

Addendum to Durham VAMC Human Research Protections Program (HRPP) Standard Operating Procedures (SOP) and Research and Development Committee (R&DC) SOP

Conduct of Research under the Oversight of the National Cancer Institute Central IRB (NCI CIRB)

A Memorandum of Understanding (MOU) is in place between the Department of Veterans Affairs (DVA) Veterans Health Administration (VHA) Office of Research and Development (ORD), Office of Research Oversight (ORO) and National Cancer Institute (NCI), Cancer Therapy Evaluation Program (CTEP), Central Institutional Review Board Initiative (CIRB) for human research involving NCI-sponsored cancer research conducted by VA Medical Facilities.

1. **PURPOSE:** To describe the standard operating procedures (SOPs) for the use of the National Cancer Institute Central Institutional Review Board (NCI CIRB) for cancer studies performed at the Durham Veterans Affairs Medical Center (DVAMC). This IRB SOP is supplemental to the Human Subjects Research Protection Program (HRPP) SOPs described in the Durham VA Research SOPs found at: http://www.durham.va.gov/research/new_researchers_guidance_documents/Durham_VA_MC_HRPP_SOP_2015-12-10.pdf and http://www.durham.va.gov/research/new_researchers_guidance_documents/RDC_SOP_2013-11-27.pdf. The NCI CIRB SOPs found at: https://ncicirb.org/cirb/documents/CIRB_SOPs.pdf.
2. **POLICY:** Oncology studies performed at the DVAMC may rely on the services of the NCI CIRB for review of human studies. Under FWA00001600, the DVAMC is considered to be the Signatory Institution. The DVAMC IRB will provide review of HIPAA authorizations and request for waivers of authorization, assist in tracking protocols and address VA requirements outlined below that are not managed by the NCI CIRB SOPs. Investigators must follow the NCI CIRB guidelines and must still obtain Research and Development (R&D) Committee approval to engage in the conduct of these studies. Oncology studies under the purview of the NCI CIRB at the DVAMC may not enroll prisoners or pediatric research subjects.
3. **RESPONSIBILITIES:**
Institutional Official
 - (1) Signs the Signatory Institution Agreement/Division of Responsibilities, which takes the place of the VHA Memorandum of Understanding for use of an IRB operated by another institution. A copy must be sent to ORO each time the Agreement is updated.
 - (2) Appoints, in writing, the Signatory Institution Primary Contact(s).
 - (3) Reports unanticipated problems and serious and/or continuing noncompliance originating at DVAMC as required by VA policy to ORO and external federal agencies or oversight bodies.
 - (4) Updates and signs the FWA and VA Addendum.

Research Office

- (1) Completes and submits the Annual Signatory Institution Worksheet about Local Context, and any other worksheets/forms required by the NCI CIRB for participation. Resolves concerns related to “boilerplate” informed consent language.
- (2) Manages evaluation of financial conflict of interest.
- (3) Receives correspondence on project approvals, renewals, and determinations from the NCI CIRB and processes them according to local SOPs.
 - a. Per NCI CIRB SOPs Section 10.2.2.1, any NCI CIRB determinations (local or remote) that must be reported by the IRB to federal regulatory agencies will be reported from NCI CIRB with copy to the DVAMC. Upon receipt of determinations involving DVAMC, the R&D Office will promptly notify the Research Compliance Officers (RCOs) and Institutional Official. NOTE: The VA institutional Official remains legally responsible for reporting on behalf of DVAMC, i.e., reports completed by the NCI IRB are not on DVAMC’s behalf.
- (4) Tracks NCI cancer studies for the DVAMC R&DC.
- (5) Reviews the Study-Specific Worksheet About Local Context to open a study.
- (6) Receives and addresses concerns from local study participants and others about the conduct of research per local policy outlined in DVAMC HRPP SOP RR 403, Section 1.8.

R&D Committee

- (1) Per VHA Handbook 1200.01 Par 10, reviews and determines (with advice from local IRB) whether studies under the oversight of the NCI CIRB should be conducted at DVAMC.
- (2) Oversees the local conduct of the research and monitors protocol compliance.
- (3) Conducts annual review of NCI CIRB as part of Annual Quality Assurance Review of the HRPP.
- (4) Investigates, manages, and provides notification to the NCI CIRB of any study-specific incidents, experience, or outcome that may rise to the level of an unanticipated problem and/or serious or continuing noncompliance. When notifying the NCI CIRB of a potential unanticipated problem and/or serious or continuing noncompliance, the institution must provide a plan to manage the incident, experience, or outcome, including measures to prevent similar occurrences
- (5) Reviews NCI CIRB determinations of serious and/or continuing noncompliance; decides on remedial action plan required by NCI CIRB.
- (6) Provides final approval for VA research.
- (7) Acknowledges notifications of NCI CIRB-approved amendments, study closure, and reviews of serious adverse events, unanticipated problems, continuing reviews, etc.

Durham VAMC IRB

- (1) While the NCI CIRB will serve as the IRB of Record for NCI CIRB studies, study teams will need to apply to both the NCI CIRB and the Durham VA IRB for approval. The review by the Durham VA IRB is to ensure compliance with institutional requirements that are not assessed by the NCI CIRB's Local Context Committee.
- (2) Reviews initial and ongoing qualifications of investigators and research staff.
- (3) Ensures Information Security Officer (ISO) and Privacy Officer (PO) review is complete prior to study approval.
- (4) Reviews and approves the Informed Consent Form (ICF) and the Health Insurance Portability and Accountability Act (HIPAA) waivers needed for subject recruitment.
- (5) Ensures the HIPAA authorization is consistent with the ICF, and the protocol.
- (6) Ensures that no prisoners are enrolled in NCI Studies
- (7) Ensures that no pregnant women are enrolled in NCI Studies.
- (8) If the NCI CIRB has indicated that a study may enroll subjects lacking decisional capacity, ensures the conditions for enrollment are defined per local policy. For additional information on the local policy, see DVAMC HRPP SOP IC 703.
- (9) Recommends to the R&DC whether the NCI CIRB study should be conducted at the DVAMC.
- (10) Determines if non-Veterans should be enrolled in a NCI study per local policy guidelines outlined in DVAMC HRPP SOP RR402, Section 1.8.

Principal Investigator (PI)

- (1) Completes Annual Investigator Worksheet About Local Context and submits to the DVAMC Research Office prior to submitting to the NCI CIRB;
- (2) Completes the Study-Specific Worksheet About Local Context and submits to the DVAMC Research Office prior to submitting to the NCI CIRB;
- (3) Submits initial study review request to both the DVAMC IRB and NCI CIRB
 - a. The PI may start the local IRB submission process (e.g., submitting documents to the Information Security Officer (ISO) and Privacy Officer (PO) for review) prior to submission to the NCI CIRB in order to facilitate ancillary committee reviews.
 - b. Submit initial review documents to the DVAMC in accordance to DVAMC HRPP SOP FO 301.
- (4) Incorporates NCI CIRB-approved templated language into the NCI CIRB approved model ICF to use for a specific study:
 - a. Makes no language changes to the consent form with the exception of NCI CIRB-approved templated language and approved VA specific language;
 - b. Obtains NCI CIRB approval of study-specific changes to the templated language prior to implementation; and
 - c. Obtains NCI CIRB approval of translations of the consent form prior to implementation.
- (5) Develops a recruitment plan. If potential subjects are to be identified from the Computerized Patient Record System (CPRS), request a waiver of consent and HIPAA authorization to view records as necessary. Waiver of consent and HIPAA authorization must be reviewed by the ISO and PO and must be submitted to the DVAMC IRB, per local HRPP SOP.
- (6) Maintains a regulatory file for each study under NCI CIRB purview.

- (7) Provides updates in a timely manner to the Signatory Institution Primary Contact whenever a Signatory Institution Principal Investigator is replaced, or study personnel are added or removed.
- (8) Maintains compliance with state, local, or institutional requirements related to the protection of human subjects.
- (9) Notifies the DVAMC IRB if a subject becomes incarcerated during their participation in a study.
- (10) Notifies the DVAMC IRB if a female subject becomes pregnant during their participation in a study.
- (11) Evaluates the levels of decision making capacity for subjects throughout their study participation to ensure that the informed consent is still valid.
- (12) Submits Continuing Review and Amendment approval to R&D Committee once uploaded by NCI CIRB. Should the study not receive renewal by the end of the approval period then the study approval is expired and investigator must stop all research activity
- (13) Reports to NCI CIRB any unanticipated problems involving risks to subjects or others, serious unanticipated problems involving risks to subjects or others, local unanticipated related serious adverse events, apparent serious or continuing noncompliance, any termination or suspension of research, complaints from subjects or others after local DVAMC review has been obtained.
- (14) The PI is responsible for proposing/preparing a management/remediation plan for R&DC review prior to submitting to the NCI CIRB for local potential unanticipated problems and possible serious or continuing noncompliance.
- (15) Reports to Durham VA IRB any privacy or information security incidents related to VA research, including (a) any inappropriate access, loss, or theft of Protected Health Information (PHI); (b) noncompliant storage, transmission, removal, or destruction of PHI; or (c) theft, loss, or noncompliant destruction of equipment containing PHI, in accordance with RCO SOP, IRB SOPs and VHA Handbook 1058.01.
- (16) Submits PI changes and study staff changes to R&DC after approval from NCI CIRB.

Research Compliance Officer

- (1) Conducts audits to ensure compliance with applicable federal, VA, and local policy.
- (2) Reports any study-specific incident, experience, or outcome that may rise to the level of an apparent unanticipated problem and/or apparent serious or continuing noncompliance per the requirements of VHA Handbook 1058.01 to the study team and Durham VA IRB. The report to the NCI CIRB is sent by the Signatory Institution PI per [NCI CIRB SOPs](#).
- (3) Submits audit reports to the local IRB. Note: According to the Authorizing Agreement, the NCI CIRB does not oversee the conduct of the study. Therefore, the audit reports do not need to be sent to the NCI CIRB. Only an apparent unanticipated problem and/or apparent serious or continuing noncompliance should be submitted to NCI CIRB by the PI.
- (4) Reports any local deaths, local serious adverse events, serious problems, and apparent serious or continuing noncompliance per 1058.01.
- (5) Prompts the PI to report to the NCI CIRB when a regulatory deficiency has been cited on an audit that occurred during the time that the NCI CIRB was responsible for study review.

4. PROCEDURES:

Prior to initiating any studies the PI must submit the Annual Investigator Worksheet About Local Context to the NCI CIRB after review by the Research Office. Once this is approved by the NCI CIRB, the PI may submit for specific research studies.

TO INITIATE A NEW STUDY

- (1) The PI submits the Study-Specific Worksheet About Local Context to the NCI CIRB using CTEP site number NC009.
- (2) The Investigator submits required documents to the NCI CIRB and receives study approval.
- (3) The Investigator submits all required forms for PO and ISO review.
- (4) The PI submits initial review documents to the Durham IRB in accordance the HRRP SOP, FO 301.
- (5) The PI will provide NCI CIRB approvals to the Durham IRB.
- (6) The PI delineates in the local IRB submission package that the NCI CIRB is the IRB of record.
 - ✓ The local IRB cannot request changes to the approved NCI study documents.
 - ✓ The local IRB will recommend approval or disapproval of conduct of the study at the DVAMC to the R&DC.
- (7) The PI may start the local IRB submission process prior to submission to the NCI CIRB in order to facilitate ancillary committee reviews.
- (8) The PI submits all approved documents received from NCI CIRB to the Research Office.
- (9) The PI must receive R&D committee approval and the Associate Chief of Staff (ACOS) for Research's written notification that all required research committee approvals have been attained, prior to study initiation.

STUDY PROCEDURES/AMENDMENTS/CONTINUING REVIEW

- (1) For studies under a Certificate of Confidentiality (COC), a progress note entry should indicate that a) an individual has been enrolled in a research study, b) any details that would affect the subject's clinical care, and c) the name and contact information for the investigator conducting the study. Subjects' ICF and HIPAA authorization documents are not to be included in the CPRS and should be kept with the study files.
- (2) Study team members submit staff changes to The Signatory Institution Primary Contact. The Signatory Institution Primary Contact adds, changes, or removes personnel by submitting an updated contact form (see <https://ncicirb.org> "How to Join" menu, click "Update Personnel or Institution Information" and use the Personnel Signatory Institution form found under the "Personnel Updates" subheading). The Signatory Institution Primary Contact will confirm completed VA credentialing prior to submitting the changes to NCI CIRB.
- (3) Human subject protocols that require a modification or amendment must be submitted as outlined by the NCI CIRB SOP in section 8.3. After NCI CIRB approval, the amendment or modification must be communicated to the R&D Committee as a notification.

- (4) Upon receiving NCI CIRB Continuing Review approval, the PI will submit the approval to the R&D Committee for acknowledgement.

REPORTING REQUIREMENTS

- (1) VA Personnel who become aware of any apparent Local Serious Unanticipated Problems related to the study should report to the DVAMC R&DC, IRB and the NCI CIRB Operations Office within five business days of awareness.
- (2) All instances of potential local noncompliance must be reported within 5 working days to the R&DC and the NCI CIRB.
- (3) Responses from NCI CIRB related to noncompliance or serious problems should be submitted to the R&D committee.

STUDY CLOSE OUTS

- (1) Studies will be closed with the NCI CIRB using the procedures outlined in the NCI CIRB SOP 5.8.13, as well as with the local IRB and then with the R&D Committee following the HRPP SOP RR 405.

References:

NCI CIRB SOPs
Durham VAMC HRPP SOP
Durham VAMC R&D SOP
VHA Handbook 1200.05
VHA Handbook 1058.01