KANSAS STATE UNIVERSITY

KANSAS STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD
STANDARD OPERATING PROCEDURES

I. INTRODUCTION

The Kansas State University (K-State) Committee for Research Involving Human Subjects, hereafter referred to as the IRB, functions in accordance with the K-State Federalwide Assurance (FWA), which is the policy and procedure document for the conduct of human subjects research K-State. The IRB must be sufficiently qualified through the experience and expertise of its members, and the diversity of the members' backgrounds, to foster respect for its advice and counsel in safeguarding the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review and approve specific research activities, the IRB must be able to ascertain the acceptability of proposed research in light of: ethical principles set forth in the Belmont Report, requirements of Federal Regulations for the Protection of Human Subjects (45 CFR 46), applicable federal, state and local laws and rules, and regulations, standards of professional conduct and practice, and the provisions of the approved K-State Federalwide Assurance.

The K-State Institutional Official (IO) is the Vice President for Research, Dr. Peter K. Dorhout. He is delegated IRB appointment authority by the University President, appointing IRB members and the Chair for three-year terms, renewable at the discretion of the IO. According to federal guidelines, the IRB must have at least five members, at least one who is not affiliated with K-State, and at least one whose primary interests are nonscientific (these two attributes may be combined in the same member). The IRB may also utilize *ad hoc* reviewers in cases where additional or specialized expertise in protocol review would be of value to the IRB in its deliberations. *Ad hoc* reviewers are not core IRB members, do not vote on protocols, and do not contribute to a quorum. The IRB has the authority to approve, require modifications to, or disapprove human subject research activities.

II. TERMS OF ASSURANCES WITH THE OFFICE OF HUMAN RESEARCH PROTECTIONS:

Kansas State University has an approved Federalwide Assurance with the Office of Human Research Protections (OHRP).

A. All K-State human subject activities, and all human subject activities of the IRB, regardless of funding source, will be guided by the ethical principles of "The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research," and will follow the guiding principles of 45 Code of Federal Regulations Part 46.

B. Federally supported human subjects research for which the IRB provides review and oversight will comply with the Federal Policy* (Common Rule) for the Protection of Human Subjects. All human subjects research supported by the Department of Health and Human Services (HHS) will comply with all Subparts of HHS regulations at Title 45

Code of Federal Regulations Part 46 (45 CFR 46). All federally supported human subjects research will also comply with any additional human subjects regulations and policies of any relevant regulatory Department or Agency.

1. 7 CFR 1c Department of Agriculture
2. 10 CFR 745 Department of Energy
3. 14 CFR 1230 National Aeronautics and Space Administration
4. 15 CFR 27 Department of Commerce
5. 16 CFR 1028 Consumer Product Safety Commission
6. 22 CFR 225 Agency for International Development
7. 24 CFR 60 Department of Housing and Urban Development
8. 28 CFR 46 Department of Justice
9. 32 CFR 219 Department of Defense
10. 34 CFR 97 Department of Education
11. 38 CFR 16 Department of Veterans Affairs
12. 40 CFR 26 Environmental Protection Agency
13. 45 CFR 46 Department of Health and Human Services
14. 45 CFR 690 National Science Foundation
15. 49 CFR 11 Department of Transportation
16. By Executive Order Central Intelligence Agency
17. By Statute Social Security Administration
18. The Depart of Homeland Security 6 U.S.C. Section 112

C. Except for research exempted or waived under Sections 101(b) or 101(i) of the Federal Policy, all human subjects research at K-State will be reviewed, prospectively approved, and subject to continuing oversight by the IRB. The IRB has the authority to approve, require modifications in, or disapprove applicable human subjects research.

D. Except where specifically waived or altered by the IRB under Sections 101(i), 116(c) and (d), or 117(c) of the Federal Policy, all human subjects research at K-State requires written informed consent, in non-exculpatory language understandable to the subject (or the subject's legally authorized representative), including the following basic elements per Section 116(a) and (b) of the Federal Policy:

1. Identification as research; purposes, duration, and procedures; procedures which are experimental.
2. Reasonably foreseeable risks or discomforts.
3. Reasonably expected benefits to the subject or others.
4. Alternative procedures or treatments, if any, that might be advantageous to the subject.
5. Extent of confidentiality to be maintained.
6. Whether compensation or medical treatment are available if injury occurs (if more than minimal risk).
7. Who to contact for answers to questions about the research, subjects rights, and research-related injury.

8. Participation is voluntary; refusal to participate, or discontinuation of participation, will involve no penalty or loss of benefits to which subject is entitled.
9. When appropriate, additional elements per Section 116(b) of the Federal Policy.

E. Kansas State University is responsible for ensuring that all University investigators collaborating in its federally supported human subjects research operate under an appropriate Assurance of Protection for Human Subjects. All institutions engaged in such research, including subcontractors and sub-grantees, must do so under an appropriate Assurance.

F. The activities of individual research investigators who are not employees or agents of K-State (Non-K-State Collaborators) may be covered under the K-State Assurance only in accordance with a formal, written agreement of commitment to relevant human subject protection policies and IRB oversight. An Unaffiliated Investigator Agreement (UIA) has been developed for this purpose. K-State maintains UIA files to provide copies to OHRP upon request.

III. RESPONSIBILITIES

A. The Signatory Official

1. Provide adequate support to the IRB, to include fiscal and personnel resources.
2. Appoint qualified personnel to serve on the IRB.
3. Respond as appropriate to reports of nonconformance (serious or continuing) in human subjects research.
4. Complete all required human subjects training.

B. The University Research Compliance Office (URCO)/Human Protections Administrator (HPA)

1. Provide administrative and technical assistance to the IRB and its members.
2. Maintain and update the URCO human subjects homepage/web site (http://www.k-state.edu/comply/irb/).
3. Develop, maintain, and update appropriate human subjects research training materials.
4. Maintain and update administrative and operational IRB documents, such as the Application for Approval, Informed Consent, teaching/Non-research forms and templates, etc.
5. Administrate appropriate continuing review procedures of approved activities.
6. Advise the IO on IRB-related issues as appropriate.
7. Investigate IRB-related concerns, problems, complaints, or adverse events.
8. Report problems, concerns and/or results of investigations to the IO as appropriate.
9. Assist the IO in reporting serious or continuing nonconformance as appropriate to the OHRP.
10. Prepare and submit required reports, such as the Annual Report to OHRP.

11. Develop comprehensive databases, records, and files that document IRB issues and activities.
12. Administratively review proposals to determine if the proposed activity should be reviewed by the convened (full) IRB committee.
13. Administratively review proposals to determine if the proposed activity qualifies for Expedited Review (45 CFR 46.110 and 21 CFR 56.110).
14. Administratively review proposals to determine if the proposed activity qualifies as Exempt (Section 101(b) or 101(i) of the Federal Policy).
15. Administratively review proposals to determine if the proposed activity qualifies for a waiver of formal or written Informed Consent Section 46.116(d).
16. Administratively review proposals to determine if the proposed activity qualifies as "research" involving human subjects (Section 102(d) and 102(f) of the Federal Policy).

C. The Chair of the IRB

1. Preside over convened meetings of the IRB.
2. Approve duly reviewed IRB proposals, modifications, changes, etc.
3. Complete all required human subjects training.
4. In concert with the URCO/HPA, administratively review proposals to determine if the proposed activity should be reviewed by the convened (full) IRB committee.
5. As requested by the URCO and/or the HPA, administratively review proposals to determine if the proposed activity qualifies for Expedited Review (45 CFR 46.110 and 21 CFR 56.110).
6. As requested by the URCO and/or the HPA, administratively review proposals to determine if the proposed activity qualifies as Exempt (Section 101(b) or 101(i) of the Federal Policy).
7. As requested by the URCO and/or the HPA, administratively review proposals to determine if the proposed activity qualifies for a waiver of formal or written Informed Consent Section 46.116(d).
8. As requested by the URCO and/or the HPA, administratively review proposals to determine if the proposed activity qualifies as Research involving Human Subjects (Section 102(d) and 102(f) of the Federal Policy).
9. In concert with the URCO and/or HPA, investigate IRB-related concerns, problems, complaints, or adverse events
10. Other duties appropriate to the Chair of the committee.

D. IRB members

1. Complete all required human subjects training.
2. Review human subjects proposals in accordance with Section 46.111 (a) and (b) of the Federal Policy, and return reviews in a timely manner.
3. In concert with the URCO and/or HPA, investigate IRB-related concerns, problems, complaints, or adverse events as appropriate.

E. Human Subjects Researchers

1. Comply with all applicable human subjects rules, regulations, guidelines, and the approved K-State Assurance with OHRP.
2. Perform activities using human subjects only after securing formal approval from the IRB, and in the exact manner approved by the IRB.
3. Notify the IRB in writing of any changes, modifications, or additions to an approved human subjects activity.
4. Notify the IRB in writing of any unanticipated or adverse events that arise as a result of the research project. (http://www.k-state.edu/comply/irb/forms/index.html).
5. Complete and submit all "continuing review" documents in a timely and truthful manner.
6. Complete all required human subjects training prior to final approval of proposed human subjects activities by the IRB.

IV. IRB PRODCEDURES

A. IRB Meetings

The IRB Chair, in concert with the URCO/HPA, is responsible for setting agendas and calling convened meetings as often as required to accomplish the business of the IRB. Meetings are open to the public except for those discussions the Chair determines deal with private or confidential information. Full IRB committee actions require the presence of a quorum of the voting members, defined as more than half of the appointed membership.

Principal Investigators (PIs) are invited to present new protocols at full IRB meetings, and to respond to questions from IRB members. To ensure that committee members feel free to express their views and or concerns freely, PIs or other non-committee members are excused from the meeting prior to final deliberations and the formal vote of the IRB on a specific activity. Those members deemed to have a conflict of interest with a proposed activity will not be eligible to vote on that activity. If full committee continuing review is conducted, PIs are not required to be present for the continuing review of protocols, although the Chair may request their presence. Full committee IRB meetings are conducted in accordance with Roberts Rules of Order. That is, at a minimum, the Chair conducts the meeting, there is a predetermined agenda, the minutes of the prior meeting are reviewed, and all actions and resolutions require a voice or show-of-hands vote of the members present, following pertinent discussion and the making and seconding of a motion. Minutes or records of discussion about specific issues must be in sufficient detail to show deliberations occurred.

B. IRB review and approval actions on research protocols

Upon receipt of a proposed human subjects activity, the URCO/HPA will perform an administrative screening to determine if a proposed activity is: Exempt from IRB review, qualifies for IRB Expedited Review, eligible for a Waiver of Informed Consent, reviewed by the convened Full IRB Committee, or the activity does not meet the federal definition of Research involving Human Subjects.

1. Full Committee Review

In general, the convened IRB is required to review proposals that are deemed to pose "more than minimal risk" to research subjects. During a meeting of the convened full committee, the IRB members have the opportunity to ask questions of the PI who is invited to attend. At the conclusion of the proposal review, the IRB may vote to approve, require modifications to, or disapprove a research protocol. These actions require a majority vote of a quorum of the committee. The Chair does not vote, except to break a tie. If the vote is not unanimous, the minutes should reflect the voting profile, i.e., the motion passed by a margin of 4 to 3. An IRB member may abstain from voting for any reason, without explanation. A member may change his/her vote until the time that the final result of the vote is announced by the Chair. After that, a member's vote may be changed only by permission of the IRB, which may be given by general consent of the committee (see Roberts Rules of Order, Article VIII, Section 46). The URCO will notify the PI in writing of the results and decisions of the IRB. The IRB will usually require that any stipulations be met before a protocol is approved. As appropriate for the proposed activity, either the Chair of the IRB, the full IRB, or a duly appointed member may ascertain that the PI has adequately addressed required stipulations. In addition to required stipulations, the IRB may also offer non-binding recommendations or suggestions to the PI. PIs must respond to the IRB in writing, regarding actions on IRB stipulations and recommendations. To avoid delays in the initial or continuing approval of research, PIs are urged to respond to IRB recommendations or stipulations promptly. The Chair of the IRB is the Approval Authority for full committee review, with the Human Protections Administrator (a voting IRB member) designated to represent the Chair in his/her absence. After review, the IRB should confirm that a proposal poses "more" or "less" than minimal risk to research subjects. This determination will require a majority vote of the committee and will be recorded in the meeting minutes. If the vote is not unanimous, the minutes will reflect the voting profile, i.e., the motion passed by a margin of 4 to 3.

2. Expedited Review

In accordance with provisions of 45 CFR 46, the IRB Chair, Human Protections Administrator (a voting member of the IRB), or a member(s) duly designated by the Chair may review and recommend approval for research which involves no more than minimal risk to subjects, and in which the only involvement of human subjects will be in one or more of the categories listed as appropriate for expedited review in 45 CFR 46. Normally, one IRB member is designated to perform the expedited review and make appropriate recommendations for the proposal to the Chair. The Chair is the final approval authority. A form for Expedited Review has been developed to assist reviewers and to document the review of the proposed activity. The PI is notified in writing of the results of the IRB review. Expedited review procedures may also be used to review and approve minor changes in previously reviewed (expedited) and approved human subjects research during the period for which approval is authorized. In either event, the full IRB must be informed of proposals and changes

approved through expedited review - a written listing of all human subjects activities approved through the expedited review process will be provided to all committee members on at least an annual basis. This information will also be documented in the minutes of full committee meetings. The Chair of the IRB is the Approval Authority for activities undergoing expedited review, with the HPA designated to represent the Chair in his/her absence.

3. Exempt Activities

In accordance with provisions of 45 CFR 46, some human subjects activities may qualify as exempt from IRB review. It is the responsibility of the IRB to determine if a proposed activity meets the criteria for exemption under the statute. The IRB Chair and the URCO/HPA are authorized to determine if a proposed activity is exempt. If a proposed activity is determined to be exempt, the PI is notified in writing and is informed that the proposal does not need to be reviewed by the IRB. The URCO maintains an Exempt file. Even for activities deemed to be exempt from IRB review and approval, researchers will be required to complete appropriate human subjects training prior to final authorization to commence their activity. The Chair of the IRB is the Approval Authority for activities deemed exempt, with the HPA designated to represent the Chair in his absence.

4. Non-Research Activities

In accordance with provisions of 45 CFR 46, some activities may not qualify as research involving human subjects as defined by the Federal Regulations. It is the responsibility of the URCO/HPA, or the IRB Chair, to determine if a proposed activity meets the criteria for research under the statute. If a proposed activity is determined to be Non-Research, the PI is notified in writing. The URCO maintains a Non-Research file. For activities categorized as non-research involving human subjects, the URCO will recommended that responsible persons complete appropriate human subjects training prior to commencing their activity. Although not required under federal guidance, the Chair of the IRB is the Approval Authority for Non-Research activities, with the HPA designated to represent the Chair in his absence.

Currently, the URCO recognizes Oral History and Classroom projects as activities that do not meet the federal definition of research involving human subjects. Abbreviated forms for these projects are located on the IRB website, and should be completed and submitted to the URCO for review prior to initiation of activities.

5. Protocol Changes, Modifications, Addendums

Proposed protocol changes, modifications, addendums, or amendments are reviewed and approved as appropriate, either by expedited or full IRB review. They are approved depending on the nature of the change and the original review and approval mechanism. Implementation of proposed changes by the PI can occur, only after appropriate review, and written approval by the IRB Chair.

6. Continuing Review

During the IRB review and approval process, a determination is made as to whether continuing review of the activity should occur on a more frequent than annual basis, and if verification from sources other than the investigator is needed to ensure that no material changes have occurred. For activities reviewed and approved in "full" committee, the IRB will determine the continuing review schedule as part of its deliberations. For those activities undergoing "expedited" review, the designated reviewer and the IRB Chair will make a determination if a frequency of continuing review greater than annually is prudent, and if verification other than the investigator is needed to ensure that no material changes have occurred. The URCO/HPA will be responsible for executing the continuing review in the prescribed manner and timetable, incorporating any special review provisions as determined by the IRB. For routine continuing review, (i.e. no more than minimal risk activities) a form requesting updated information will be sent to investigators prior to the annual deadline. For those activities identified by the IRB as requiring special consideration, monitoring, or oversight, the Chair and HPA will implement continuing review in accordance with IRB instructions.

7. Waiver of Informed Consent

In accordance with provisions of Sections 101(i), 116(c) and (d), or 117(c) of the Federal Policy, some human subjects research may qualify for a waiver or alteration of Informed Consent. The URCO/HPA will perform a preliminary review to assist IRB reviewers in determining if a proposed activity meets criteria for a waiver of informed consent. For proposals designated for expedited review, if preliminary URCO review concludes that the proposed activity qualifies for a waiver of informed consent, the designated expedited reviewer will be so informed to assist in review of the proposed activity.

If, as described, your activity does not qualify for a waiver of informed consent, an informed consent document must be submitted for review and approval by the IRB. Following final approval by the Chair or the HPA, the URCO/HPA will date stamp the consent form with the approval date and a copy will be sent to the PI with the final approval letter. The consent form used during the research activity must contain the approval date stamp.

8. Suspension/Termination of Ongoing Research

The K-State IRB is authorized to modify, suspend or terminate approval of research that has been associated with unexpected serious harm to subjects; is not being conducted in accordance with 45 CFR 46; or is not in conformance with the IRB's decisions, conditions and/or requirements. If warranted, the Chair and/or the HPA may suspend an ongoing activity until a meeting of the full committee can be arranged. If necessary, the decision to terminate an ongoing activity will be made in a convened meeting of the full IRB. The URCO has responsibility for reporting any

serious or continuing noncompliance with federal, institutional, or IRB requirements to institutional officials, the relevant Department or Agency, or OHRP as appropriate.

9. Unexpected or Adverse Events

The IRB/URCO/HPA are responsible for dealing with unanticipated or adverse events encountered during human research activities. Actions will be dictated by circumstances, but could include but not be limited to investigation, suspension, or termination of human research activities; and reporting to the IO, OHRP, and any funding agency as appropriate.

The PI also has a responsibility to promptly report to the IRB/URCO any unanticipated problems or adverse events involving human subjects. An Unanticipated or Adverse Event Form, located on the IRB website, should be completed and submitted to the URCO.

10. Issues of Research Non-Compliance

It is the statutory responsibility of the IRB to investigate complaints or concerns of noncompliance with institutional/federal regulations, to include unintended or accidental deviations in protocols previously approved by the IRB. These issues may be handled in a confidential or anonymous manner if requested by the source(s). The HPA and IRB Chair will decide on a case-by-case basis how to proceed based upon the content and context of the complaint or concern. Regardless, the Chair will ultimately report to the full committee and the IO any formal complaints and the results of any IRB investigation. The IO will originate required reports to funding agencies, OHRP, and the researcher as appropriate.

Potential actions which the Committee may take include, but are not limited to:

i. Minor corrective actions are initiated to achieve compliance.
ii. Modifications to protocols are developed, approved, and implemented to achieve compliance.
iii. Additional training/education for the researcher and other members of the research team.
iv. Require PI to address how to prevent situation from happening in the future.
v. Require internal monitoring visits.
vi. Suspend or terminate individual protocols.
vii. Probation, suspension or termination of research privileges.
viii. Embargo of data/publications.

C. Appeal of IRB actions

The K-State IRB is the final authority for approval of a proposed activity using human subjects. By federal regulation and guidance, and in accord with the K-State procedures, institutional officials may not approve research that has not been approved by the K-State IRB. IRB

disapproval of a proposed human subjects activity cannot be appealed to, or reversed by, institutional officials.

PIs may request the IRB reconsider a decision regarding a human subject research activity. However, investigators do not have the option to seek the reversal of an IRB decision by a route other than IRB re-review and approval.

D. Human Subjects Training

It is a regulatory requirement that all personnel involved in human subjects research be trained in appropriate topics (i.e., The Belmont Report, institutional procedural methods). The URCO has registered with the Collaborative Institutional Training Initiative (CITI) Program. CITI offers online, project specific training that address current regulatory and ethical concerns. The training can be accessed on the K-State Human Subjects Research Training Page (http://www.k-state.edu/comply/irb/training/index.html). Completion of the training is mandatory for all IRB administrators, appropriate Institutional Officials, IRB members, and research investigators and collaborators.

Prior to final IRB approval of a proposed human subjects activity, all personnel identified in the IRB Application for Approval as participating in the activity are required to complete the online training. Documentation of the training is maintained by the URCO. Training is ongoing, and is required for personnel involved in human subjects research at a minimum of every three years.

E. IRB Minutes and Records

The minutes of IRB meetings must be in sufficient detail to show attendance at the meetings; actions taken by the IRB; the vote on these actions including the number of members voting for, against, and abstaining, including the reasons for any opposing vote; the basis for requiring changes in or disapproving research; and a written summary of the discussion of controversial issues and their resolution.

The URCO maintains copies of IRB protocols and consent documents that it has reviewed including: continuing reviews; scientific evaluations if any accompany protocols; Unaffiliated Investigator Agreements; minutes of its meetings; a current approved membership list; progress reports submitted by investigators; reports of injuries to subjects; copies of all correspondence between the IRB and investigators; statements of significant new findings provided to subjects; and documentation of collaborative and cooperative research activities occurring at other institutions with MPAs, SPAs or other OPRR-approved assurances, including documentation of protocol and consent form approval by IRBs at these sites. All results of deliberations and decisions by the IRB are communicated in writing to the investigator. Records and documents must be retained for at least three years after completion of the research.

F. Research Involving Human Subjects Home Page

The University Research Compliance Office has developed a comprehensive home page as a resource for investigators and IRB members involved with human subjects research. A partial listing of items found on the homepage includes:

1. Link to IRB Applications and forms.
2. Link to Online Training Modules.
3. Link to Resources.
4. Link to Standard Operating Procedures and Assurance.