



RELIANCE ON THE IRB OF ANOTHER INSTITUTION, ORGANIZATION, OR AN INDEPENDENT IRB

11/20/2023

Duke University Health System (DUHS) may rely on an external IRB, meaning the IRB of another institution or organization, or an independent (commercial) IRB, for review and approval of human research if such reliance benefits DUHS, its investigators, and/or its research participants. Examples of when such reliance may be considered include: research in which DUHS as an institution has a conflicting interest; multi-site research in which DUHS employees are involved in minimal risk study activities only; Phase II, III or IV multi-site, industry-initiated, industry-sponsored research; and federally sponsored research for which a federally sponsored central IRB is duly constituted, or for federally sponsored research requiring the use of a central IRB.

The DUHS Institutional Official or their designee has the ultimate authority regarding whether or not to rely on an external IRB. Day-to-day reliance decisions will be made by the IRB Executive Director, or in the absence of the Executive Director, their designee. The Clinical Research Unit (CRU) that is responsible for oversight of a specific study may also determine whether or not to rely on an external IRB, provided the study meets the specific criteria below.

I. Types of Research that May Utilize External IRB Review

A. Phase II, III or IV research

DUHS will consider relying on a qualifying external IRB for review of research studies that meet ALL of the following criteria:

- Phase II, III or IV;
- Industry-initiated protocols;
- Industry-funded;
- Multi-site;
- Already possess external IRB approval from an AAHRPP-accredited IRB located in the U.S.

B. Other research

DUHS will consider utilizing the services of a qualifying external IRB for review of research studies that meet ANY of the following criteria:

- An institutional or individual conflict with the research has been determined by the Duke University Conflict-of-Interest Committee, the Institutional Official or the convened DUHS IRB;
- DUHS employees are engaged in multi-site research involving only minimal risk study activities;
- A federally funded or cooperative group study utilizing review by an AAHRPP-accredited IRB located in the US.

II. Criteria for Selecting an External IRB

DUHS will apply the following criteria in selecting an external IRB that qualifies to conduct the review of DUHS protocols:

- The external IRB is currently registered with OHRP/FDA.
- The external IRB is in good standing with OHRP/FDA (no recent warning letters, no open investigations).
- For commercial IRBs: the commercial IRB is AAHRPP-accredited
- For non-commercial IRBs: the IRB is AAHRPP-accredited or determined as part of the administrative review to meet Duke standards
- The external IRB is located within the U.S.

In accordance with OHRP Guidance, when DUHS relies on an external IRB for review and approval of human research, the relationship is documented with a reliance agreement such as the SMARTIRB Agreement or an IRB Authorization Agreement (IAA).

The SMARTIRB Agreement or IRB Authorization Agreement may be written to cover one research project, or to cover research projects on a case-by-case basis, or to cover a program of research. The agreements include a description of the regulatory requirements for which each party will assume responsibility. The agreements document and specify the responsibilities that a relying organization and an organization operating an IRB each will undertake to ensure compliance with the requirements of the Common Rule, when following DHHS requirements. These records will be maintained according to the policy titled *Retention of IRB Records*.

III. iRIS Submission Requirements

The Duke Principal Investigator or designee must prepare an iRIS submission in the DUHS iRIS system and at Section 400 (Protocol Application Type) choose “External IRB Application”.

The application will route through CRU and DUHS ancillary committee reviews (as applicable) as per the regular review pathway. The results of the DUHS ancillary committee reviews are documented in the iRIS system, which the Duke study team can see.

Once CRU approval has been obtained and applicable ancillary committee reviews completed at Duke, the study team will download all relevant study documents, prepare the external IRB submission, and submit the study to the external IRB.

The ancillary committee reviews done at the reviewing (external) institution are part of the initial approval process of the reviewing institution. The results of their ancillary committee reviews are already incorporated at the point the sites (such as Duke) get on-boarded.

Once external IRB approval has been obtained, the study team will upload all external IRB-approved study documents, including the notice of approval, into iRIS to permit completion of the DUHS approval process.

New studies arriving in the DUHS IRB via the external IRB application pathway will be triaged by the IRB Director of Extramural Programs or their designee and then assigned directly to an IRB Chair, the Executive Director or a designee to serve as the reviewer for administrative review. The reviewer will make reasonable efforts to complete their administrative review within 2 business days of notice of assignment.

A Notice of Administrative Review will be issued by the DUHS IRB. The expiration date of the Notice will match the expiration date issued by the external IRB.

Once the study is underway, all approved amendments and their approval notices issued by the external IRB must be uploaded into the iRIS system. The Duke study team must obtain the administrative acknowledgement letter from the DUHS IRB prior to initiating any such amendments. Exceptions can be made if the amendment involves participant safety or truly holds up enrollment. The Duke study team must email the DUHS IRB Executive Director to receive approval for exceptions.

The Duke Principal Investigator or designee must submit all continuing renewals in iRIS no later than five days prior to the expiration date, for administrative review by an IRB Chair, the Executive Director, or a designee. The continuing renewal approval notice issued by the external IRB must be attached to the submission in iRIS.

Reminders of the impending DUHS expiration date will be sent to the study team by the iRIS system.

In particular, any Safety Events, including serious adverse events, protocol deviations/violations or unanticipated problems involving risks to subjects or others that involve DUHS personnel or DUHS research participants must be reported promptly to the DUHS IRB using the iRIS Safety Event reporting mechanism. The report must include the review of the external IRB and any corrective actions issued by that IRB. Upon completion of its review, the DUHS IRB may require additional corrective actions.

IV. Responsibilities of the Investigator/Study Team

The investigator/study team may not add any procedures to the sponsor's protocol (e.g., additional biopsies, storage of biological specimens for future research at DUHS, additional laboratory or imaging studies). Such activities can only be undertaken by submitting those investigations as a separate study through the DUHS IRB. In addition, the investigator/study team is responsible for indicating all required institutional reviews (e.g., Radiation Safety, ORC, DOCR) in the appropriate section(s) of the iRIS submission.

A. Initial review

The DUHS investigator will provide the DUHS IRB with a copy of:

- The letter of approval from the external IRB;
- The final approved protocol and informed consent;
- The entire grant, if applicable, exclusive of appendices;
- Relevant Investigator's Brochure(s) and package insert(s);
- Advertisements;
- All surveys, questionnaires, phone scripts, and other participant materials;
- Approved waivers of consent and/or HIPAA Authorization;
- Any other documents considered by the external IRB in making its determination to approve the study.

B. Continuing review

The DUHS investigator will provide a copy of or complete in iRIS:

- The continuing review approval letter from the external IRB;
- The final approved protocol and informed consent;

- The Continuing Review Progress Report form in iRIS
- Any other documents considered by the external IRB in making its determination to approve the study.

C. Modifications or amendments

The DUHS investigator will provide a copy of:

- The proposed modification or amendment;
- Documentation from the external IRB of approval of the modification or amendment;
- The external IRB-approved modified or amended protocol, consent form or other study documents.

D. Unanticipated Problems Involving Risks to Subjects or Others (UPIRTSOs)

- Any unanticipated events involving risks to subjects or others that involve Duke personnel or research participants must be reported according to Duke policy in addition to the guidelines of the external IRB. As soon as the document is available, the external IRB's resolution of the UPIRTSO must be provided to the DUHS IRB. All other UPIRTSOs should be reported to the DUHS IRB with the next periodic continuing review.

E. Closure of the study

- Once research is completed, the DUHS investigator must submit a final report in the iRIS to close the study.

V. Responsibilities of the CRU

The CRU having oversight of the specific study will follow its regular processes for the review and approval of a DUHS research study, including review of scientific merit, resources and all financial aspects of the study.

VI. Responsibilities of the External IRB

- A. For studies conducted or supported by any federal department or agency that has adopted the Federal Policy for the Protection of Human Subjects, known as the Common Rule, the external IRB will comply with the terms set forth in the Code of Federal Regulations at 45 CFR 46 (including Subparts A, B, C, and D), unless the research is otherwise exempt from these requirements, or the department or agency conducting or supporting the research has determined that the research shall be covered by a separate assurance.

For clinical investigations regulated by FDA under section 505(i) or 520(g) of the Federal Food, Drug, and Cosmetic Act (21 U. S. 6. 355(i)), the external IRB will apply FDA human subjects regulations. These regulations include, but are not limited to, Protection of Human Subjects (21 CFR 50), Institutional Review Boards (21 CFR 56), Investigational Drugs (21 CFR 312), Investigational Devices (21 CFR 812), and Application for FDA Approval to Market a New Drug (21 CFR 314).

For all other research involving human participants the external IRB will be guided by the Code of Federal Regulations at 45 CFR 46 when providing equivalent protections.

- B. The external IRB will make available to DUHS, upon request, relevant minutes of its meetings and any other documents related to the review, approval and continuing oversight of the research study.
- C. The external IRB will provide prompt notification of all actions, requirements and determinations it makes related to the participation of DUHS in the research study.

When the DUHS IRB is serving as the IRB-of-Record for another institution, it will likewise carry out the responsibilities specified in this section.

VII. Responsibilities of DUHS IRB

- A. DUHS will assign an IRB Chair, the Executive Director, or a designee to serve as the reviewer to perform an administrative review of the research protocol and the external IRB's decisions and determinations to ensure that:

- The DUHS investigators and staff conducting the research are appropriately qualified;
- The study is consistent with DUHS policies;
- Other applicable DUHS institutional approvals, such as Investigational Drug Service, Radiation Safety, and, where applicable, Conflict-of-Interest Committee, have been obtained before research begins. These reviews are documented in iRIS. Furthermore, if the external IRB provides a local context survey and/or protocol specific document to the DUHS IRB to complete—these items are communicated to the external IRB.
- Those actions and determinations made by the external IRB meet DUHS standards for initial review, continuing IRB review, or review of amendments to previously approved research;
- No concerns about local context are present;
- The consent form complies with DUHS standards and requirements;
- The consent form contains applicable DUHS standard language;
- The external IRB is AAHRPP accredited or is determined as part of administrative review to meet Duke standards.

The reviewer will be guided by a reviewer checklist (Attachment A). The expiration date for administrative review will be set by the reviewer, working with the IRB Board Specialist, to match the expiration date established by the external IRB.

- B. Promptly report to the external IRB and, as applicable, to the Office for Human Research Protections (OHRP), Food and Drug Administration (FDA), study sponsor and to all other appropriate agencies and individuals:
- Any UPIRTSO declared by the DUHS IRB to be related to the research reviewed by the external IRB;
 - Any serious or continuing noncompliance with the determinations of the DUHS IRB related to the research reviewed by the external IRB;
 - Any suspension or termination of approval declared by DUHS related to the research reviewed by the external IRB.
- C. Make available to the external IRB relevant minutes of meetings and any other documents related to the DUHS monitoring or oversight of this research study, or the declaration by the DUHS IRB of a UPIRTSO, serious or continuing noncompliance, or any suspension or termination described in B. above.
- D. If DUHS IRB becomes aware of some additional regulatory requirements (for example, those of DoD) that the reviewing IRB has failed to address, DUHS IRB will notify the Duke study team, and they will communicate with the reviewing IRB.

VIII. Determinations Resulting from Administrative Review

DUHS retains the authority to accept the external IRB's approval, or to make minor changes through the DUHS administrative review, or to require review by a convened DUHS IRB.

- A. The Reviewer will either:
- Accept the external IRB approval;
 - Accept the external IRB approval with minor modifications; or
 - Not accept the external IRB approval in which case the investigator may either withdraw the study or have it referred to a convened DUHS IRB for review.
- B. If all conditions described in this policy have been adequately addressed, the investigator will be sent written notification (Notice of Administrative Review) by the DUHS IRB that the external IRB approval is affirmed.

References:

FDA Information Sheet, Non-Local IRB Review, (1998)

OHRP Guidance, IRB Knowledge of Local Research Context, August 27, 1998 [Updated July 21, 2000]

Previous Version Date(s): 6/4/2008, 10/14/2010, 4/21/2011, 5/2/2011, 1/9/2015, 3/3/2016, 8/5/2021

ATTACHMENT A

Reviewer Checklist for DUHS-Specific Requirements

I.	Consent Form Language	YES/NO
	1. HIPAA core elements (DUHS-specific language is not needed if all core elements are present.)	_____
	2. Ownership of samples: replace “will own” with “will assert all rights to”	_____
	3. GINA language (DUHS or equivalent) when appropriate	_____
	4. DUHS-specific genetic language or equivalent (e.g., incidental findings) when appropriate	_____
	5. Compliance with DUHS policy on “Mandatory State Reporting Requirements”	_____
	6. Compliance with DUHS policy on “State Law Terms and Principles Applicable to Human Subjects Research”	_____
	7. Compliance with DUHS policy on “The Use of the Legally Authorized Representative in Research Involving a Vulnerable Population of Adult Participants”	_____
	8. Appropriate contraceptive language for subject population and study drug(s)	_____
	9. Drug interaction language	_____
	10. Inclusion of external IRB contact information for participants’ rights	_____
II.	Submission Form/Research Summary	
	1. Consent process described in submission form	_____
	2. Privacy/confidentiality described in submission form	_____
	3. Data analysis methodology described in summary	_____