

Alternative Models of IRB Review:

**Central IRBs, Consortia, Independent IRBs,
Cooperative Agreements and Other Approaches
to Redundant Local Review**

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Objectives

- **What is the problem with current scenario?**
- **What are some alternative models of IRB review?**
- **What are the barriers and challenges to using... or even considering... these alternatives?**

What is the problem?

What are we trying to address?

- *“Single site systems in a multi-center world”*
 - Research enterprise (esp. clinical research environment) has evolved considerably since 1970s
 - Oversight system has failed to evolve to keep pace with volume, complexity and nature of research it oversees
 - Predicated on local review of single sites
 - Multi-center protocol is effectively a take-it-or-leave-it proposition for individual sites
 - No effective means to modify underlying issues
 - But... 300 versions of the “perfect consent form”
 - Ineffective oversight of study-wide issues by patchwork quilt of independent sites

**If we accept that the current
scenario is not optimal...**

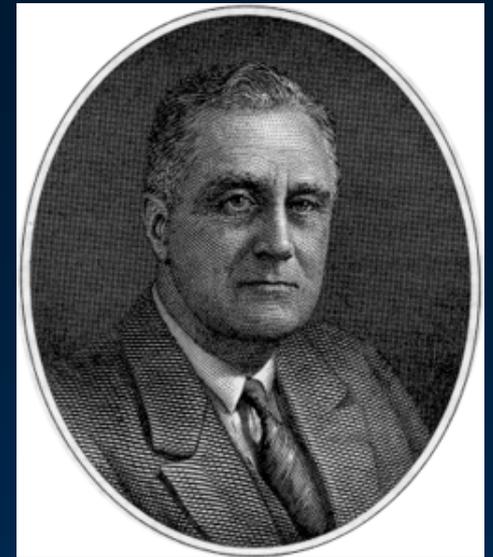
what are the alternatives?

Models of IRB Review

- Local IRB review: single site study
- Local IRB review: multi-site study (no central IRB)
- IRB cooperation: multi-site studies
- Institution relies on IRB of another academic institution: single site study
- Independent IRB review: single site or multi-site studies
- Facilitated central IRB review: multi-site studies
- IRB reciprocity: single site or multi-site studies
- IRB consortium
- Multiple IRBs review protocol: domestic
- Multiple IRBs review protocol: foreign single site studies

What are the barriers to making better use of alternatives?

- History, inertia, isolationism
- Lack of awareness that alternatives...
 - exist
 - are allowed, and even encouraged
- But especially... FEAR



“...the only thing we have to fear is fear itself – nameless, unreasoning, unjustified terror which paralyzes needed efforts to convert retreat into advance.”

FDR's First Inaugural Address, March 1933

“...oh yeah!?!?”

IRB community contemplating alternative models, 1981- present

What do we have to be afraid of?

- **Concerns over...**
 - **Liability**
 - **Sharing authority and responsibility**
 - **Ensuring quality of review**
 - **Timing, costs, loss of revenue**

Liability

- Institutions are concerned that use of external IRBs may increase their liability exposure
 - **Civil liability** (legal cases are still rare)
 - **Regulatory liability** (less rare)
 - **PR liability** (“the court of public opinion”)
- There are also concerns when institutions extend their FWA to external investigators
- There will always be risks (for institutions conducting research), whether IRB is internal or external

Liability

- Fact or fallacy?
 - *“No IRB can protect our subjects/institution as well as our own IRB”*
- Simple logic suggests fallacy
 - How can we ALL be the best... or even in the top ten?
 - Only in Lake Wobegon → “all the IRBs are above average”
 - Only in James Bond movies → “nobody does it better”
- Evidence bears out this logic
 - Some of “the best” have fallen the hardest

Sharing Authority and Responsibility

- **Not all-or-nothing → division of labor**
- **Establish a relationship between institution and external IRB**
 - **Trust**
 - **Transparency**
 - **Good communication**
 - **Some institutions identify a primary liaison for external collaborations**
 - **Documented by clear written agreements**

Ensuring Quality of Review

- What constitutes “good quality” review?
- How do we ensure that local circumstances are taken into account?
 - Regulations, federal guidance and common sense make it clear that local context is important

What do the regulations say about IRB membership qualifications and responsibilities?

- *IRB shall be sufficiently qualified through the experience and expertise... and the diversity of the members, including consideration of race, gender, and cultural backgrounds and sensitivity to such issues as community attitudes...*
- *IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice.*

What do the regulations say about “community representation?”

- *Each IRB shall include... at least one member whose primary concerns are in nonscientific areas.*
- *Each IRB shall include at least one member who is not otherwise affiliated with the institution and who is not part of the immediate family of a person who is affiliated with the institution.*

Does (outdated?) federal guidance discourage use of non-local IRB models?

- *Only the local IRB is familiar with the particular circumstances of its research setting and is in a position to weigh critical considerations like state and local laws, professional and community standards, institutional policies, and the needs of differing patient or subject populations. Thus, the local IRB is in the best position to ensure that persons deciding whether or not to enroll in research have the greatest level of accurate information necessary to make that decision. Each IRB must continue to review all protocols and informed consent documents with the greatest of care, regardless of any prior review at the national level.*

What does more recent federal guidance say about reliance on non-local IRBs?

- *Institutions have a profound responsibility to ensure that all IRBs designated under an OPRR-approved Assurance possess sufficient knowledge of the local research context to satisfy these requirements. This responsibility endures regardless of the IRB's geographic location relative to the institution and the research. It is particularly critical where the research involves greater than minimal risk to subjects or vulnerable categories of subjects.*

What does federal guidance say about how non-local IRBs should obtain necessary information?

- (A)(1) *Minimal risk* → IRB should demonstrate that it has obtained necessary information about the local research context through written materials or discussions with appropriate consultants.
- (A)(2) *Greater than minimal risk but no intervention or interaction* and principal risk limited to breach of confidentiality → necessary information through written materials or consultants; specifically document provisions to protect privacy and maintain confidentiality.

What does federal guidance say about how non-local IRBs should obtain necessary information?

- (A)(3) *Greater than minimal risk* and item (A)(2) does not apply → IRB should obtain necessary information through one or more of the following mechanisms...
 - *Personal knowledge* on the part of one or more IRB members... through extended, direct experience with the research institution, subject populations, surrounding community.
 - Participation (physically or through audiovisual or telephone conference) by *consultants in convened meetings* of the IRB. Such consultant(s) should have personal knowledge of local context...
 - *Prior written review* of the proposed research by consultants...
 - *Systematic, reciprocal, documented interchange* between the IRB and elements of the local research context... including periodic visits to the research site, several times per year, by one or more IRB members... periodic discussion with consultants... regular interaction with institutional liaisons... review of written materials.

What questions arise in the area(s) of quality of review and local context?

- *Does federal guidance need to be revised?*
 - **SACHRP NEEDS YOUR INPUT!**
- *If/when institutions start making more use of alternative models...*
 - *Will this negatively (or positively...) affect quality of review?*
 - *How can important issues of local context best be addressed?*
 - *Local population, investigators, standards of care, etc*

What questions arise in the area(s) of quality of review and local context?

- *Are there some types of research that lend themselves to cooperative review more than others?*
- *Are there some models that address these concerns better than other models?*
- *What can be learned from current use of central/independent IRBs?*
 - *How do they assess local context?*
 - *Does that work?*
- *How to handle when “local” is on the other side of the globe?*

Timing, Costs, Loss of Revenue

- Turnaround time across multiple IRBs is a concern to sponsors and investigators... and therefore to institutions
 - Variability across multi-site study
 - Cumulative weight on the research process
- Is it cost-effective to outsource to a central/independent IRB?
- What is the impact on funding of HRPPs at a local level?
 - Institutional funding?
 - Clinical trial review fees?

Alternative Models of IRB Review

- After all that, much boils down to one question...
- *Why should we (or how can we) give up our local right to review, when we remain responsible (read “on the hook”) for problems that might arise?*