IRB Submissions and Communications

VCU/VCU Health CLINICAL RESEARCH STANDARD OPERATING PROCEDURES

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1. PURPOSE

The purpose of this Standard Operating Procedure is to outline the policies and procedures for initial, modification, and ongoing Institutional Review Board (IRB) submissions relating to clinical research conducted at a VCU/VCU Health facility, affiliate, or participating site.

2. REQUIREMENTS

Prior to initiating recruitment or enrolling the first participant, all regulatory and VCU/VCU Health requirements must be met and preparations for protocol procedures must be complete. In addition to initial submissions, regulatory and VCU/VCU Health requirements must be met for submissions during the course of the study.

Every study being conducted at VCU is expected to follow applicable IRB policies. Expectations include:

- Studies using an external IRB: Prior to submission to the external IRB, a study is required to be submitted to the VCU IRB for a compliance review. VCU IRB will provide a notification to the study team when the review is complete for submission to the external IRB.
- Initial approval at the IRB of record must be obtained prior to starting the study including, but not limited to, initiating recruitment or enrolling the first participant.
- Amendments must be approved by the IRB of record prior to being implemented. Exceptions include when immediate implementation of a new procedure or notification to the participant is required to prevent participant harm; the IRB of record should be notified promptly prior to implementation and still requires the amendment to be approved.
- Continuing reviews should be submitted prior to study expiration. If a lapse of IRB approval occurs, study activities that do not impact participant safety must be stopped until IRB approval is obtained. If any study activities need to be continued during a lapse in IRB approval, approval to continue research procedures should be obtained.
- Reports (ex: protocol deviations/violations or unanticipated problems) should be submitted in accordance with the IRB of record's policies

All submissions to the IRB and IRB memos (approvals, acknowledgments) should be added to the study's regulatory binder and should not be kept solely in the IRB system.

3. DEFINITIONS

N/A

4. PROCESS

A. Initial IRB Submission (or cede application for studies intended to use an external IRB) must be done through the VCU IRB electronic submission system, according to VCU HRP-103 Investigator Manual.

The VCU IRB may agree to rely on an external IRB for the review and approval of a study. Once VCU's internal review is complete, a notification will be sent to the PI via VCU IRB electronic submission system noting VCU has agreed to cede review to the external IRB and the reliance agreement is in place. The study team may submit their initial IRB submission to the responsible IRB of record. The VCU IRB typically relies on independent IRBs such as Advarra or WCG IRB for industry-sponsored research, and on the NCI Central IRB for cooperative group oncology studies. However, IRB reliance is not limited to the use of independent (central) IRBs. IRB reliance can also be established between academic or health system institutions. Reliance arrangements may be put in place when VCU has agreed to rely on the IRB of another institution or an independent IRB.

- No study activity may begin without prior IRB review and approval.
- Certain institutional requirements/reviews may be required prior to submission to any IRB. Schools/Centers may guide submissions for prerequisite reviews.
- IRB submission at VCU is through the VCU IRB electronic submission system which includes the protocol, informed consent form, recruitment materials, and other information, as required by:
    - SMART IRB
    - VCU HRPP Policies and Guidance; HRPP Toolkit
        - HRP-103-Investigator Manual
        - HRP-103p-Investigator Manual-pSite
        - HRP-309-Ancillary Review Matrix
    - National Cancer Institute Central IRB (CIRB) Policies
    - WCG IRB Guide for Researchers
    - Advarra IRB Handbook
- Policies for other external IRB of record not listed above.
- The Principal Investigator (PI), or their designee, should respond to any stipulations, comments or request of modifications promptly. The PI should seek advice from the sponsor when necessary.

- All responses to the IRB's comments should be documented. If revision of any trial document is required, changes should be redlined for easier reading and tracking. The new version should be identifiable by naming it with a version number and/or date.
- Each revised document should be identifiable by a date or number to track the editing process. Note: The PI may not change the study protocol without permission from the sponsor.
- Upon receipt of written documents of IRB on-going approval, submit a copy of the approval letter to the sponsor and file a copy, along with the application package, in the study-specific regulatory binder or electronic file.
- All communication between the PI and the IRB at this stage should also be filed in the study-specific regulatory binder or electronic file.

B. Ongoing IRB Submission - Once the IRB has granted approval for the initiation of the study, the PI is responsible for keeping communications with the IRB during the study until the study end (ICH E6 (R3) 2.4 Communication with the IRB/IEC).

- The PI and/or their designee should become familiar with and comply with:
    - SMART IRB
    - VCU HRPP Policies and Guidance; HRPP Toolkit
        - HRP-103-Investigator Manual
        - HRP-103p-Investigator Manual-pSite
        - HRP-309-Ancillary Review Matrix
    - National Cancer Institute Central IRB (CIRB) Policies
    - WCG IRB Guide for Researchers
    - Advarra IRB Handbook
    - Policies for other external IRB of record not listed above.
- The IRB must be notified about the following events:
    - Any deviations from or changes to the protocol to eliminate an immediate hazard(s) to trial participants, requires timely notification to the IRB;
    - Any deviations and violations that meet reporting requirements to the IRB;
    - Any procedure errors; and
    - Changes in study site staff involved in the study as required by the IRB of record.
- The IRB must be notified of the following safety events/information:
    - Any adverse drug reactions (ADRs) that are both serious and unexpected (required by the ICH GCP E6), or any serious adverse events (SAEs) when required by the IRB, should be reported immediately to the IRB. The

investigator should follow the specific timelines for reporting different types of ADRs/SAEs required by the IRB (VCU Clinical Research SOP CR-RE-300); and
    - New information that may adversely affect the safety of the participants or the conduct of the trial.
    - Any other incident that in the PIs estimation may meet the requirements of a reportable event.

- All responses to the IRB's comments should be documented. If revision of any trial document is required, changes should be redlined for easier reading and tracking. The new version should be identifiable by naming it with a version number and/or date. The investigator may not change the study protocol without permission from the sponsor.
- All communication between the PI and the IRB at this stage should also be filed in the study-specific regulatory binder or electronic file.

C. Other Submissions - In addition to ongoing review, modifications to the protocol and/or consent, trial-related decisions/opinions, study termination, enrollment suspension, or changes to any study-related materials or procedures must be submitted to the IRB.

- The PI and/or their designee should become familiar with and comply with:
    - VCU HRPP Policies and Guidance; HRPP Toolkit
        - HRP-103-Investigator Manual
        - HRP-103p-Investigator Manual-pSite
        - HRP-309-Ancillary Review Matrix
    - National Cancer Institute Central IRB (CIRB) Policies
    - WCG IRB Guide for Researchers
    - Advarra IRB Handbook
    - Policies for other external IRB of record not listed above.

- For every amended document, the PI should ensure the changes are redlined on the amended document to facilitate ease of review by the IRB. It is common practice for the IRB to request an amended document with changes tracked in a clean version of the file.
- Ensure clear documentation of the new or amended document(s) submitted to the IRB.
- File a copy of the submission documents in the PI site file. Make a copy of the submission dossier for the sponsor's file when requested.
- When receiving approval to amend documents from the IRB, the investigator should check if the following information is included and properly written in the approval letter or its attachment:
    - The study title and protocol number of the study;

○ The name and version number/date of the amended document reviewed and approved by the IRB;
○ The date of review/IRB meeting/approval;
○ Information about the study-related decisions/opinions of the IRB; and,
Terms of approval.

- The PI should keep the original IRB approval letter in the study-specific regulatory binder or electronic file. A copy of the IRB approval letter is furnished to the sponsor for filing purposes.
- The PI and the team should never implement any protocol changes or use of any amended documents unless the appropriate IRB approval has been granted. According to the ICH GCP E6, the investigator may implement a deviation from, or a change of, the protocol to eliminate an immediate hazard to trial participants without prior IRB approval/favorable opinion. As soon as possible, the implemented deviation or change should be notified/submitted in a proposed protocol amendment to the IRB.

5. REFERENCES

A. Code of Federal Regulations

- 21 CFR 56.109 – IRB Review of Research
- 21 CFR 312.66 – Assurance of IRB Review
- 21 CFR 812.110 – Specific Responsibilities of Investigators

B. Good Clinical Practice

- ICH E6 R3: Harmonized Tripartite Guideline for GCP
    - ○ Section 1 - Institutional Review Board/Independent Ethics Committee (IRB/IEC)
    - ○ Section 2 - Investigator

C. IRBs

- VCU IRB Reliance Information
- VCU HRPP Policies and Guidance; HRPP Toolkit
    - ○ HRP-103-Investigator Manual
    - ○ HRP-103p-Investigator Manual-pSite
    - ○ HRP-309-Ancillary Review Matrix

- National Cancer Institute Central IRB (CIRB) Policies
- WCG IRB Guide for Researchers
- Advarra IRB Handbook
- Policies for other external IRB of record not listed above
- SMART IRB

D. VCU/VCUHS Clinical Research Standard Operating Procedures

- VCU SOP CR-RE-300 - Adverse Event Management and Reporting

Review/Revision History CR-RE-325		
Version No.	**Effective Date**	**Description**
CR-RE-325.3	03-14-2025	● Detailed expectations when ceding review to external IRB ● Biennial review performed ● Minor formatting edits ● Reference links added and updated ● Updated to ICH E6(R3)
CR-RE-325.2a	07-01-2020	● Links updated
CR-RE-325.2	07-01-2020	● Biennial review performed ● Minor formatting edits ● Reference links added and updated
CR-RE-325.1	01-03-2018	● Original