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Approved By: ORI Director	Signature	Date	Date First Effective: 05-10-05
Approved By: Nonmedical IRB Chair	Signature	Date	
Approved By: Medical IRB Chair	Signature	Date	Revision Date: 08-21-09

OBJECTIVE

To describe the policies and procedures for conducting expedited initial review

GENERAL DESCRIPTION

The Institutional Review Board (IRB) uses an expedited review process to review studies that meet the categories adopted by the Department of Health and Human Services (DHHS), the Food and Drug Administration (FDA), or the Department of Veteran Affairs (VA) that involve no greater than “minimal risk.” The expedited applicability criteria, including the definition of “minimal risk” and federally mandated categories are attached. Expedited review procedures allow the IRB to review and approve studies that meet the criteria in the attached document without convening a meeting of the full IRB. The IRB Chair, one or more experienced reviewers from among the Medical IRB voting membership (regular and alternate members) or the Nonmedical IRB Expedited Review Subcommittee conducts expedited initial review.

The expedited reviewers only approve research that meets the federal criteria for approval as specified in 45 CFR 46.111, 21 CFR 56.111, and 38 CFR 16.111. Also, expedited reviewers ensure that the study’s informed consent process and documentation meets the requirements as specified in 45 CFR 46.116, 21 CFR 50.25, and 38 CFR 16.116 unless the IRB waives the requirements in accord with federal regulations. (See Informed Consent SOP.)

Expedited reviewers exercise all of the authority of the IRB except that the reviewers may not disapprove the research. The IRB only disapproves a research activity in accord with non-expedited procedures set forth in the DHHS, FDA, and VA regulations.

The IRB agenda for convened meetings advises the IRB of research studies approved using expedited review procedures. Any member can request to review the entire IRB file for an expedited study.

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RESPONSIBILITY

Execution of SOP: IRB Chair, IRB Members, Office of Research Integrity (ORI) Staff, Research Privacy Specialist (RPS), ORI Research Compliance Officer (RCO), Veterans Affairs Medical Center (VAMC) Associate Chief of Staff (ACOS) for Research and Development, Principal Investigator (PI)/Study Personnel

PROCEDURES

Assigning Reviewers

1. Each year, after finalizing the list of IRB members, ORI staff select and recommend experienced members from each IRB committee to serve as expedited reviewers for monthly rotating terms. Members who have served on an IRB for three months qualify as an experienced member.
2. ORI staff make initial Medical IRB reviewer and Nonmedical IRB Expedited Review Subcommittee assignments based on the member's familiarity with IRB issues, experience, and expertise and forward the proposed assignments to the respective IRB Chair for review and approval. ORI staff forward the approved list of expedited reviewers to the IRB members.
3. The expedited reviewer notifies ORI staff if he/she is not available to conduct expedited review during the assigned time period or has a conflict of interest as outlined in the IRB Member and Consultant Conflict of Interest SOP.

Submission and Screening

1. The PI makes a preliminary determination that a protocol is eligible for expedited review based on the criteria in the attached document. The IRB makes the final determination regarding whether a protocol is eligible for expedited review.
2. The PI submits a completed expedited review application to the ORI. Instructions for preparing the application are available on the ORI website. The investigator may call the ORI with questions.
3. Upon receipt of the application, ORI staff screen it for completeness and accuracy and make a preliminary determination that the application meets the criteria for expedited review, including minimal risk, and identifies the research categories. If the application does not meet the criteria for expedited review, ORI staff advise the PI to resubmit the study for full or exempt review.

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4. ORI staff follow the screening procedures outlined in the Initial Full Review SOP (e.g., screening for coordination with other University review committees; for vulnerable subjects or federally mandated specific findings; for waiver of informed consent or documentation requests; for completion of mandatory training requirements; for need of additional expertise or prisoner representative review). See the Initial Full Review SOP for a detailed description of ORI staff procedures.
5. ORI staff note during the screening process that the proposal involves areas of research requiring federally mandated specific findings. ORI staff use the checklist of specific findings in the Expedited Reviewer Signature Page to alert the expedited reviewer(s) of the areas requiring determinations.
6. ORI staff also screen for Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and/or Family Educational Rights and Privacy Act (FERPA) concerns. If the PI includes a HIPAA form or checks “HIPAA” in the application or if there are any HIPAA or FERPA concerns, ORI staff forward the application to the ORI Research Privacy Specialist for review. The RPS reviews the application and submits suggestions in writing. ORI staff forward these suggestions to the IRB Chair, the medical expedited reviewer, or the Nonmedical IRB Expedited Review Subcommittee for a final determination.
7. ORI staff enter the application into the ORI computerized tracking system. The tracking system assigns a number to the application.
8. After completing application screening, ORI staff retain the original application in the ORI and send a copy of the application to the expedited reviewer(s).
9. The IRB Chair, one or more experienced reviewers from among the Medical IRB voting membership (regular and alternate members), or the Nonmedical IRB Expedited Review Subcommittee conducts expedited initial review.

Nonmedical IRB Expedited Review Process

1. A Nonmedical IRB Expedited Review Subcommittee comprised of the Chair, Vice Chair, and two IRB expedited reviewers usually conducts expedited reviews at a convened meeting.
2. ORI staff send the materials in the full review agenda packet. The ORI sends the detailed protocol/grant application to one of the subcommittee members following primary review procedures.
3. Typically, only members assigned to serve on the subcommittee attend the expedited review portion of the meeting, but any IRB member who would like to attend may do so. However, this member may not vote unless he/she has had the opportunity to review the same materials as those sent to the subcommittee. The subcommittee may review and approve protocols as

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long as one voting IRB member is present (i.e., Chair, Vice Chair, or any of the designated IRB subcommittee members).

4. The subcommittee, with assistance from ORI staff, documents federally mandated specific findings (e.g., Subpart B, C, D, or waiver of informed consent or documentation) and controverted issues by completing the Expedited Reviewer Signature Page and/or by inclusion of discussion in the minutes of the convened meeting. In conducting the initial review of the proposed research, the subcommittee utilizes the Criteria for IRB Approval: Reviewer Checklist.
5. An IRB member who serves on both the Nonmedical IRB and the UK Psychology Department Subject Use and Research Ethics Committee (SURE) may review studies submitted to the Nonmedical IRB that require expedited approval from both the IRB and the SURE. The Nonmedical IRB Expedited Review Subcommittee does not review these expedited studies unless the SURE-designated IRB member is not available. (See the Subject Use and Research Ethics Committee/IRB Coordination SOP.)
6. If an investigator needs an expedited review prior to a convened meeting, the Nonmedical IRB Chair, Vice Chair, or any experienced voting member (i.e., regular or alternate) may serve as the expedited reviewer following the same procedures as those used for the Medical IRB expedited review process.

Medical IRB Expedited Review Process

1. For the Medical IRB, the primary expedited reviewer conducts expedited reviews outside of a convened meeting. If the primary expedited reviewer is not available or has a conflict of interest, the ORI contacts a secondary reviewer to conduct the review.
2. The designated ORI staff send the primary expedited reviewer recommendations for the appropriate expedited category and justification for the chosen category(s).
3. The ORI sends the application materials to the primary expedited reviewer on the Medical IRB. If the reviewer is unable to respond within approximately 10 days, ORI staff send the reviewer up to two reminders. If the expedited reviewer still does not respond, ORI staff forward the protocol to the secondary reviewer.
4. The expedited reviewer contacts the PI for any clarification needed and documents the issues discussed on the Expedited Reviewer Signature Page. The expedited reviewer also utilizes the Criteria for IRB Approval: Reviewer Checklist to document that the research meets the federal criteria for IRB approval. The expedited reviewer makes determinations for specific findings using the information from the IRB application and records his/her determinations on the Expedited Reviewer Signature Page.

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5. The reviewer also documents any issues pertaining to special findings (e.g., requests for waiver of informed consent or documentation or Subpart B, C, D findings) through the materials submitted by the PI and the expedited reviewer's final approval of the application. The reviewer only raises controverted issues that he/she has determined do not meet the federal criteria for approval or UK IRB policies.

6. For VA studies, ORI staff send the expedited review application materials to the VA IRB member representative and the VAMC ACOS. They review the application to ensure compliance with VA requirements as outlined in the VA Research: Reviewer Checklist. Using the VA Research: Reviewer Checklist as a guide, the VA IRB member representative and the VA ACOS relay their recommendations to ORI staff.

Materials Sent to Medical and Nonmedical IRB Reviewers

1. Both the medical and nonmedical expedited reviewers receive the following IRB application materials and IRB forms:
 - Section 1 - core application with General Information Sheet, Expedited Certification Form with review categories, and Research Description;
 - Section 2 - informed consent/assent process and forms, including waiver requests, NIH sponsored cooperative group trial forms, translated consent document for non-English speaking subjects;
 - Section 3 - HIPAA forms;
 - Section 4 - additional materials, including advertisements, proposal data instruments, materials/letters for off-site research, Use of Investigational New Drug (IND) Form, Use of Approved Drugs for Unapproved Use Form, Use of Radioactive Materials Form;
 - Section 5 - vulnerable populations, including forms for research involving individuals with consent capacity impairment, pregnant women, fetuses and/or neonates, prisoners, or children;
 - Expedited Reviewer Signature Page;
 - Criteria for IRB Approval: Reviewer Checklist;
 - ORI staff comments/recommendations, if applicable.

2. Expedited reviewers review all information in the expedited review packet in enough depth to be familiar with the protocol, to determine whether the research is eligible for expedited review, and to determine whether the research meets the regulatory criteria for approval.

Review Outcomes

1. Both medical and nonmedical expedited reviewers make the final determination as to whether research activities meet the expedited review criteria outlined in the attached document.

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2. The reviewers also determine whether the research meets the federal criteria for approval as outlined in 45 CFR 46.111, 21 CFR 56.111, and 38 CFR 16.111.
3. Expedited reviewers also ensure that the investigator will conduct the informed consent process and obtain documentation of informed consent, as specified in 45 CFR 46.116 and 117, 21 CFR 50.25, and 38 CFR 16.116 and 117, unless the IRB waives the requirements in accord with federal regulations. (See Informed Consent SOP.)
4. The expedited reviewers only raise those controverted issues or request changes that they have determined do not meet the federal criteria for approval or UK IRB policies.
5. The expedited reviewers document on the Expedited Reviewer Signature Page their determinations regarding expedited eligibility, applicable expedited category, and whether the research meets the federal criteria for approval.
6. The expedited reviewers make one of the following three determinations in regard to the protocol and consent forms:
 - **APPROVED:** IRB approval indicates that the IRB reviewer(s) has concluded that the research and consent forms meet the federal criteria for approval. An IRB approval vote verifies that the IRB agrees with the assessment of the protocol and/or specific findings as described by the PI in the application. ORI staff send the investigator an approval letter according to the guidelines in the ORI Customer Service Standard, accompanied by an informed consent/assent document with the affixed "IRB Approval" validation stamp which includes valid dates of IRB approval. Upon request, ORI staff also send the PI a funding agency Certification of Approval form.
 - **REVISIONS and/or ADDITIONAL INFORMATION REQUIRED:**
The IRB reviewer(s) withhold approval pending submission of revisions/additional information. ORI staff send the investigator a letter according to the guidelines in the ORI Customer Service Standards, describing the revisions requested by the IRB expedited reviewers. The PI responds to revisions requested by the IRB in writing and sends the response to the ORI. ORI staff forward those responses to the expedited reviewer for further review.
 - **FULL REVIEW REQUIRED:** The IRB expedited reviewers may determine that the protocol requires full review by the IRB at a convened meeting.
7. The medical and nonmedical expedited reviewer(s) can determine that the research is eligible for a less stringent mechanism of review (i.e., the project is exempt from requirements for review or the activities do not fall under the purview of the IRB). In these cases, the IRB does not require a new application provided the IRB, with assistance from ORI staff,

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documents the exempt categories or the rationale for determining that the activities do not meet the federal definitions of *research*, *clinical investigation*, or *human subject*.

8. The ORI procedures for notifying the PI of the review outcome, obtaining follow up correspondence, and issuing approval letters outlined in the Initial Full Review SOP apply for expedited review as well. See Initial Full Review SOP for details.
9. Once the IRB reviewer(s) approves the study, he/she assigns the approval period at intervals appropriate to the degree of risk but not less than once per year. The date the expedited reviewer signs off final approval on the study is the date the approval period starts. ORI staff document the approval period dates in the approval letter to the PI.
10. If the PI has concerns regarding the IRB decision/recommendations for changes in the study, he/she may submit his/her concerns to the IRB reviewer via a written document that includes justification for changing the IRB decision. The PI sends the request to the expedited reviewer and/or to the IRB Chair or Vice Chair for final resolution. If the investigator is still dissatisfied with the IRB decision, ORI staff send the protocol to the convened IRB for review.

REFERENCES

21 CFR 56.102(i)
 21 CFR 56.110
 38 CFR 16.110
 38 CFR 16.102(i)
 45 CFR 46.102(i)
 45 CFR 46.110
 63 FR 60364-60367; 63 FR60353 – 60356 DHHS-FDA list published in Federal Register
 November 9, 1998

Federally Mandated Expedited Review Criteria – Effective November 9, 1998 – Definition of Minimal Risk Guidance to PI and Reviewers

Expedited procedures can only be used to review a study if the only involvement of human subjects fits one or more of the categories specified in the federal regulations and if all of the procedures present no greater than “minimal risk.”

The IRB reviewer confirms that **all of the research activities** fit in one or more of the expedited categories. If the research includes activities that do not fit in the categories, the study is not eligible for expedited review even if the research involves “minimal risk.”

The Department of Health and Human Services defines *minimal risk* to mean “the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests” [45 CFR 46.102(2)(i)].

Investigators are asked to provide a risk assessment, but it is the IRB reviewer’s responsibility to determine whether the research meets the federal definition.

The IRB reviewer must consider two questions:

- ◆ Is the probability of the harm or discomfort anticipated in the proposed research greater than that encountered ordinarily in daily life or during the performance of routine physical or psychological examinations or tests? OR
- ◆ Is the magnitude of the harm or discomfort greater than that encountered ordinarily in the daily life or during the performance of routine physical or psychological examinations or tests?

If the answer is “yes” to either of these questions, then the research does not meet the definition of minimal risk. The IRB policy on risk assessment is included in the UK Assessing the Research Risk document, which is on the ORI website and in the IRB Survival Handbook.

Federal Expedited Review Applicability and Categories

(A) Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.

(B) The categories in this list apply regardless of the age of subjects, except as noted.

(C) The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.

- (D) The expedited review procedure may not be used for classified research involving human subjects.
- (E) IRBs are reminded that the standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review—expedited or convened—utilized by the IRB.
- (F) Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

Research Categories

- 1) Clinical studies of drugs and medical devices only when condition (a) or (b) is met.
 - (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.)
 - (b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
- 2) Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:
 - (a) From healthy nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or
 - (b) From other adults and children¹ considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.
- 3) Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) Hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.
- 4) Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) Physical sensors that are applied either to the surface of

the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

- 5) Research involving materials (data, documents, records, or specimens) that have been collected or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (Note: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)
- 6) Collection of data from voice, video, digital, or image recordings made for research purposes.
- 7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (Note: Some research in this category may be exempt from the HHS regulations for the protection of human subjects 45 CFR 46.101 (b)(2) and (b)(3). This listing refers only to research that is not exempt.)
- 8) Continuing review of research previously approved by the convened IRB as follows:
 - (a) Where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects;
or
 - (b) Where no subjects have been enrolled and no additional risks have been identified; or
 - (c) Where the remaining research activities are limited to data analysis.
- 9) Continuing review of research not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.