications (if any) and informed consent form template and applicable HIPAA form(s) according to the UK HIPAA template.
4. ORI staff (or liaison) screen the application to determine if it is complete (e.g., includes the modifications to UK specific language in the informed consent form and has appropriate signatures). If it is not complete, ORI staff return the application to the investigator or in cases where only a few minor items are missing, ORI staff call or write the investigator to request the missing items. ORI staff also screen the CIRB application to ensure that the PI has completed applicable HIPAA forms and has coordinated submission with University committee review requirements as outlined in the applicable standard operating procedures.
5. ORI staff ensures that all study personnel have completed the mandatory UK human subjects protection training. If the PI has not completed training, ORI staff notify him/her in writing and request the PI to send the appropriate certifications. The IRB does not issue approval until the ORI receives the training certifications. A PI may submit a request for an exception

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for submission of certifications before issuing approval. The ORI Research Education Specialist, Research Compliance Officer, or ORI Director may approve exceptions.

6. The UK NCI CIRB liaison notifies the NCI CIRB administrative office, via email, that the IRB has accepted, rejected, or made minor modifications to the NCI CIRB review of the protocol.
7. An approval letter is generated from the ORI database and the consent form stamped with the NCI CIRB approval date as the beginning of the official approval period if the NCI CIRB review is approved by the facilitated reviewer.
8. If the NCI CIRB protocol review is not acceptable to the UK IRB, the PI uses the UK ORI application forms to complete the application process for UK IRB initial full review of the proposed protocol. (See Initial Full Review SOP).
9. ORI staff report UK NCI CIRB activity to the IRB by placing it on the next available agenda.

Conflict of Interest

1. Should the facilitated reviewer at UK have a conflict of interest, ORI staff assign a pediatric physician as alternate to review the protocol and provides comments as outlined in the *Submission and Screening* section above.

Facilitated Review Outcome(s)

1. The Facilitated Review IRB member reviews the NCI CIRB submission. There are three possible outcomes:

DEFERRED (NCI CIRB Protocol Review is Not Accepted): Local IRB oversight is required. The PI must prepare a protocol summary and submit NCI CIRB application materials to the UK IRB for full board review. The NCI CIRB is not involved in overseeing the protocol.

MINOR MODIFICATIONS REQUIRED: Specific stipulations must be addressed before the NCI CIRB can be designated as the IRB of record.

APPROVED: The CIRB will be designated as the IRB of record. The PI receives a UK IRB approval certificate and the approved documents.

Post-Approval Responsibilities

Once the NCI CIRB is designated as the IRB of record, the PI interaction with the UK IRB is minimal but includes the following actions:

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1. Consent Form Revision: Informed Consent Forms must conform to the current UK IRB format including the standard statements to be added to the NCI CIRB informed consent template. (See NCI CIRB Instructions for COG.). The PI must submit any revisions to the consent form initiated by the COG or mandated by the NCI CIRB to the UK IRB for approval.
2. Continuing Review: At NCI CIRB continuing review approval, the PI must update the consent form(s) to incorporate the most current UK IRB formats and standard statements. The NCI CIRB continuing review will be accepted pending UK IRB approval of the revised consent form(s).
3. Serious Adverse Events (SAEs): The PI submits only local SAEs to the UK IRB.
4. Protocol violation: The PI submits local protocol violations to the UK IRB.
5. Noncompliance: The PI submits local noncompliance to the UK IRB.
6. Personnel or Site Changes: The PI submits any local personnel or site changes to UK IRB as they arise.
7. Other Local Alterations and Updates: The PI must submit any locally initiated alterations/updates (e.g., advertisements) to the UK IRB for review.
8. Study Closure: To close a NCI CIRB study at UK, the PI submits a memo to the UK IRB. No continuing review form is necessary.
9. Protocol Amendments (DO NOT SUBMIT TO UK IRB): Whenever the COG investigator makes protocol amendments, he/she must use only the CIRB approved version. He/she can download it from the NCI CIRB website through the investigator log-in access.

REFERENCES

21 CFR 50.25
21 CFR 56.111
38 CFR 16.111
45 CFR 46.108
45 CFR 46.111
45 CFR 46.116
45 CFR 46.117
45 CFR 46 Subparts C

University of Kentucky (UK) specific informed consent language to be added to the National Cancer Institute, Central Institutional Review Board (NCI CIRB) informed consent template.

The following are sections and/or wording that the UK ORI requires be added to the NCI CIRB informed consent form template before enrolling subjects at the University of Kentucky. The revised informed consent form has to be reviewed and approved by the UK Institutional Review Board (IRB) before any subjects are enrolled using the revised NCI CIRB informed consent form.

The person in charge of this study is _____ (*Principal Investigator, PI*) of University of Kentucky, Department of _____ (*list department*). (If the PI is a student, add the following sentence: *He/She is being guided in this research by _____ [Advisor].*) There may be other people on the research team assisting at different times during the study.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research procedures will be conducted at _____ (*state the general facility such as UK Medical Center, VA Medical Center, Sanders Brown Center on Aging, etc.*). You will need to come to _____ (*state the site where the research will be conducted, including the room if possible*) XXX times during the study. Each of those visits will take about XXX (*state in minutes or hours*). The total amount of time you will be asked to volunteer for this study is XXX over the next XXXX (*state in days, months or years*).

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?

State in basic lay language reasons a subject could be excluded from volunteering, such as being a smoker, being under 18 years of age, being pregnant, etc.). Include only those events/conditions which would not be pre-determined by a review of records or by the decision of an attending physician. Include those events/conditions of which the potential subject would ordinarily be aware.

WHAT WILL IT COST YOU TO PARTICIPATE?

You and/or your insurance company, Medicare or Medicaid will be responsible for the costs of all care and treatment you receive during this study that you would normally receive for your condition. These are costs that are considered medically reasonable and necessary and will be part of the care you receive if you do not take part in this study.

The University of Kentucky may not be allowed to bill your insurance company, Medicare, or Medicaid for the medical costs of procedures done strictly for research. (*Subjects should be informed of any additional costs that may result from participation in the research. Add study specific language here, i.e.:*

Therefore, these costs:

will be your responsibility; **or**

will be paid by the sponsor (the only option if research is industry sponsored); **or**

the sponsor has agreed to pay \$XXX of those costs (an option for research that is non industry sponsored); **or**

your insurer may agree to pay those costs (you should ask your insurer if you have any questions regarding your insurer's willingness to pay these costs); **or**

Medicare, or Medicaid will pay medically necessary costs (if you have any questions regarding Medicare/Medicaid coverage you should contact Medicare by calling 1-800-Medicare (1-800-633-4227) or Medicaid 1-800-635-2570.

A co-payment/deductible from you may be required by your insurer or Medicare/Medicaid even if your insurer or Medicare/Medicaid has agreed to pay the costs.

WHAT HAPPENS IF YOU GET HURT OR SICK DURING THE STUDY?

If you believe you are hurt or if you get sick because of something that is due to the study, you should call _____ (*PI's or medical supervisor's name*) at _____ immediately.

_____ (PI's or medical supervisor's name) will determine what type of treatment, if any, that is best for you at that time.

It is important for you to understand that the University of Kentucky does not have funds set aside to pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. Also, the University of Kentucky will not pay for any wages you may lose if you are harmed by this study.

The medical costs related to your care and treatment because of research related harm *(add study specific language by selecting appropriate options... e.g.,*

will be your responsibility; **or**

the sponsor *(only option if industry sponsor and industry trial) (insert the sponsor's name here)* has agreed to pay for medical expenses incurred by treating injuries that directly result from participating in the study, with some exceptions. The exceptions are instances such as your failure to follow the sponsor's directions or the investigator's failure to follow the sponsor's directions; **or**

your insurer may agree to pay those costs (you should ask your insurer if you have any questions regarding your insurer's willingness to pay under these circumstances); **or**

Medicare, or Medicaid may pay medically necessary costs (if you have any questions regarding Medicare/Medicaid coverage you should contact Medicare by calling 1-800-Medicare (1-800-633-4227) or Medicaid 1-800-635-2570.

A co-payment/deductible from you may be required by your insurer or Medicare/Medicaid even if your insurer or Medicare/Medicaid has agreed to pay the costs). The amount of this co-payment/deductible may be substantial.

You do not give up your legal rights by signing this form

ARE YOU PARTICIPATING OR CAN YOU PARTICIPATE IN ANOTHER RESEARCH STUDY AT THE SAME TIME AS PARTICIPATING IN THIS ONE?

(Include this information if participating in other studies could put your subject at risk.)

You may/may not (please indicate choice) take part in this study if you are currently involved in another research study. It is important to let the investigator/your doctor know if you are in another research study. You should also discuss with the investigator before you agree to participate in another research study while you are enrolled in this study.

WHAT IF NEW INFORMATION IS LEARNED DURING THE STUDY THAT MIGHT AFFECT MY DECISION TO PARTICIPATE?

If the researcher learns of new information in regards to this study, and it might change your willingness to stay in this study, the information will be provided to you. You may be asked to sign a new informed consent form if the information is provided to you after you have joined the study.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Add the following verbiage to this section:

If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428. We will give you a signed copy of this consent form to take with you.