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The Clinical Coordinator

Clinical Research News You Can Use…

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2017 CPHS Faculty Report

The CPHS Executive Committee initiated a Human Research Protection Program (HRPP) quality improvement program in 2010 to identify strategies to reduce regulatory burdens for researchers, CPHS members, and CPHS staff, while also providing the highest quality of protection for human subjects participating in research. The eighth annual CPHS Faculty Report provides metrics describing CPHS activities in 2017, including workload and time to approval data.

Despite the increase in new applications (from 678 in 2009 to 1,084 in 2017), there has been a trend of decrease over the years in the time to approval (Fig 1), which is the time from initial submission of the protocol to final approval. This includes the time taken by the CPHS staff to process applications and for CPHS members to review the submissions, as well as the time taken by investigators to respond to stipulations. As shown in Fig 1, the median time to approval for initial submissions reviewed at a full board meeting was reduced from 106 days in 2009 **69.5 days** in 2017. Expedited reviews were reduced from a median of 46 days in 2009 to **28 days** in 2017. The time to approval for exempt applications reduced from 26 days in 2009 to **11 days** 2017.

CPHS has implemented various strategies to reduce regulatory burdens. For instance, CPHS staff make a concerted effort to assign the most suitable level of review based on the research risks. As a result, the proportion of studies that go to the full board has been reduced—only 12% of the protocols approved in 2016 were reviewed at a full board meeting, while almost 30% were reviewed by full board in 2009. About 12% (124) of the protocols approved by the IRB in 2017 were reviewed by an outside IRB under IRB reciprocity agreements, and 5% (49) were determined to be not human subjects research.

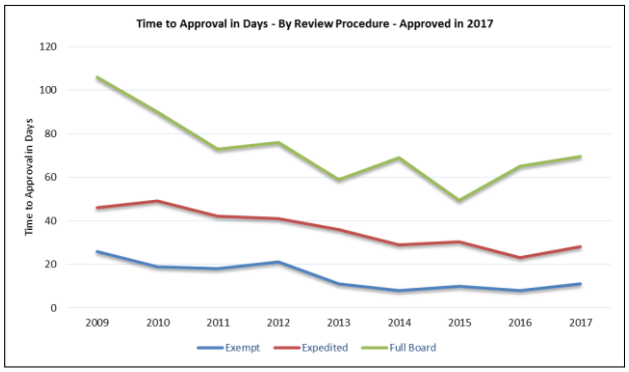

Fig 1: *Median time to approval by year.*

CPHS has also worked to reduce the number of times an application is returned to study teams for corrections, a factor that increases time to approval. Applications are returned most often due to missing documents, such as CVs and human subjects training. To address this issue, CPHS staff worked with study teams to attach CVs to the user profile so that the CV can be used for multiple protocols. Also, instead of requiring investigators and research staff to provide CITI training certificates, IRB staff began recording human subjects training directly from the CITI website. These actions have reduced the number of times a protocol is returned back for corrections. Indeed, between 2014 and 2017, the number of submissions of corrections was reduced by 19% (from 2,706 in 2014 to 2,204 in 2017), despite there being a 47% increase in total submissions (from 8,415 in 2014 to 12,403 in 2017).

The CPHS Executive Committee continues to monitor the review process to improve the quality and efficiency of UTHealth's human research protection program. To read the entire report visit CPHS Faculty Report. Please send your comments, concerns, and feedback to clinicaltrials@uth.tmc.edu.

NIH Single IRB Mandate

Effective January 25, 2018, NIH-funded multi-site studies must use a single Institutional Review Board (sIRB)—see NIH Notice NOT-OD-16-094 at this link.

An "NIH-funded multi-site study" is a study in which the same protocol involving non-exempt human subjects research is being conducted at more than one site and which is wholly or partially funded by NIH, whether through a grant, cooperative agreement, contract, or the NIH Intramural Research Program. Collaborative projects, in which different sites are conducting different parts of the research, are not considered to be multi-site research and do not have to use an sIRB.

SELECTING THE sIRB: If not already specified in the funding opportunity announcement (FOA) or request for proposal (RFP), in most situations, the overall principal investigator (PI), in collaboration with the IRB office at the overall PI's institution, will select the sIRB. The selected IRB must be willing to serve as the sIRB, and all of the participating sites must agree to rely on the sIRB.

IRB RELIANCE AGREEMENTS: To rely on another institution's IRB or to serve as an IRB of record for another institution, UTHealth must have a written reliance/reciprocity agreement with the other institution. UTHealth is party to a number of reliance/reciprocity agreements, as follows:

- UTHealth is a participant in the SMART IRB initiative, which includes over 350 organizations. A list of participating institutions is here.
- UTHealth also has standing agreements with several commercial IRBs (WCG IRBs, Schulman IRB, Sterling IRB, Chesapeake IRB, Quorum IRB, Advarra IRB, and BRANY IRB). A list of commercial IRBs with which UTHealth has agreements is here.
- UTHealth is a participant in the State of Texas IRB Reciprocity Agreement, which includes all UT System components and several other institutions of higher education within Texas, including Rice University, Texas Tech University, Texas A&M University System, etc. A list of participating institutions is here.

The UTHealth IRB has limited capacity at this time, both in staffing and infrastructure, to serve as a sIRB. The UTHealth IRB will make determinations on a case-by-case basis whether to accept the role of the sIRB for a research proposal, and this will be based on type of research study, risks to human subjects in the proposed research, number of sites involved, experience of the UTHealth PI and study team with coordinating multi-site research, etc.

COST: Costs for IRB review of federally funded research are usually considered an indirect cost (IDC) that is covered under an institution's Facilities and Administration (F&A) rate and may not be included in the budget; however, the IDC funds do not include the cost of reviewing other sites. Review of other sites is a new task for the IRB, and the cost of reviewing other sites must be included as a direct cost in the grant budget. If an independent IRB (also called a commercial IRB) will serve as the sIRB, then these IRB fees may be charged as a direct cost.

SUMMARY: We recommend that you contact the IRB office early in the process. IRB staff will be happy to help you navigate all the available sIRB options to help you make an informed decision. Even if the UTHealth site is not the lead site, please contact the IRB office to ensure that UTHealth has an agreement with the IRB designated as the sIRB for a research proposal. Negotiating IRB reliance agreements takes time, so the earlier you contact the IRB office, the better.

More information is found on the CPHS website here.

IRB One-on-One Consultation Services

The Committee for the Protection of Human Subjects (CPHS) is now offering IRB one-on-one consultation services on a weekly basis. Audrey Williams, PhD will be available on Thursday afternoons from 1-4pm in MSB B.640. While Audrey can help with iRIS submissions, the purpose of this time is to help investigators with human subjects' issues in addition to protocol revisions based on CPHS expectations, whether prior to iRIS submission or during the review process itself. Audrey is an extremely knowledgeable CPHS board member with six years of CPHS experience in addition to research experience in human and molecular genetics.

ClinicalTrials.gov Results Entry

Fines for Late Results are Imminent: Results entry at ClinicalTrials.gov has been required by law for about a decade, and thus far, compliance has been low. Despite this, there have not yet been any consequences for failing to report results at ClinicalTrials.gov; however, this is expected to change soon. NIH director Francis Collins has stated that with issuance of the Final Rule for ClinicalTrials.gov (that is, the new law on registration and results entry that became effective on 1/18/17), FDA and NIH have more "clout" to enforce compliance. Further, STAT news (here and here) and AllTrials (through a noncompliance tracking tool here; described here) have highlighted PIs and institutions that don't follow the rules, and AllTrials (here) and others (here) are putting pressure on FDA to enforce compliance with results entry requirements. FDA has the ability to fine PIs up to $10,000 a day for failing to enter results by the legally defined due date.

Keep Track of Your Results Due Date: By law, results are due to ClinicalTrials.gov one year after the "Primary Completion Date"—in other words, results are due one year after "*the date that the final participant was examined or received an intervention for the purposes of final collection of data for the primary outcome, whether the clinical study concluded according to the pre-specified protocol or was terminated*." This means that even if you enrolled only one or two patients, prematurely stopped the study, and/or have no plans to analyze the data, you are still required by law to enter the data to ClinicalTrials.gov by the legal due date. Elizabeth Gendel and Noopur Singh of CTRC have been proactively contacting UTHealth study teams in advance of results due dates and have been initiating the results entry process. Elizabeth and Noopur track results due dates based on what's entered to the ClinicalTrials.gov record as the "Primary Completion Date," and it's imperative that you update the "Primary Completion Date" in your record when "*the final participant was examined or received an intervention for the purposes of final collection of data*."

Work with Elizabeth Gendel to Enter Results to ClinicalTrials.gov: You will need to work closely with CTRC's Elizabeth Gendel during the results entry process, for a couple of reasons:

- First of all, for all studies that fall under the new law (that is, Final Rule), the full, IRB-approved protocol document must be uploaded to ClinicalTrials.gov at the time of results entry, and this protocol will be publicly displayed for all to see. Before upload of the protocol to ClinicalTrials.gov, the protocol must be reviewed for any personally identifiable, trade secret, or confidential commercial information, all of which will need to be redacted from the protocol—Elizabeth will coordinate this review and will lead you through the legally required methods for redaction and preparation of the file for upload.
- Second, the results entry process is more complicated than registration and is not intuitive; therefore, we highly recommended that you work closely with Elizabeth to enter results to ClinicalTrials.gov.

For assistance, contact Elizabeth Gendel, PhD at 713-500-3587 or Elizabeth.M.Gendel@uth.tmc.edu.

Upcoming Training

iRIS Training

Objective: Provide hands-on training in the iRIS system, which is used to submit research protocols to UTHealth's CPHS and AWC.
Date: March 1, March 27, and April 18, 2018
Time: 1:30 pm – 4:00 pm
Location: UCT 1155 (parking will be validated)
Registration is required. Register here.

Orientation for Clinical Research Staff

Objective: General overview of clinical trial research at UTHealth, including study start up processes and clinical trial management.
Date: March 8, 2018
Time: 8:30 am – 3:30 pm
Location: UCT 1505C (parking will be validated)
Breakfast and lunch will be provided.
Registration is required. Register here.

Study Coordinator Monthly Forum

Objective: Discuss best practices in clinical research management, and network with administrators and staff from various research groups within UTHealth. More information here.
Date: March 28, 2018
Topic: presentation by Sponsored Projects Administration (SPA)
Time: 11:30 am – 1:00 pm
Location: MSB B.645
Lunch provided for the first 40 participants.
Registration is not required.

IRB One-on-One Consultation Services

Objective: Audrey Williams, PhD will be available to assist with human subjects' issues, protocol revisions based on CPHS expectations, iRIS submissions, etc.
Date: Thursday afternoons
Time: 1:00 pm – 4:00 pm
Location: MSB B.640

About the Clinical Trials Resource Center

It is the mission of the Clinical Trials Resource Center (CTRC) to provide a single portal of expertise and best practices for study teams in order to facilitate efficient, compliant, and ethical study conduct and management. The CTRC office is located at UCT 1840. Please visit https://www.uth.edu/ctrc/ for more information.

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