1.0 Purpose
The purpose of this SOP is to describe the IRB’s process for conducting continuing review.

2.0 Policy
It is the policy of the IRB that continuing review will be conducted in accordance with Health and Human Services regulations at 45 CFR §46.109(e) and OHRP guidance on continuing review (July 11, 2002).

*Expeditied continuing* and *full board* protocols are approved for one year at a time and valid for up to five years but must be renewed annually by completion of an Application for Continuing Review form.

In order for a study to continue without interruption, the IRB must re-review and approve the protocol *prior* to the IRB approval expiration date. Continuing Review has to occur as long as the research remains active for long-term follow-up of subjects, even when the research is permanently closed to the enrollment of new participants and all participants have completed all research-related interventions. Continuing review of research has to occur when the remaining activities are limited to collection of private identifiable information. If an investigator does not provide continuing review information to the IRB, or the IRB has not approved the protocol by the expiration date, the investigator will be instructed to stop all research activities, including recruitment, enrollment, interventions, and interactions, and collection of private identifiable data, and to stop all interventions and interactions on current participants, unless the IRB finds an over-riding safety concern or ethical issue involved such that it is in the best interests of individual participants to continue participating.

New enrollment of participants is not allowed after the expiration of IRB approval.

2.1 Risk Level
All human participant studies are subject to continuing review based on the level of risk as assessed by the IRB. Research approved previously by expedited review is considered eligible for expedited review at the time of its regular continuing review, if, during the course of the study, the risks of the study have not increased. Projects that were initially reviewed by the *full board* continue to receive *full board* review unless the IRB determined at the initial review during the *full board* meeting that the study meets the specific criteria for expedited review.

2.2 Continuing Review Submission Requirements
A. It is the responsibility of the PI to submit the IRB Application for Continuing Review, which must include informed consent/assent forms (updated as necessary) in sufficient time to allow the IRB to complete a substantive and meaningful review of the research, as well as provide the PI with a timely, written response prior to the expiration date indicated on the current IRB approval letter.
B. The PI will receive three (3) IRB notifications (approximately 60 days prior to expiration of IRB approval, 30 days prior to expiration of IRB approval, and 15 days prior to expiration of IRB approval) if the Application for Continuing Review has not been submitted.

C. If the IRB, or expedited reviewer(s), determines that a project requires review more often than annually, the investigator will be so notified at the time of initial review and/or at the time of continuing review. Factors which determine the frequency of continuing review are described in HRPP policy # 3.010.

2.3 Pre-Review

The IRB staff is responsible for pre-review of all protocols undergoing continuing review. At any time, the individual staff person may seek guidance and/or assistance from either the HRPP staff or Director during the pre-review process.

A. The protocol file is access via NUgrant and IRB number, title(s) and study personnel listing are checked for accuracy and training for personnel is verified. The current application for continuing review will be compared with the previous year’s application, as well as other documents found in the protocol record as necessary, with particular attention paid to the types of consent documents. The reviewer(s) are provided with the complete protocol. When conducting review using the expedited procedure, the reviewer receives and reviews all submitted information including the complete protocol history. It is expected that primary and secondary reviewers perform an in-depth review of all pertinent documentation.

B. The copy of the most recent consent document will be reviewed to determine if it was the appropriate version and used within the correct approval dates indicated in the IRB approval stamp.

C. The new consent form(s) to be used during the next IRB approval period will be compared with the version last approved by the IRB to determine if the correct version of the consent form(s) has (have) been provided. In addition, the consent document will be closely checked for typographical or formatting errors and of any changes have been made to the consent document (without accompanying Request for Change in Protocol form)

D. Discrepancies or omissions in the Application for Continuing Review will result in an email to the PI and SI requesting clarification and/or correction to appropriate forms. If the number of problems in the application are of such magnitude that IRB review is not possible, the full application and supporting documents will be sent back to the PI for revision and resubmission of the revised application and/or consent document(s).

E. In situations of possible non-compliance, the HRPP Director will be notified. A complete review of the IRB study record will be performed by the HRPP staff to determine what further action should be taken in accordance with HRPP policy # 14.001.

F. For full board continuing reviews, copies of all correspondence (emails or letters) resulting from the pre-review process will be accessible via NUgrant to all IRB
members. In addition, the IRB staff will contact the assigned reviewers to inform them of unresolved problems or concerns.

2.4 Expedited continuing IRB Continuing Review Procedure.
   A. Applications for continuing review which qualify for expedited review will be assigned to the IRB Chair or Vice Chair.

   B. In order to facilitate continuing review, an Expedited Continuing Review Reviewer Checklist is provided to expedited reviewers.

   C. The expedited reviewer will determine whether or not increased monitoring and/or more frequent continuing review is required in accordance with HRPP policy #3.010.

   D. IRB approval periods for protocols reviewed by the expedited method begin as of the date of completion of the review (initial), which is the date of the review letter. Approval periods cannot exceed one year. IRB approval therefore expires one year later, or sooner if the expedited reviewer sets a more frequent continuing review date. For example, if expedited review was completed on February 17, 2005, and the reviewer set an approval period of one year, IRB approval is valid until February 17, 2006. This means that IRB approval is in force until 11:59 pm February 16, 2006. As of midnight all research activity must cease unless IRB re-approval and full release has been granted.

2.5 Expedited review Actions.
   A. Re-approval and full release
      No modifications or clarifications are required. All of the criteria for IRB approval specified in Health and Human Services regulations at 45 CFR §46.111 are satisfied. The investigator will be notified of the re-approval in writing and is authorized to continue the study.

   B. Re-approval and full release (with minor clarifications)
      Minor clarification(s) or information concerning the protocol is necessary for completion of the record. This action is only taken when the clarification(s) is (are) minor and does not impact protection of human participants and/or the approvability of the consent document(s). The investigator will be notified of the re-approval in writing and asked to make the necessary modifications and return the materials before final approval for continuing review can be granted.

      Failure to respond to the IRB continuing review clarification letter may result in the full IRB revoking approval of the study. In such a case, all research related activities must immediately cease, unless an extension is granted by the IRB Chair in consideration of a written request from the PI. The IRB will be notified of all extensions granted by the IRB Chair.

      The IRB Administrator is empowered by the IRB to review the Investigator’s response in consultation with the IRB Chair as necessary and grant re-approval and full release.
C. **Conditional approval, contingent upon Expedited reviewer acceptance of specific modifications/clarifications**  
The investigator will be notified in writing as to the nature of the required modifications/clarifications. During the remaining IRB approval period, the investigator is authorized to continue the research. When the investigator complies, in writing, with all requirements as determined by the *Expedited reviewer*, re-approval and full release will be granted.

If the PI fails to respond to the IRB’s continuing review request letter within the remaining IRB approval period, the protocol has, or will be, classified as administratively closed. If IRB approval expires, all research-related activities must immediately cease, unless an exception is granted by the IRB Chair in consideration of a written request. The IRB will be notified of all exceptions granted by the IRB Chair.

D. **Referred for full IRB review**  
IRB members assigned to perform an *expedited review* can refer the protocol for review by the full IRB.

2.6 Full IRB Review Procedure

A. If the research initially required full IRB approval, the Application for Continuing Review must also be approved by the full IRB. Unless at the initial approval it was determined that the project involves no greater than minimal risk and no additional risks have been identified then the application for continuing review can be reviewed as *expedited continuing*.

B. Applications for continuing review are scheduled for full IRB consideration at the monthly IRB meeting, if quorum can be obtained. Each attending member will receive, one week in advance, all continuing review applications and associated consent/assent documents to be considered at the meeting and have access to the complete protocol. IRB members are asked to review, as necessary, the complete IRB protocol record.

C. A primary reviewer will be assigned to perform a thorough review of the application. He/she will interact with the IRB staff involved in the pre-review as necessary, contact the investigator in order to resolve any concerns prior to the meeting, and review the protocol record at the meeting when necessary.

D. In order to facilitate continuing review, a *Full Board* Continuing Review Reviewer Checklist is provided to reviewers.

E. The primary reviewer will present to the full IRB the results of his/her review and any remaining concerns will be discussed by the members who are also expected to have reviewed the application and the consent/assent documents. Each protocol will be voted on separately in accordance with IRB policy (see [HRPP policy #2.011](#)).

F. The IRB will determine whether or not increased monitoring and/or more frequent continuing review is required in accordance with [HRPP policy #3.010](#).
G. IRB approval periods for protocols reviewed by the full board begin as of the date of initial or continuing review. Approval periods cannot exceed one year, which is defined as one year from the date of IRB review. IRB approval, therefore, expires one year later, or sooner if the IRB sets a more frequent continuing review date. For example, if the IRB reviewed a protocol on February 17, 2005, and set an approval period of one year, IRB approval would be valid until February 17, 2006. This means that IRB approval is in force until 11:59 pm February 16, 2006. As of midnight all research activity must cease unless IRB re-approval and full release has been granted.

2.7 Full IRB Actions
A. Re-approval and full release
No modifications or clarifications are required. All of the criteria for IRB approval specified in Health and Human Services regulations at 45 CFR §46.111 are satisfied. The investigator will be notified of the re-approval in writing and is authorized to continue the study.

B. Re-approval and full release (with minor clarifications)
Minor clarification(s) or information concerning the protocol is necessary for completion of the record. This action is only taken when the clarification(s) is (are) minor and does not impact protection of human participants and/or the approvability of the consent document(s). The investigator will be notified of the re-approval in writing and asked to make the necessary modifications and return the materials before final approval of continuing review can be granted.

Failure to respond to the IRB continuing review clarification letter may result in the full IRB revoking approval of the study. In such a case, all research related activities must immediately cease, unless an extension is granted by the IRB Chair in consideration of a written request from the PI. The IRB will be notified of all extensions granted by the IRB Chair.

The IRB Administrator is empowered by the IRB to review the Investigator’s response in consultation with the IRB Chair as necessary and grant re-approval and full release.

C. Conditional approval, contingent upon IRB Chair/Vice Chair acceptance of specific modifications/clarifications
This category is restricted to modifications/clarifications, which are not considered to be substantive in nature.

The investigator will be notified in writing as to the nature of the required modifications/clarifications. During the remaining IRB approval period, the investigator is authorized to continue the research. When the investigator complies, in writing, with all requirements as determined by the IRB Chair/Vice Chair, re-approval and full release will be granted.

If the PI fails to respond to the IRB’s continuing review letter within the remaining IRB approval period, the protocol has, or will be, classified as “administratively closed”. If IRB approval expires, all research-related activities must immediately cease, unless an exception is granted by the IRB Chair/Vice Chair in consideration
of a written request. The IRB will be notified of all exceptions granted by the IRB Chair/Vice Chair.

D. **Conditional approval, contingent upon full IRB re-review of specific modifications/clarifications.**
   This category is restricted to modifications/clarifications, which are considered substantive in nature, but are not of sufficient magnitude to require a hold be placed on participant accrual. The PI will be notified in writing as to the nature of the required modifications/clarifications. During the remaining IRB approval period, the investigator is authorized to continue the research. When the investigator complies, in writing, with all requirements as determined by the full IRB at a convened meeting, re-approval and full release will be granted.

   If the PI fails to respond to the IRB’s continuing review letter within the remaining IRB approval period, the protocol has, or will be, classified as suspended. If IRB approval expires, all research-related activities must immediately cease, unless an exception is granted by the IRB Chair in consideration of a written request. The IRB will be notified of all exceptions granted by the IRB Chair.

E. **Tabled with re-review by the full IRB**
   This action is taken when the IRB has identified significant concerns related to participant safety and/or conduct of the study. All research-related activities must immediately cease, unless an exception is granted by the IRB Chair in consideration of a written request. The IRB will be notified of all exceptions granted by the IRB Chair.

   The IRB must receive a satisfactory response from the PI regarding any necessary modifications and/or clarifications of the protocol and/or consent document(s) within thirty (30) business days. Failure to respond to the IRB continuing review letter within the designated time period may result in termination of the study.

F. **Decline to Complete Review**
   This category is restricted to applications, which are deficient and preclude the IRB from performing a substantive and meaningful review. The investigator will be instructed in writing to revise the application in accordance with IRB requirements. During the remaining IRB approval period, the investigator is authorized to continue the research.

   If the PI fails to respond within the remaining IRB approval period, the protocol will be classified as suspended “approval expired. If IRB approval expires, all research-related activities must immediately cease, unless an exception is granted by the IRB Chair in consideration of a written request. The IRB will be notified of all exceptions granted by the IRB Chair.

G. **Disapproved**
   The IRB has a serious concern regarding participant safety and/or compliance. The protocol will be suspended or possibly terminated and a report submitted to OHRP in accordance with HRPP policy # 14.002. No new participants can be accrued. All research-related activities must cease and the full IRB will make a determination if currently enrolled participants may continue participation in the study. The Institutional Official and the PI’s departmental chair will be notified.
2.8 IRB Re-Approval Notification and Release
Upon IRB re-approval of a research project, the PI will be sent a letter of re-approval and stamped/dated IRB-approved consent/assent forms. The stamp indicates the date of IRB re-approval and the “valid until” date. The “valid until” date is the last date that IRB approval is in effect. The letter provides a summary of investigator responsibilities and also reminds investigators that changes in research activity may not be initiated without IRB review and approval except when necessary to eliminate apparent immediate hazards to participants.

The re-approved consent/assent forms should be kept on file as the master copy(ies) and all outdated consent/assent forms must be destroyed as they are no longer valid.

Initial and amended informed consent documents signed by the participant remain in effect for the duration of the participant's participation in the study. Therefore, previously enrolled participants are not required to be re-consented each year following continuing review, unless the IRB approves a change during the continuing review process, which requires re-consent of participants (e.g., participant notification of new risks or changes in protocol.)

2.9 IRB approval terminated
If a PI fails to submit the IRB Application or respond to the IRB review letter in sufficient time to allow the IRB to complete its review and grant re-approval and full release before the end of the current IRB approval period, the protocol will be classified as administratively closed”.

Notification of imminent IRB approval termination is sent by email to the PI and any designated research personnel at least one day before the date of expiration. If the date of expiration falls on a weekend or holiday, the notification is sent out sooner.

3.0 Final progress reports
When a project is terminated or completed, the PI must immediately notify the IRB by completing the Protocol Final Report Form (contained in the IRB application for continuing review) as the final progress report.

5.1 Five year re-application
Continuation of projects beyond five years requires submission of an Application for Continuing Review, informed consent/assent document(s), and answering the 5 year renewal questions on the continuing review form.

5.2 Ten-year protocol requirements
Projects that reach a 10 year approval period will be required to submit a new protocol application. This will ensure that the research remains approved under current federal and institutional policies.

Investigators will need to submit a new protocol for review and approval prior to the expiration date. If the new protocol cannot be approved prior to the 10 year expiration date, investigators must submit a continuing review to keep the existing project open. These protocols can be re-approved for a 90 day period to allow time for approval of the new protocol. The valid until date cannot be extended without continuing review approval by the expiration date.
Administrative Approval:

Julia Torquati, Ph.D.  
IRB Chair

Regina Werum, Ph.D.  
Associate Vice Chancellor for Research