

Continuing review of research requiring review by the convened IRB will be performed at intervals appropriate to the degree of risk in accordance with Health and Human Services regulations at 45 CFR §46.109(e) or Food and Drug Administration at 21 CFR §56.109(f).

For research not subject to FDA regulation, unless the IRB determines otherwise, continuing review of research is not required in the following circumstances:

- (i) Research eligible for expedited review in accordance with §II.110;
- (ii) Research reviewed by the IRB in accordance with the limited IRB review described in § II.104(d)(2)(iii), (d)(3)(i)(C), or (d)(7) or (8);
- (iii) Research that has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study:
 - a. Data analysis, including analysis of identifiable private information or identifiable biospecimens, or
 - b. Accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care.

Research approved via expedited procedures or receiving an exempt determination do not require continuing review, however, an update on the current status of the project will be requested every 3 years; refer to 7.1 *Exempt Determinations* or 7.3 *Expedited Review* for additional information.

1.0 Report submission processes.

1.1 Notification of pending expiration of IRB approval.

The current protocol approval period or the next status update date is documented on the initial approval letter, as well as subsequent continuing approvals or status updates. The **principal investigator (PI)** is notified approximately 6-8 weeks prior to the protocol expiration date. Investigators are responsible for timely submission of reports, due by the first day of the month prior to the month that approval expires.

1.3 Ongoing Projects requiring annual continuing review.

Annual continuing review is required for ongoing protocols originally reviewed at a convened meeting, that are subject to FDA regulation, or as requested by the board. Ongoing or active research projects are those that continue to enroll subjects, in which interactions or intervention with human subjects is ongoing, or in which identifiable data or specimens are being maintained and/or analyzed. Submit the Continuing Review Report, and any applicable supplemental documents, by the due date to allow for IRB review and approval prior to the expiration date.

1.3.1 Content of report.

PIs are responsible for completion and submission of the Continuing Review Report. Reports should include, at a minimum, the following information:

- number of participants enrolled during the report period, and the cumulative number since initial approval,
- brief summary of research results to date,
- a description of currently active research procedures,

- summary of unanticipated problems and available information regarding adverse events (if applicable)
- summary of any withdrawal of participants since the last review,
- summary of any complaints since the last review,
- summary of recent literature that may be relevant to the research,
- summary of amendments or modifications since the last review,
- any relevant multi-center reports,
- any relevant information pertaining to risks, such as data safety monitoring reports,
- a copy of any current informed consent document(s), and any newly proposed consent document(s), if applicable,
- a copy of any relevant funding proposals or reports, if applicable.

1.4 Status Reports for Ongoing projects for which continuing review is no longer required:
 Non-FDA regulated research which qualifies for expedited review or has progressed to the point that it involves only one or both of the following, which are part of the IRB-approved study no longer require continuing review:

- (A) Data analysis, including analysis of identifiable private information or identifiable biospecimens, or
- (B) Accessing follow-up clinical data from procedures that subjects would undergo as part of clinical care.

Submit the Protocol Status update, and any applicable supplemental documents, by the due date. Protocol Status must be updated every three years.

1.5 Completed, Abandoned, or Inactive Projects.

Research projects may be closed if research interventions are complete, no additional data will be collected from participants, and data has been irreversibly de-identified. The PI must submit the *Protocol Termination Report* prior to the expiration date to close the project.

1.6 Overdue reports.

If a report is not filed by the due date, an overdue notice is sent to the PI, and a copy to the department chair/head, director or dean. The overdue notice explains the consequences for failure to renew approval prior to the expiration date, including halting all research activities involving human subjects.

1.6.1 Currently active projects.

If the project is to remain active, the PI must submit the Continuing Review Report or Protocol Status Update. See section 5.0, Lapse of approval, below.

1.6.2 Completed projects.

If a project is complete, a Protocol Termination Report is required to close the protocol. If a report is not received prior to the expiration date, project approval has lapsed. See section 5.0, Lapse of approval, below.

2.0 IRB Review Process.

2.1 Pre-review procedures.

HRPP staff screen the continuing review materials to verify documentation of training for the research team, and ensure the report is complete, including any relevant supplemental materials. If incomplete, the missing information is requested from the investigator prior to assigning for review; all communication is documented.

If information in the report indicates possible increased risks to subjects, HRPP staff promptly consult with the IRB Chair or designee to determine whether or not the project should be suspended, pending a review by the convened board. Refer to procedures as outlined in *SOP 7.7 Unanticipated Problems and Serious Adverse Events*, and *12.4 Reporting Noncompliance, Suspensions, Terminations, and Unanticipated Problems*.

2.2 Expedited Review.

Eligible projects may undergo continuing review by the expedited method, as described in 7.3 Expedited Review:

2.2.1 Protocols previously reviewed by the expedited method.

Ongoing protocols previously reviewed by the expedited method may also undergo continuing review by the expedited method as long as the project is eligible for one or more of the allowable categories, and no new risks that are more than minimal have been identified.

2.2.2 Protocols previously reviewed at a convened meeting.

Ongoing protocols previously reviewed by the full board may undergo expedited continuing review under one of the following review categories:

Expedited Category #8.

Continuing review of research previously approved by the convened IRB where:

- a) The research is permanently closed to the enrollment of new subjects, all subjects have completed all research-related interventions, and the research remains active only for long-term follow-up, OR
- b) NO subjects have been enrolled and no additional risks have been identified, OR
- c) The remaining research activities are limited to data analysis.

Expedited Category #9.

Continuing Review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply, but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

2.3 Full board review.

Projects that were initially reviewed at a convened meeting generally require continuing review at a convened meeting.

In accordance with *7.4 Full Board Review*, the ongoing project is reviewed at a convened meeting, utilizing the criteria described in 2.4 below. One experienced member is selected as a primary reviewer, and is responsible for providing a review summary at the convened

meeting. All members receive the continuing review report, supplemental materials (i.e., consent document(s), funding proposals or reports, updated protocol forms, etc.), and are provided online access to the complete approved protocol file and relevant IRB meeting minutes approximately one week prior to the meeting.

2.4 IRB review criteria.

Continuing review must be substantive and meaningful. Criteria for continuing approval include: the initial criteria for approval, as outlined in 45 CFR §46.111 or 21 CFR §56.111 (see also *7.2 Criteria for IRB Approval*), as well as:

2.4.1 Risk assessment and monitoring.

The IRB considers whether any new information has emerged - either from the research itself or other sources – that could alter the previous determinations, particularly with respect to risk to participants. This may include reports of unanticipated problems or safety monitoring reports.

2.4.2 Adequacy of the consent process.

The IRB reviews a copy of the current consent document(s) submitted by the investigator to verify that the most recently approved version is being used, and it contains the most accurate and complete information about the research. The IRB also ensures that any significant new findings that would relate to a participant's willingness to continue in the research are communicated to them.

2.4.3 Investigator and institutional issues.

The IRB considers any changes in an investigator's situation or qualifications, as well as any complaints related to their research. Continued acceptability of the proposed research, with respect to institutional resources or local laws, as well as any audit reports are also important in determinations for continuing approval.

2.4.4 Research progress.

The IRB reviews information about the study's progress, including participant enrollment and withdrawals to determine consistency with the initially approved protocol, as well as the presence of any problems with the conduct of the research. If discrepancies are present, the IRB may request an audit to verify that no material changes have occurred in the research since previous IRB review; refer to *12.2 Directed Audits of Research* for criteria and process. In addition, the IRB reviews external funding proposals or reports to verify consistency with information provided in the protocol and continuing review report.

2.5 Approval period for research reviewed at a convened meeting.

The IRB determines the approval period appropriate to the degree of risk, not less than once per year, except as described in 45 CFR §46.109(f) as described in *SOP 7.4 Full Board Review*.

The IRB approval expiration is no more than 365 days following the review date.

3.0 IRB actions and notification:

Several outcomes of IRB review are possible:

3.1 Approved as submitted.

The IRB may determine that the research continues to meet all required criteria for approval. Continuing approval is documented including the new approval period within the protocol file and sent to the investigator(s).

3.2 Approved with conditions.

The IRB may determine that specific revisions and/or additional clarification or documentation are required in order for the research to meet the criteria for continuing approval. Revisions, clarifications and/or additional documentation may be requested from the investigator in writing. The revised materials are reviewed by the IRB Chair/designee or assigned reviewer (which may include HRPP staff), to determine that conditions have been satisfied; further review at a convened meeting is not required. If the conditions have been met, approval is documented in the protocol file and the investigator is notified of approval as described in 3.1 above.

3.3 Deferral.

The IRB may determine that insufficient information has been provided, or substantive modifications are needed in order to meet the criteria for continuing approval of the research. The investigator is notified of the board's determination in writing, including the reasons for deferral and a description of the additional information or revisions needed for review. Upon receipt of the additional information, the protocol is reassigned for continuing review at the next convened meeting. If approval will lapse prior to the meeting, all research activities must cease until the continuation is reviewed and approved.

3.4 Disapproval.

The convened IRB may determine that the research does not meet the criteria for continuing approval, and/or would place participants at unacceptable levels of risk. The investigator is notified in writing of the reasons for disapproval.

5.0 Lapse of approval.

IRB approval will lapse if a report has not been submitted, and the research reviewed and approved by the IRB prior to the expiration date. All research activities involving human subjects must cease, unless the IRB chair/designee has determined, in consultation with the investigator, that it would be harmful for currently enrolled participants to discontinue their participation.

The PI is notified of the expired protocol in writing, with copies to department chair/head, director or dean, and Sponsored Programs Administration, if externally funded. Expired projects may be subject to a directed audit to verify that research interventions involving human subjects have not continued beyond the approval period.

The principal investigator remains responsible for submission of a *Protocol Termination* report for the expired project, which may be re-initiated only with submission of a new protocol for IRB review. The IRB will not review and approve any of the investigator's future new protocol submissions prior to receipt of the completion report for the expired project.

It should be noted that expiration of IRB approval occurs automatically, without any direct action on the part of the IRB. This event is not considered equivalent to the IRB actions of suspending or terminating approval of a project; therefore, expiration of IRB approval for a project is not

subject to additional reporting requirements, unless an issue of reportable noncompliance or an unanticipated problem has been identified.

DEFINITIONS:

Minimal risk: the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

Principal Investigator (PI): an NDSU faculty or staff member who has primary responsibility for the research. When graduate students will conduct research, their faculty advisor is considered the PI.

REFERENCES:

[FederalWide Assurance Terms](#)

45 CFR 46.108(3)(i) Written IRB procedures

[21 CFR 56.108\(a\)](#) IRB functions and operations

45 CFR 46.109 and [21 CFR 56.109](#) IRB review of research

45 CFR 46.111 and [21 CFR 56.111](#) Criteria for IRB approval of Research

Categories of Research Eligible for Expedited Review

[OHRP Guidance on IRB Approval of Research with Conditions](#)

RELATED FORMS:

Continuing Review Report

Protocol Status Update

Protocol Termination Report

RELATED HRPP STANDARD OPERATING PROCEDURES:

7.2 Criteria for IRB Approval

7.3 Expedited Review

7.4 Full Board Review

7.5 Protocol Amendments

7.7 Unanticipated Problems and Serious Adverse Events

12.4 Reporting Noncompliance, Suspensions, Terminations and Unanticipated Problems