Performing Expedited Review of Research Involving Human Participants

Purpose and Scope

This Standard Operating Procedure (SOP) documents the procedures for conducting expedited review of research requiring or conducted under the approval of the University of Hawaii (UH) Institutional Review Board (IRB).

This SOP applies to applications submitted to a UH IRB for:
1. initial review of research,
2. continuing review of research,
3. review on requests of minor modifications in IRB-approved research.

This SOP only governs research involving human subjects and is applicable to HSP staff and IRB members who conduct expedited review of such research.

Definitions

What May Be Under Expedited Review?

During Initial or Continuing Review

The Requirements:
For a study to be under expedited review during initial or continuing review, the study activities must meet both of the following requirements:
1. present no more than minimal risk to human subjects, and
2. only involve procedures listed in one or more of the following categories promulgated by the Office for Human Research Protections (OHRP) and the U.S. Food and Drug Administration (FDA) in the U.S. Department of Health and Human Services (DHHS).

Notes on the requirements:\n1. The two requirements are separate and must both be met for a study to be under expedited review. This means, the activities listed below should not be deemed of minimal risk simply because they are included on the list. Inclusion on the list merely means the research activities are eligible for expedited review if the research also does not involve more than minimal risk to human subjects.

2. **Minimal Risk.** Minimal risk means 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.\(^2\) "Harms and discomforts ordinarily encountered" must reflect background risks that are part of the routine experience by the average person in the general population, not the specific population of the participants.\(^3\)

3. Expedited review may not be used where identification of the subjects or their responses would reasonably:
   
   (a) place them at risk of criminal or civil liability,  
   (b) be damaging to their financial standing, employability, insurability, reputation, or  
   (c) be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks to privacy and confidentiality are no greater than minimal.

4. The categories apply regardless of the age of subjects, except as noted.

5. Expedited review may not be used for classified research involving human subjects.

**Categories:**

For a study to be under expedited review during initial or continuing review, the study activities must fall within one or more of the following categories\(^4\):

**Category 1:** Clinical studies of drugs and medical devices when an IND (investigational new drug) or IDE (investigational device exemption) application is not required by the FDA.

**Category 2:** Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as the following:

   (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the drawn amounts may not exceed 550 ml in an 8-week period and collection may not occur more frequently than 2 times per week; or

   (b) from other adults and children\(^5\), considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the drawn amounts may not exceed the lesser of 50 ml or 3 ml per kg in an 8-week period and collection may not occur more frequently than 2 times per week.

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\(^4\) 45 C.F.R. §§ 46.110(b)(1), 46.110(a); 63 Fed. Reg. at 60366. The categories published by OHRP and FDA are the same. 63 Fed. Reg. at 60364.

\(^5\) Children are defined as "persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted." 45 C.F.R. § 46.402(a). The Program adopts the age of majority, 18, under Hawaii law as the age that a person may consent to participate in research. See Haw. Rev. Stat. §§ 577-1, 577A-2, 577D-2 (2013); 45 C.F.R. § 46.402(a).
Category 3: Prospective collection of biological specimens for research purposes by non-invasive means.

Examples:
(a) hair and nail clippings in a nondisfiguring manner;
(b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
(c) permanent teeth if routine patient care indicates a need for extraction;
(d) excreta and external secretions, including sweat;
(e) uncanulated saliva collected either in an unstimulated fashion or stimulated by chewing gum base or wax or by applying a dilute citric solution to the tongue;
(f) placenta removed at delivery;
(g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
(h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;
(i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washing;
(j) sputum collected after saline mist nebulization.

Category 4: Collection of data through non-invasive procedures, not involving general anesthesia or sedation, routinely employed in clinical practice, excluding procedures involving x-rays or microwaves.

Note on medical devices: if medical devices are employed, they must be cleared or approved for marketing. Studies intended to evaluate the safety and effectiveness of the device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.

Examples:
(a) physical sensors that are applied either to the surface of the body or at a distance and do not input significant amounts of energy into the subject or an invasion of the subject’s privacy;
(b) weighing or testing sensory acuity;
(c) magnetic resonance imaging;
(d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow, and echocardiography;
(e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing that is appropriate given the age, weight, and health of the individual.

Category 5: Research involving materials, such as data, documents, records, or specimens, that have been collected or will be collected solely for non-research purposes, such as medical treatment or diagnosis.
Note: Some studies in this category may be exempt from the federal regulations.
Category 6: Collection of data from voice, video, digital, or image recordings made for research purposes.

Category 7: Research of the following:
(a) on individual or group characteristics or behavior, including but not limited to research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior; or
(b) employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance.

Note: Some studies in this category may be exempt from the federal regulations.

Category 8: A study previously approved by the convened IRB may be under expedited review during continuing review if the study meets one of the following:
(a) where
   (i) The study is permanently closed to enrollment of new subjects,
   (ii) All subjects have completed all research-related interventions, and
   (iii) The research remains active only for long-term follow-up of subjects,
(b) no subjects have been enrolled at the UH site since the study received initial IRB approval and no additional risks have been identified at any site, or
(c) the remaining research activities are limited to data analysis.

Note on long-term follow-up:
"Long-term follow-up" means:
(a) Research interactions involving no more than minimal risk to subjects, e.g., quality of life surveys; and
(b) Collection of follow-up data from procedures that would have been routine to monitor a subject for disease progression or recurrence.

Long-term follow-up excludes research interventions that would not be performed for clinical purposes, even if they involve no more than minimal risk.

Category 9: A study may qualify for expedited review during the continuing review if
(a) the study is not conducted under an IND or IDE application, and
(b) Categories 2 through 8 do not apply, but
(c) 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.

Note on Categories 8 and 9: these two only applies to studies under continuing review.

Minor Modifications

Under 45 C.F.R. § 46.110(b)(2), the IRB may also use the expedited review procedures to review minor changes to previously-approved research during current approved period. To qualify as a minor modification, the proposed change must not materially:
(a) alter the assessment of risks and potential benefits of the study;

7 Id.
(b) increase the level of risk to the physical, emotional, or psychological well-being of participants, including loss of confidentiality; or
(c) change the specific aims or design of the study.

Examples of minor modifications include:
(a) Substituting assessment procedures or tools with alternate assessment procedures or tools when the changes do not increase the level of risk to participants;
(b) Adding new study tools, e.g., questionnaires or recruitment notices, that do not increase the level of risk to participants;
(c) Revising a consent form to make:
   (i) Editorial or administrative changes, e.g., changes in an address or telephone number;
   (ii) Minor changes in compensation or estimated time of participation; or
   (iii) Improvements in the accuracy or clarity of information provided to participants, provided that the changes do not alter the content or intent of the information.
(d) Making administrative or editorial changes to other study documents or modifying the documents to improve formatting or clarity, provided the changes do not alter the content or intent of the information;
(e) Increasing or decreasing enrollment supported by a reasonable justification;
(f) Narrowing the range of inclusion criteria;
(g) Broadening the range of exclusion criteria;
(h) Decreasing the number or volume of biological samples, provided the changes do not affect the nature of the information to be collected;
(i) Adding or deleting qualified investigators;
(j) Adding or deleting study sites; and
(k) Other minor modifications determined by the Program that meet federal requirements.

Waivers of HIPAA Privacy Rule Authorization

The IRB may use an expedited review procedure to review a waiver of authorization required by the HIPAA privacy rule.8

Procedures

Responsible Parties

1. **Who Determines Whether a Study May Be Under Expedited Review?** The Human Studies Program (the Program) staff, the IRB chair (the Chair), or the IRB at a convened meeting.
   (a) The investigator may request an expedited review; but, the IRB will make the final determination based on a review of the written application and applicable federal regulations.
   (b) The IRB or the Program staff will not determine the type of review, e.g., expedited or convened-IRB review if the written application is not complete.

2. **Who May Be an Expedited Reviewer?** Only the Chair or an experienced IRB member designated by the Chair may review research under an expedited review procedure.

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Application Review and Determination

1. **Submitting an Application for Review.** There is no separate application for expedited review. The same application form is used for expedited review and convened-IRB review. Which application form to use depends on whether the study is applying for initial review, continuing review, or modification requests. The investigator must submit a complete application, along with all required attachments. When submitting the application, the investigator may request expedited review.

2. **Prescreening by the Program.** The Program staff will screen all applications for initial or continuing review and modification requests and determine whether they qualify for expedited review. If qualified, the appropriate category will be identified and documented.

3. **Assigning to Reviewers.** The Program staff will assign applications to expedited reviewers who have the appropriate expertise and do not have a conflict of interest with the study.

4. **Distributing Review Materials.** The Expedited Reviewer will receive the application, research protocol or proposal, consent forms, study instruments, and all other documents necessary to perform a comprehensive and meaningful review of the study. The review materials distributed to the expedited reviewer during initial or continuing review are the same as those distributed to IRB members when an application is under a convened-IRB review.

   a) Program staff will transmit application materials/ study documents to the assigned reviewer electronically.
      a. Application materials are sent to the reviewer’s personal email account to protect the confidentiality of the documents.
   b) **Additional Information.** If, during the process of expedited review, the reviewer requests additional information or documents from the investigator, the reviewer will communicate this request to the Program staff, who will contact the investigator for the information.
      a. However, the reviewer may choose to contact the investigator directly during the review process for more information or clarification.

5. **Verifying.** Reviewers should verify that the assigned studies qualify for expedited review and under which categories, if applicable, the studies are qualified.
   a) An expedited reviewer may determine the application should be reviewed by the convened IRB even if it qualifies for expedited review.

6. **Reviewing.** The reviewer will review the application to see it meets approval criteria using the reviewer's worksheet for initial review, continuing review, or modification requests and communicate any conditions and the reasons for them to the Program staff, who will communicate this information to the investigator.

7. **Determining the Frequency of Continuing Review.** Because they have been determined to be of minimal risk, studies under expedited review are generally approved for one year. If the reviewer determines a shorter approval period is appropriate, this will be communicated to the Program staff and the investigator.

8. **If Not Approved Under Expedited Review.** If the expedited reviewer determines a study should not be approved, the reviewer will notify the Program staff, who will place the study on the agenda of the next convened IRB meeting for a final determination.
9. **Notifying the Investigator.** The Program staff will prepare and transmit written correspondence to the investigator, communicating the IRB’s or the reviewer’s determinations.

10. **Notifying the IRB.** After the expedited reviewer completes the review, the Program staff will include the approved studies in a list and present the list for review by the convened IRB at the next IRB meeting.
   a) All IRB members will receive the list before the IRB meeting.
   b) If the IRB accepts the list during the IRB meeting, the Program staff will append the list to the minutes.\(^9\)
   c) If the convened IRB requests a study for substantive clarifications or modifications that are directly related to the criteria for approval by an IRB, the study will be turned over to the convened IRB and may not be approved by expedited procedures.

**Decisions by Reviewers**

**Types of Actions**

1. **Disapproval Not Allowed.** An expedited reviewer acts with the full authority of the convened IRB except that the reviewer may not disapprove research. Research may be disapproved only after a convened-IRB review. It can be returned to the investigator if incomplete, or referred to the Convened IRB if the reviewer does not approve the research.

2. **Allowable Types of Actions.** An expedited reviewer may adopt one of the following actions:
   a) approval if all criteria for IRB approval are met,
   b) approval with stipulations (equivalent to “approval with conditions” as termed by federal regulations),
   c) deferral to the convened IRB for actions such as additional discussion or disapproval.

**Approval Date**

1. If the study is approved, the approval date is the date when the study is approved by the expedited reviewer.
2. If the study is approved with stipulations, the approval date is when the reviewer or a person designated by the reviewer determines the stipulations are met.

**Documentation of review decisions**

The Program staff will document in writing the specific expedited review categories and the expedited reviewer's decisions. The Documentation may also be evidenced by a completed reviewer worksheet or an email communicating the decisions to the Program staff.

**Materials**

- APP 04 New Research Protocol/Proposal for Initial Approval – Non-Exempt Research
- APP 05 Modification Request Form
- APP 07 Continuing Review
- WKSH 303 Non-Exempt Reviewer Worksheet
- WKSH 311 Reviewer Worksheet for Continuing Review, Modification or Study Closure

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\(^9\) 45 C.F.R. § 46.110(c) (2012).
• WKSH 313 Expedited Review Categories
• TMP 412 Initial Review – Approval Letter - Expedited Review
• TMP 418 Modification – Approval Letter – Expedited Review
• TMP 423 Continuing Review – Approval Letter – Expedited Review

References

• The IRB has and follows written policies and procedures to conduct reviews by the convened IRB (AAHRPP Element II.2.D.)
  o Element II.2.D.1. – Initial review

• The IRB has and follows written policies and procedures to conduct reviews by the expedited procedure (AAHRPP Element II.2.E.).
  o Element II.2.E.1. – Initial review
  o Element II.2.E.2. – Continuing review
  o Element II.2.E.3. – Review of proposed modifications to previously approved research