Addendum to the Research Service Policy Memorandum 17-43

Conduct of Research under the Oversight of the National Cancer Institute Central IRB (NCI CIRB)

1. **PURPOSE:** To describe the standard operating procedures (SOPs) for the use of the National Cancer Institute Central IRB (NCI CIRB) for cancer studies performed at the South Texas Veteran Health Care System (STVHCS). This IRB SOP is supplemental to the IRB SOPs described in the UT Health San Antonio (UT HEALTH) IRB Policies and Procedures found at: http://research.uthscsauthscsa.edu/irb/sop.shtml, the NCI CIRB IRB SOPs found at: https://ncicirb.org/cirb/documents/CIRB_SOPs.pdf, and the STVHCS Research Policies found at: http://www.southtexas.va.gov/research/policies.asp.

2. **POLICY:** Oncology studies performed at STVHCS may rely on the services of the NCI CIRB for review of human studies. Under FWA00001220, STVHCS is the Signatory Institution. The UT HEALTH IRB will serve as the privacy board to assist in tracking protocols and to address issues outlined below that are not covered by the NCI IRB. The investigators must follow the NCI CIRB guidelines and must still obtain R&D Committee approval to engage in the conduct of these studies. Oncology studies under the purview of the NCI CIRB at STVHCS may not enroll non-veterans, prisoners, or pediatric populations.

3. **RESPONSIBILITIES:**

Institutional Official

- Signs the Signatory Institution Agreement/Division of Responsibilities which takes the place of the VHA Memorandum of Understanding, and forwards a copy to the VHA Office of Research Oversight initially and each time it is updated.
- Appoints, in writing, the Signatory Institution Primary Contact(s), Human Subjects Protocol personnel.
- Reports unanticipated problems and serious and/or continuing noncompliance originating at STVHCS as required by VA policy to Office of research Oversight (ORO) and external federal agencies or oversight bodies.
- Updates and signs the FWA and VA Addendum.

VA R&D Service/Office

- The ACOS for Research is the top Research Service Official and directs the day to day activities of the STVHCS Research Service. The ACOS for Research determines whether to open a study with the NCI IRB on behalf of the R&D Committee.
- Establish local policy for VA specific language that must be used in the VA consent template (e.g., coverage of research injury, required phone numbers for the study doctor, and a person unaffiliated with the study who can answer general clinical trial questions).

- Completes and submits the Annual Signatory Institution Worksheet About Local Context, and any other worksheets/forms required by the NCI CIRB for participation.
- Prepares the study specific informed consent language for submission with the Annual Signatory Institution Worksheet
- Manages evaluation of financial conflict of interest
- Receives correspondence on project approvals, renewals, and determinations from NCI CIRB and processes them per local SOPs
    - Per NCI CIRB SOPs Section 10.2.2.1, any NCI CIRB determinations (local or remote) that must be reported by the IRB to federal regulatory agencies will be reported from NCI CIRB with copy to the STVHCS. Upon receipt of determinations involving STVHCS, the R&D Office will promptly notify the Research Compliance Officer and Institutional Official. The VA Institutional Official remains legally responsible for reporting local unanticipated problems or noncompliance to ORO and external oversight bodies on behalf of the STVHCS.

R&D Committee

- In addition to the responsibilities outlined in the Research Service Policy Memorandum 17-43, reviews and determines if studies under purview of NCI CIRB should be conducted.
- The convened R&DC and sub-committees will not review the entire protocol at a convened meeting until the NCI CIRB has completed their review.
- Ensures that the investigator and study personnel have the resources, experience and training needed to conduct the project, all members of the project team have been credentialed, privileged, have an approved Scope of Practice, and have completed all required VA training in the protection of human subjects and good clinical practice.
- Oversees the local conduct of the research and monitors protocol compliance.
- Ensures the STVHSC conflict of interest policy will be followed and relevant determinations and/or management plans will be forwarded to the CIRB as applicable.
- Receives and addresses concerns from local study participants and others about the conduct of the research.
- Investigates, manages, and provides notification to the NCI CIRB of any study-specific incidents, experience, or outcome that may rise to the level of an unanticipated problem and/or serious or continuing noncompliance. When notifying the NCI CIRB of a potential unanticipated problem and/or serious or continuing noncompliance, the institution must provide a plan to manage the incident, experience, or outcome, including measures to prevent similar occurrences. VA follows VA reporting requirements per VHA Handbook 1058.01 as they are stricter than the NCI CIRB requirements for reporting in 7 days.
- Reviews all determinations by the NCI CIRB of any reported incidents or unanticipated problems and/or serious or continuing noncompliance for acceptance or further action. When notifying the NCI CIRB of a potential unanticipated problem and/or serious or continuing noncompliance, the institution must provide a plan to manage the incident, experience, or outcome, including measures to prevent similar occurrences. Incorporate procedures for reporting to ORO.

- Is authorized to observe any aspect of the research process including observing the informed consent process. The NCI CIRB retains the authority to direct this to be done when necessary.
- Ensures ISO and PO review is complete before the study is approved.
- Ensures reviews by all R&DC subcommittees are complete before the study is approved.
- Ensures that the study may not begin at STVHCS until the R&D Committee approves the research study and the ACOS/R notifies the Principal Investigator in writing that he/she is authorized to initiate the study.
- Ensures that Continuing Review is obtained and the ACOS/R notifies the Principal Investigator in writing that he/she is authorized to continue the study.
- Provides updates in a timely manner to the NCI CIRB whenever a Signatory Institutional Investigator is replaced. The CIRB requires submission and approval of the Annual Principal Investigator Worksheet About Local Context prior to finalizing the replacement Principal Investigator.
- Conducts annual reviews of NCI CIRB. The NCI CIRB completes an annual assessment.
- Ensures that the HIPAA authorization, informed consent document, and protocol are consistent and that all required language is present as part of R&D review.
- Determines if local sub-committee reviews (IRB, IACUC, SRS, Radiation Safety) are needed for reviews not provided by the NCI CIRB.
- Ensures that no prisoners are enrolled in NCI Studies.
- Once the NCI CIRB decides, reviews the determination for concurrence per the Research Compliance Office SOP at the next full committee meeting.

UT HEALTH IRB Responsibilities

- Reviews and approves HIPAA waivers of authorization needed for subject recruitment if requested by the institution on a case by case basis if needed.
- Advises and assists the R&DC by providing local IRB review in the event subjects are incarcerated or female veterans become pregnant.
- If subjects lacking decisional capacity are to be enrolled, the local IRB will review and determine that enrollment conditions have been met in accordance with VHA Handbook 1200.05.

Investigator Responsibilities

- Completes Annual Investigator Worksheet About Local Context
- Initiates study per the Request to Review Research outlined in the Research Service Policy Memorandum 17-43.
- Incorporates NCI CIRB-approved boilerplate language into the NCIRB-approved model consent form to create the consent form to use for a specific study:

  a) Make no language changes to the consent form with the exception of NCI CIRB-approved boilerplate language and approved VA specific language;

  b) Obtain NCI CIRB approval of any study-specific changes to the consent form or any form(s) for distribution to patients prior to implementation; and

c) Obtain NCI CIRB approval of translations of the consent form prior to implementation.

- Develops a recruitment plan. If potential subjects are to be identified from CPRS, request a waiver of HIPAA authorization and waiver of informed consent to view records as necessary.
- Maintains a regulatory file for each study under NCI CIRB purview.
- Provides updates in a timely manner to the Signatory Institution Primary Contact whenever a Signatory Institution Principal Investigator is replaced, or study personnel are added or removed.
- Maintains compliance with state, local, or institutional requirements related to the protection of human subjects.
- Notifies the R&D Office if a subject becomes incarcerated during their participation in a study.
- Evaluates the levels of decision making capacity for subject throughout their study participation to ensure that their informed consent is still valid.
- Reports to the NCI CIRB all unanticipated problems involving risks to subjects or others, serious unanticipated problems involving risks to subjects or others, local unanticipated serious adverse events, apparent serious or continuing noncompliance, any termination or suspension of research, complaints from subjects or others; and privacy or information security incidents related to VA research, including (a) any inappropriate access, loss, or theft of PHI; (b) noncompliant storage, transmission, removal, or destruction of PHI; or (c) theft, loss, or noncompliant destruction of equipment containing PHI, in accordance with Research Compliance Officer (RCO) SOP/IRB SOPs and VHA Handbook 1058.01.
- Responsible for proposing/preparing a management/remediation plan (developed by the PI with HRPP Group input) to the IRB and R&DC for local potential unanticipated problems and possible serious or continuing noncompliance.

Research Compliance Officer Responsibilities

- Conducts audits to ensure compliance with applicable federal, VA, and local policy.
- Reports any study-specific incident, experience, or outcome that may rise to the level of an apparent unanticipated problem and/or apparent serious or continuing noncompliance per the requirements of VHA Handbook 1058.01 to the study team and the R&D Office.
- Submits audit reports to the R&D Committee. Note: Per the Authorizing Agreement, the NCI CIRB does not oversee the conduct of the study. Therefore, the audit reports do not need to be sent to the NCI CIRB. Only an apparent unanticipated problem and/or apparent serious or continuing noncompliance should be submitted to NCI CIRB by the PI.
- Reports any local deaths, local serious adverse events, serious problems, and apparent serious or continuing noncompliance to ORO per 1058.01.

VA Privacy and Information Security Officers Responsibilities

- The STVHCS Privacy Officer (PO) and Information Security Officer (ISO) will review

studies over seen by the NCI CIRB.

• The PO will review the HIPAA authorization (VA Form 10- 0493) to ensure it contains all required elements and is consistent with all privacy requirements. The PO reviews the HIPAA authorization, informed consent document, and protocol for consistency.

4. PROCEDURES:

Prior to initiating any studies, the PI must submit the Annual Investigator Worksheet About Local Context and to the NCI CIRB and the VA Research Office. Once this is approved by the NCI CIRB, the PI can submit for specific research studies.

TO INITIATE A NEW STUDY

NCI CIRB Submission

(1) Investigator submits the Study-Specific Worksheet About Local Context to the NCI CIRB using site code: CTEP TX050.
(2) The Investigator and their appointed staff member who will be submitting forms to the CIRB will need to have access to the NCI CIRB Participant Area. The Investigator provides the names of staff to be added to the Research Office. The CTSU includes a Roster Update and Management Systems (RUMS) and each site has an administrative "RUMS Update Person." The administrative "RUMS Update Person" is the only person who can add and remove persons from the CIRB roster but all members can view the list.
(3) Investigator submits required documents to the IRB Manager for CIRB approval.

Research Office Submission

(1) The submission must be completed using the Request to Review Research packet, indicate NCI CIRB as the IRB of record and include the Sponsor's model consent form merged with the Institutional Approved Boilerplate language. The VA HIPAA forms will be used.
(2) Upon receiving NCI CIRB approvals and any pertinent subcommittee approvals, investigator will submit complete Request to Review Research submissions per Research Service Policy Memorandum 11-43. The Collaborative Research Worksheet will be required as part of the Request to Review Research packet submission.
(3) PO/ISO will review appropriate forms (waiver of HIPAA authorizations will be included for their review as approved by UT HEALTH IRB who will function as the Privacy Board).
(4) R&D proposal determinations and ACOS notifications to initiate studies follow the Research Service Policy Memorandum 17-43.

STUDY PROCEDURES/AMENDMENTS/CONTINUING REVIEW

(1) For studies under a Certificate of Confidentiality, a progress note entry should indicate that an individual has been enrolled in a research study, any details that

would affect the subject's clinical care, and the name and contact information for the investigator conducting the study. Subjects' informed consent forms and HIPAA authorization documents are not to be included in the health record and should be kept with the study files (per STVHCS SOP "CPRS Documentation Requirements")

(2) VA credentialing will be determined prior to adding new study staff members.
(3) Human subject protocols that require a modification/amendment must be submitted on as outlined by the NCI CIRB SOP in section 8.3. After NCI CIRB approval, the amendment/modification must be communicated to the STVHCS Signatory Institution Primary Contact and follow the Research Service Policy Memorandum 17-43 procedures regarding R&D acknowledgment vs. approval.
(4) If required, the Study Specific Continuing Review approvals will be submitted by the investigator to the STVHCS Signatory Institution Primary Contact.

REPORTING REQUIREMENTS

(1) Local Unanticipated Problems should be reported to the NCI CIRB Operations Office within five days of receipt.
(2) All instances of potential local noncompliance must be reported promptly to the NCI CIRB. This can include complaints from subjects or others, protocol deviations (as defined by the "Handling of Research Non-Compliance Involving Human Subjects" SOP, and audit findings.

STUDY CLOSE OUTS

(1) Studies will be closed with the NCI CIRB using the procedures outlined in the NCI CIRB SOP 5.8.13. In addition, the study needs to be closed at the UT HEALTH IRB by the study staff/PI and then with the R&D Committee following the VA study closeout procedures in the Research Service Policy Memorandum17-43 and the Procedures for Closing out Human Studies Projects Policy.

References:

NCI CIRB SOPS

UT HEALTH IRB

Research Service Policy Memorandum 17-43: SOP for Submission of Protocols to R&DC

Research Service Policy Memorandum 13-49: Handling of Research Non-Compliance Involving Human Subjects

STVHCS Research Policies:

http://www.southtexas.va.gov/research/policies.asp