19 Transfer of Research Studies from Another IRB to CMU

This procedures in this section discuss the regulatory responsibilities of the CMU IRB and the original reviewing IRB when oversight of previously approved, ongoing clinical investigations or research projects under FDA's jurisdiction or subject to the regulations at 45 CFR 46 are transferred, from an IRB that originally reviewed the research, to the CMU IRB. Transfer of IRB oversight responsibility for a clinical investigation or research project must be accomplished in a way that assures continuous IRB oversight with no lapse in either IRB approval or the protection of human subjects, and with minimal disruption of research activities. The specific steps in the IRB transfer process may vary, depending on the reasons for the transfer, the parties involved, and the number and risk of the studies being transferred. The duration of the IRB transfer process may vary, depending on the speed at which the following steps can be completed.

19.1 Transfer Process

When transferring IRB review and oversight of clinical investigations or research projects to CMU, there must be a plan for the transfer process, documented in a written agreement between the original IRB's organization and CMU. The agreement should address how the IRBs should accomplish, and document as appropriate, the steps described in the subsequent subsections. Please note, this list is not meant to be all inclusive and additional actions may be necessary and/or appropriate.

19.1.1 Identify Studies Being Transferred

The original reviewing IRB and the CMU IRB must have a clear understanding of the studies being transferred to allow for effective planning. Several factors (e.g., the number of studies, the risk posed by the studies, and the circumstances leading to the transfer) may influence the transfer process. The written transfer agreement should identify the studies to be transferred.

19.1.2 Ensure the Availability and Retention of Pertinent Records

Before the CMU IRB accepts oversight of the transferred clinical investigations or research projects, it should obtain copies of pertinent IRB records in order to meet the review and ongoing oversight responsibilities once transferred. For example, the records should include documents such as the research protocol and significant amendments, the approved consent form(s), previous continuing review reports, the investigator's brochure (if applicable), reports of unanticipated problems involving risk to human subjects and others (UAPs), minutes of IRB meetings at which the research was reviewed (initial, continuing, amendments, UAPs, etc.), reports of IRB-conducted audits (if any) and relevant correspondence with the investigator, sponsor, and/or FDA/OHRP.

a) Availability of pertinent IRB records.

With concurrence of the sponsor, the original IRB should make the pertinent IRB records available to the CMU IRB by providing paper, or preferably, electronic copies of the records. The sponsor's concurrence is necessary because, for example, the records may contain confidential commercial information. Alternatively, depending on the circumstances surrounding the transfer or if the records are not available from the original IRB, the CMU IRB may elect to obtain the records directly from the clinical investigator and/or sponsor. If records are obtained in this manner, the CMU IRB should also obtain meeting minutes from the original IRB, if possible, as this information may be critical to the CMU IRB's assessment of the adequacy of the previous review (e.g., discussion of controverted issues or inclusion of vulnerable populations, quorum, etc.).

Both the original IRB and the CMU IRB should maintain adequate records regarding the clinical investigations or research projects affected by the transfer; e.g., any written agreement between the original IRB and the CMU IRB, the title of the protocols being transferred, the identity of the original IRB and the date(s) on which the CMU IRB accepts responsibility for oversight of the clinical investigations. In addition, the original and CMU IRBs should keep complete records of communications to all affected stakeholders (sponsors, clinical investigators, and FDA/OHRP) and comply with all other recordkeeping requirements.

(b) Retention of IRB records.

Under FDA and OHRP regulations, IRB records related to the review of a clinical investigation must be retained for at least three (3) years after the completion of the research, and the records must be accessible for inspection and copying by FDA or OHRP at reasonable times and in a reasonable manner. The CMU IRB must assure that FDA or OHRP know whether the original IRB, the CMU IRB, the institution that housed the original IRB, a CRO or other responsible third party will maintain the records once clinical investigation oversight has been transferred. The party that assumes responsibility for the records is responsible for ensuring that they are retained in accordance with federal regulations. Generally, the original and CMU IRBs have the flexibility to work out any suitable arrangement for handling the transfer and maintenance of the records as long as the records remain accessible for inspection and copying by authorized representatives of FDA/OHRP at reasonable times and in a reasonable manner. If the original and CMU IRBs agree to share record retention responsibilities, there must be a clear understanding of their respective roles to avoid confusion and to ensure appropriate responsibility for and access to the documents.
There may be circumstances when the original IRB reaches an agreement with the CMU IRB to retain some of the documentation for the transferred trials but may not be able to commit to retaining the documents for at least 3 years after the completion of the research. In this situation, the original IRB should make arrangements to transfer the documents to the CMU IRB or to another, responsible party.

19.1.3 Establish a Date for Transfer of Records and IRB Oversight

It is highly recommended that a date for transfer of the records of each clinical investigation or research project for which oversight is being transferred be established (specified date or

timeframe) to prevent confusion as to when review by the CMU IRB will occur or is projected to occur. When choosing a transfer date, the affected IRBs should allow enough time for all appropriate actions, communications and agreements to occur. When a large number of studies are being transferred, a plan will be developed as when the studies will be transferred; i.e., studies for which continuing review will be required immediately after transfer, protocols with submitted amendments, etc.

Also, it is imperative that an effective date for transfer of oversight for each clinical investigation or research project be established in order to promote continuity, prevent a lapse in IRB coverage and minimize confusion regarding which IRB is responsible for review and action; e.g., if an unanticipated problem should arise. When choosing an effective date for transfer of oversight, enough time should be allowed for all appropriate actions (i.e., review by the CMU IRB, communication to FDA/OHRP, sponsors and investigators, etc.) to occur. The effective date for transfer of IRB oversight may be established as follows or by some other method:

- In the written agreement, the exact date or a timeframe is specified in advance between the original IRB and the CMU IRB; or
- In the written agreement, the date is made contingent upon the review and acceptance of the clinical investigation by the CMU IRB. For example, if the CMU IRB decides to perform an initial review of the clinical investigation, the transfer may take effect on the date the CMU IRB makes its decision to approve, require modification in (to secure approval), or disapprove the clinical investigation. In this situation, the CMU IRB should notify the original IRB and other involved parties of the date of its actions and acceptance of oversight responsibilities.

19.1.4 Review of Studies by CMU IRB Prior to acceptance of Oversight

The regulations do not address transfer of IRB oversight; therefore, it is left to the CMU IRB to decide whether to conduct a review of the clinical investigation prior to the next continuing review date established by the original IRB. Generally, IRBs choose to perform some type of review before accepting responsibility for a study, as part of their own due diligence efforts.

According to FDA and OHRP Guidance, IRBs may decide to:

- **Undertake an *initial* review,** either by the convened IRB or under an expedited review procedure, if appropriate. Review by the CMU IRB will occur for higher risk studies, such as those involving an exception from the informed consent requirements, unapproved therapies with a high risk of morbidity and/or mortality, novel therapies including new cellular or gene therapies, device studies to make an independent determination of significant or non-significant device risk, and those flagged by the original IRB for more frequent review. Initial review should also be considered where the CMU IRB has no familiarity with the original IRB and, as such, may not be comfortable with the original IRB's review and approval.
- **Undertake a *continuing* review at the time of transfer,** either by the convened IRB or under an expedited review procedure, if appropriate.

- **Not undertake a review until the next continuing review date.** This option may be used in certain situations. However, the CMU IRB will generally choose to perform one of the reviews described above. However, if this option is chosen, any request for CMU IRB approval of a protocol or informed consent modification or a report of an unanticipated problem will prompt the CMU IRB to perform either an initial or continuing review to ensure that they are sufficiently familiar with the study before approving substantive changes to the research or the informed consent document or acknowledge and report the unanticipated problem.

CMU will use the following procedures when reviewing studies that are being transferred to CMU:

- Conduct a continuing review, comparable to an initial review, for studies for which the approval period is expiring

- For studies where a modification request was submitted for review during the transfer process but prior to a continuing review being required, review the modification request while concurrently completing a review comparable to an initial review

- Conduct an initial review for studies where the original IRB's review determination was either "Deferral" or "Contingent Approval" and the IRB's conditions for approval had not been satisfied prior to the transfer

- For the remaining studies, a qualified IRB staff member will complete an administrative review to determine regulatory compliance and determine whether the CMU IRB should undertake IRB review sooner than the next continuing review date (established by the original IRB)

    - If the administrative review indicates the need to document IRB determinations that perhaps were not clearly documented by the original IRB, a review, comparable to an initial review, will be completed sooner than the next continuing review date

- For each transferred study requiring consent from a subject or the subject's Legally Authorized Representative, the CMU IRB will provide the researcher with an IRB approved consent form addendum for notifying subjects of the change in IRB contact information

In addition, Federal regulations make no provision for a grace period extending the conduct of research beyond the expiration date of IRB approval. Therefore, if the CMU IRB's review of the transferred research does not occur prior to the end of the approval period specified by the original IRB, IRB approval expires automatically and all research activities involving human subjects must stop. Enrollment of new subjects cannot occur after the expiration of IRB approval.

Regulations also give authority to IRBs to suspend or terminate approval of research in circumstances where the clinical investigation or research project is not being conducted in accordance with the CMU IRB's requirements or has been associated with unexpected serious harm to subjects. The CMU IRB must promptly report any suspension or termination of IRB

approval to the investigator, institutional officials, sponsors and regulatory agencies in accordance with federal regulations and local policies and procedures.

19.1.5 Confirm or Establish the Continuing Review Date

If the CMU IRB conducts a review at the time of study transfer (whether an initial or a continuing review), it may choose to maintain the anniversary date of approval established by the original IRB or decide to establish a new anniversary date. If the CMU IRB decides to establish a new anniversary date, the new date must be within one year of the CMU IRB's review.
If the CMU IRB does not conduct a review of the clinical investigation at the time of transfer, the date of clinical investigation approval by the original IRB will remain in effect for the full approval period established at the time of the most recent review by the original IRB.

19.1.6 Determine if Consent Form Revisions are Required

Federal regulations require the informed consent document to contain an "explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject." Therefore, when CMU accepts oversight of a clinical trial or research project, new the contact information and/or whom to contact regarding subject rights or in the event of research-related injury must be provided to subjects. For subjects who were previously enrolled, this may be accomplished with a letter or postcard providing the relevant contact information. For new subjects, the informed consent, assent, and/or parental permission form must be revised to reflect the new contact information.

Other changes to the consent form may also be necessary, for example, if the CMU IRB requires modifications to the consent form as a condition of approval. If modifications are required, the principal investigator should be notified and make the revisions prior to conducting the research at CMU.

19.1.7 Notification of Key Parties

At the beginning of the transfer process, pertinent groups (e.g., investigator, Data Safety Monitoring Board, etc.) must be notified of the transfer of responsibility of IRB review and oversight, and to provide contact information for the CMU IRB.

19.1.8 Updating IRB Registration Information

If required, CMU will revise its OHRP registration.