Yale University Human Research Protection Program

920 PR.5 Use of National Cancer Institute Central IRB (CIRB) for Review and Oversight of Research Involving Yale Investigators

Overview

This procedure reviews the process for use of the National Cancer Institute's Central IRB (NCI CIRB) for IRB review and oversight National Cancer Institute research involving Yale investigators. Yale designates both CIRBs on its Federal wide Assurance (FWA).

Protocols Qualifying for NCI CIRB Review

The HIC may authorize the acceptance of the NCI CIRB approval for NCI clinical trials.

Protocol Submission Process

Investigators requesting that the HIC authorize the NCI CIRB approval of a protocol are required to use the protocol review process required by the Yale Cancer Center (YCC). Additionally, protocols utilizing the services of the YCCI Hospital Research Unit (HRU), Church Street Research Unit (CSRU) and/or Research Core Laboratory must be assessed for feasibility. Protocols will be assessed for risk and may be assigned for review by the YCCI Science and Safety Committee (SSC). Protocols reviewed by the SSC and all other protocols will undergo a resource review prior to issuance of a YCCI approval letter and prior to the investigator requesting authorization of CIRB approval from the Human Investigation Committee (HIC). Please refer to the YCCI for assistance. Review by other committees may be required, as noted below. To open a trial through the NCI CIRB independent model, following steps must be taken:

1. The Principal Investigator (PI) identifies a study from the NCI CIRB website that s/he wishes to conduct
2. The PI downloads and completes the Study Specific Worksheet
3. The NCI CIRB reviews material, approves Yale PI participation,
4. The NCI CIRB sends the PI an approval letter. The approval letter includes the Yale boilerplate language that must be included in the consent/compound authorization when applicable (heading, HIPAA language, etc.)
5. The PI downloads and modifies the consent/compound authorization.
6. The following are submitted to the HIC
    - Study Specific Worksheet
    - PI annual worksheet
    - HRPP 920 FR 1 Request to submit to CIRB form

- Yale modified CIRB Consent/Compound Authorization form
- All internal approvals (PRC, etc.)
- The CIRB approval letter
- Any other CIRB documents received by the PI to open the study

7. The HIC reviews the materials and the regulatory analyst verifies training and COI; HIC I chair/co-chair reviews and signs off
8. The HIC generates a letter to the PI, noting CIRB approval and including any HIPAA waiver given (e.g., for recruitment)
9. Study is now fully IRB approved.

The HIC is required to verify compliance with University training and financial disclosure requirements for the study that the investigator wishes to conduct at the University.

The HIC has the authority to decide not to accept the NCI CIRB review and require that the investigator submit the protocol for full HIC review. If the designated reviewer(s) does not accept the NCI CIRB review, the NCI CIRB written materials may still be utilized as resources for the HIC review process.

Additions or deletions to the compound authorization regarding state and local law, institutional requirements, or Yale and HIC policies are drawn by the NCI CIRB from the Yale boilerplate language that has been supplied to them. Should there be any institutional changes to the Yale boilerplate language, the investigator should include the updated language at the time of the next protocol action involving the consent form.

Primary reviews, minutes, notification letters, and any other correspondence generated by the CIRB are posted in a separate section of the CIRB web site for participating institutions to access. See http://www.ncicirb.org/ for list of protocols, participating sites and other information.

The NCI CIRB also conducts continuing reviews and reviews of serious adverse events (SAEs), Data Safety Monitoring Board (DSMB) reports, protocol amendments, recruiting materials for national recruitment initiative, etc. The NCI CIRB findings on these actions are posted on the CIRB web site for prompt access by participating investigators and institutions.

Review by Other Committees

Yale University policies require that the following internal committees review protocols prior to IRB submission. Documentation of approval from the following committees, when applicable, must be included in the protocol submission packet to the HIC.

- **Protocol Review Committee (PRC):** Reviews all research conducted by Yale University faculty that involves the use of the Yale Cancer Center. Reviews include new applications, requests for continuing approval or renewals and major amendments.
- **Science and Safety Committee (SSC)):** Reviews all research conducted by the Yale University faculty that utilizes the Hospital Research Unit (HRU) resources located at Yale New Haven Hospital**.**
- **YNHH Radiation Safety Committee**: Reviews all research involving human subjects at YNHH and which also involves the use of any radioactive isotopes that are approved by the FDA and used on or off label.
- **YNHH Radioactive Drug Research Committee**: Oversees the use of radioactive materials which require no IND or FDA approval and which are prepared at the Yale Medical Center.
- **Protocols Utilizing the Magnetic Resonance Research Center at the Anlyan Center:**
- Any research protocol involving humans and the use of equipment, supplies, or space in the Magnetic Resonance Research Center (MRRC) located in the TAC building, whether or not the scan is standard of care, should be reviewed and approved by the MRRC- Protocol Review Committee (MRRC-PRC) before the research can commence. Protocols that use magnetic

resonance techniques at other facilities, such as Yale-New Haven Hospital's clinical facility, are not subject to review by the MRRC-PRC. Instructions for submitting protocols to the MRRC-PRC can be found at http://mrrc.yale.edu/users/index.aspx

HIC Acceptance of the CIRB-Approved Protocol

Once the HIC has reviewed the CIRB materials, the HIC will notify the principal investigator that the IRB review is complete and the study may be opened at Yale.

The HIC will notify NCI CIRB of any outstanding issues noted during reviews.

Post HIC Acceptance of CIRB Approval

Once a new application has been approved by the NCI CIRB the NCI CIRB is responsible for reviewing any changes, amendments, or modifications approved by the NCI CIRB. The PI is responsible for ensuring that the NCI CIRB approval is received prior to any amended procedures being implemented at Yale. The Yale PI is also responsible for ensuring that only updated compound authorization forms are used to enroll subjects into Yale protocols. All approved documents and consent forms must be retained by the PI and/or their appointed study coordinators pursuant to good clinical practice and confidentiality and security standards.

The NCI CIRB will also notify the Yale Principal Investigator, who is then responsible for notifying the HIC, of any termination or suspension of a study. Yale will notify the NCI CIRB and the appropriate federal oversight agencies of instances of serious or continuing noncompliance with the federal regulations.

HIC Oversight

Yale maintains responsibility for the conduct of the research and will assume the local oversight responsibility and perform local context functions in compliance with federal regulations and University policy. These responsibilities include, but are not limited to, reviewing potential protocol-related conflicts of interest, ensuring that all Yale researchers and staff are appropriately qualified to conduct the protocol and are compliant with University training requirements, monitoring and/or auditing protocol records and the consent process to ensure compliance with the protocol, ensuring that the protocol is conducted in accordance with federal and university regulations and policies, and reporting any unanticipated problems involving risks to subjects or others or any serious or continuing noncompliance to the NCI CIRB and federal department agencies as required.

Continuing Review Submission

The approval duration and anniversary date for an individual protocol is based on the date that the protocol was **reviewed by the NCI CIRB** and not the date that Yale was added to the study. The NCI CIRB will conduct the required subsequent review in such a manner so as to ensure continued approval of the study.

Yale investigators and/or their appointed study coordinators/correspondents and IRB reviewers and staff will be provided with an electronic notice of continuing review by the NCI CIRB via the website posting.

Once the NCI CIRB has issued a notification of continuing review or re-approval, it must be forwarded by the PI to the HIC office for the shadow file and system update. No acknowledgment are issued from Coeus.

Amendments

Yale investigators, their appointed study coordinators/correspondents, IRB reviewers and staff will be provided with an electronic notice of any changes, amendments, or modifications to protocols approved by the NCI CIRB via the website posting. The amended documents or amendment approvals do not need to be submitted to the HIC office.

Personnel amendments must be submitted to the HIC for review. The HIC maintains responsibility for verifying the training and COI of all investigators and research staff

Protocol Deviation Reporting

Yale Principal Investigators are required to report major protocol deviations and violations to the NCI CIRB and as required by the sponsoring Cooperative Group. Instances of serious or continuing noncompliance need to be reported to Yale HIC per HRPP Procedure 700 PR1: Reporting Noncompliance.

Reporting of Unanticipated Problems Involving Risks to Subjects or Others (UPIRSOs), including Adverse Events

UPIRSOs occurring at Yale sites must be reported to the Cooperative Group and to the NCI CIRB per their policy requirements. Local UPIRSOs requiring prompt reporting need to be also submit to the HIC as outlined in HRPP Policy 710 “Reporting Unanticipated Problems Involving Risks to Subjects or Others, including Adverse Events’.

Revisions history:
1/13/2013; 10-22-13; 6-10-2015