Cyberseminar Transcript

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Session: Working with the VA Central IRB: A Dialogue with the IRB

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**Soundia:** Good afternoon everyone and thank you for joining us for what is now our sixth training this year. PRIDE has done six scheduled trainings on regulatory topics related to Human Subjects Protection so we’re very excited about that. About two thirds of our training have been on our CORE topics. These are kind of the topics that deal with the fundamentals of conducting research as well as overseeing research. This will be our second, or third, depending on how you look at it, but this will be one of our specialty trainings and in today’s training we’re going to be discussing the VA Central IRB. What’s going to be different about today’s training is, we’re really going to have a dialogue. It’s going to be a conversation with the VA Central IRB. We have both co-chairs, Dr. Fred Hendler and Stephen Bartlett, who are going to participating in today’s discussion, as well as Annette Anderson who is the VA Central IRB Administrator. So we’re really excited about this. We are excited about doing something different. We’re a little nervous as this is a stretch assignment because everybody is in different locations. This is our first time conducting a training when all, well, all three participants are in separate locations and then there’s me and our team in ORD who I’ll introduce you to and then, of course, we have Heidi who is managing everything. So, we have five locations represented here so we ask you all to be kind if we encounter any technical difficulties. We think we’re up to the challenge but time will tell. So, again, my name is Soundia Duche. I’m a program analyst here in PRIDE, the Program for Research, Integrity, Development, and Education, and in the office here with me today is Lucindia Shouse who is a program analyst for CSR&D, Clinical Sciences Research and Development. We also have Karen Jeans who’s the Associate Director of Regulatory Affairs for CSR&D, also part of ORD, and then Petrice Longenecker who is a Senior Regulatory Affairs Officer here in PRIDE. So thank you to everybody here who’s assisting me along with the presentation. Before we get started and I turn over the reins to the co-chairs and to Annette, I want to just kind of, well, go over some brief housekeeping. We’re going to have a question and answer session at the end which we always do. This really is not a forum for study specific questions. We just, we won’t have the time, nor do we have the resources to be able to delve into study specific questions. So if you have those we ask that you please refrain from submitting them. We’ll give you some resources of how best to get those addressed at the end of today’s presentation. Secondly, because this is a dialogue, because we chose to get a little fancy here, our slides are going to kind of serve a different purpose in today’s presentation. One, they will be a resource to you, for you, for both today’s presentation and the future, but really we’re going to be using them more as an anchor to be able to help guide the conversation. I told the panelists here they do not have to stick to the content on the slides and the, the richness that they will offer us by just discussing the issues and sharing their own perspectives is, I feel, are going to far outweigh what we can show on the slides so please do not get tied to the fact that you may hearing something from them that’s not reflected on the slide, or that they may be even discussing something that is two slides ahead. I am going to be conscious of that but, at the same time, I don’t want to give you all whiplash by going back and forth and back and forth in the slide deck. So, with that said, we’re going to go ahead and get started.

We’re going to be talking about a number of things today. By the end of this presentation we hope that really you’re going to walk away with increased familiarity with the VA Central IRB through meeting the chairs, hearing from them first hand on the history of the VA Central IRB, what are some of the benefits of using the VA Central IRB, what are the strengths as they see it. as well as some of the challenges. You’re going to hear from the IRB Administrator. She is going to walk through what’s needed to submit things to the VA Central IRB as well as talk to you about the model which is very unique. The VA Central IRB has a unique model. And then we’re going to, hopefully, kind of let you see a little bit of what I call, look under the hood, and really talk about, you know, the portfolio of the VA Central IRB. Give you a good taste of some of the unique studies and unique designs of studies that the VA Central IRB reviews and then kind of look to what the future will look like for the VA Central IRB under the revised Common Rule and under some new initiatives that they, they have and that they will share with us today. So, let's start with our introductions. I’m going to ask the co-chairs to start. If you can just share a little bit with the audience about yourselves. Tell us what facility you’re with, what you do there, how long you’ve been on the VA Central IRB and feel free to throw in anything else, you know, that you might want us to know as we all really get to know you. We want this to be personable as much as it’s possible when you’re in a lecture only mode training. So, I’m going to turn the reigns over to Steve.

**Stephen:** Yeah. So, I’m Steve Bartlett. I’m a Research Pharmacy Manager in VA Eastern Colorado Healthcare System. I’ve been with the VA Central IRB since it’s conception and, and, and even before that when we were in the developmental phase of trying to design it in a way that would, that would work for VA. So Fred…

**Dr. Fred Hendler:** Okay, well Steve you left out that you’ve been a co-chair basically all along right?

**Stephen:** Yes I have. Since 2007/8 when we were starting.

**Dr. Fred Hendler:** Right and I’m Fred Hendler. I’m a medical oncologist at the Louisville VA. I’m chair of the local IRB. I’ve also been involved with the Central IRB since its inception and before it actually got started, and I was a regular member until February 2017 when I became one of the co-chairs.

**Annette:**  Hi, I’m Annette Anderson. I’m the VA Central IRB Administrator and I’ve also been with the Central IRB since its inception back in 2007.

**Soundia:** Excellent. Thanks, and one of the things that Fred, Stephen, and Annette asked me to do was they wanted to get a sense of our audience. They wanted to get an understanding of who they were speaking with as well as what the level of experience that you all have with the VA Central IRB, so that they can best tailor the discussion. So what we’re going to do is some very brief polls because, well, you can’t have a PRIDE administered Cyberseminar without a poll. So we’re going to throw in a very, very quick poll so that we can get this information so that they can really tailor their responses to the audience. So, if you can let us know what your primary role is in research that would be helpful. The first option is are you an Investigator or study team member? Are you a study coordinator or equivalent? Are you a member of the IRB or R&D committee, and that does include non-voting members. Or are you a member of the research office staff, and that can be at the VA or at the affiliate. And then if none of those apply, then just hit other.

**Heidi:** And if you do fit in that other category, you can always type into the question box what that, what that is and I’ll read through those as we’re going through the results. Responses are coming in here. I’m going to give everyone a few more moments to respond to the poll and then we’re going to close it out and go through the results. And it looks like we’ve slowed down here so I’m going to close this. And what we’re seeing is 10% of the audience saying investigator or study team member. 30% saying study coordinator or equivalent. 7% saying IRB or R&D committee member. 28% research office staff and 24% other, and in that other category we have a couple of people saying RCO, one OGC, NPC admin, looks like what we’ve got there. Thank you everyone.

**Soundia:** Excellent. Thank you Heidi. And then our second question really quickly is what is your experience? How many years have you worked with the VA Central IRB? First option is none so far; one to two; three to five years; six to eight years, or greater than eight years?

**Heidi:** And, again, we’ll give everyone a few moments to respond and we will go through the results. It looks like we’ve slowed down so I’m going to close this out and what we’re seeing is 29% of the audience saying none so far. 24% saying one to two years. 22% saying three to five years. 10% saying six to eight years and 15% greater than eight. Thank you everyone.

**Soundia:** Excellent. Thank you guys that was very helpful. So we’re going to make sure that we do spend some good amount of time on the fundamentals since we have a number of you who are, who might be your first exposure to the VA Central IRB. Alright, so we’re going to get started and we’re going to talk about the VA Central IRB and introduce you to the board, give you a sense of the membership. Also we want to share with you how long the VA Central IRB is around, what its original mandate was, how it’s policies have evolved in terms of what it reviews, and also kind of where the VA Central IRB fits within the VA Central Office HRPP. So, Fred, if you could maybe start us off with telling us a little bit about the board and where the members hail from and any other information that would be helpful to those to understand how the VA CIRB came upon this composition.

**Dr. Fred Hendler:** Right. We, we presently have 16 voting members. I believe we have eight original members that have been on the board for, since 2008 at this point, and most of those that have been on the board since then were also part of a group that put this together in, I guess it was 2007 under the direction of Lynn Cates. We have eight, eight, I think we have eight physicians, I know it says seven here, but I thought we had eight and we have an internist, pulmonologist, GI docs, cardiologists, hematology/oncology, rehab, psychiatrist. We also have a number of PhDs and as far as their expertise for example, one is in large data populations, another is in rehab, and a third one is in [xxx] biology and Steve’s area of expertise, obviously, is in pharmacy.

**Soundia:** Excellent. And then for those who aren’t familiar with the VA Central IRB, the fact that we have people from all over, what can we, how can we best frame it, in terms of where the VA Central IRB fits in terms of the Central office HRPP and why it was so important to have people from multiple local facilities participate in the VA Central IRB?

**Dr. Fred Hendler:** Right, I think at this point, we only have two people from the same facility on the IRB. We, I left out we also have a nurse on the IRB as well and the people really are spread out from all over the country. We have people, one, one individual from California, one individual from Boston, one individual from Florida, so, really, pretty much everywhere. We have non-affiliated members and we have two chaplains on the board as well. We have non-voting members, ethics, privacy officer. We have a privacy officer alternate. We have an ISO and an alternate. We also have regulatory support and we have an individual from the office of general counsel.

**Soundia:** Thanks, and Fred, do you serve on your IRB as well?

**Dr. Fred Hendler:**  Do I serve? Yes. I’m the chair of my IRB and Steve also serves on his local IRB.

**Soundia:** Excellent. And don’t we have a number of other members that are on their local IRBs as part of our board, that are on our board?

**Dr. Fred Hendler:** Yeah. I think most everyone certainly before entering the IRB, or almost everyone, has had significant IRB experience locally before they have become members of the CIRB.

**Soundia:** Great. Thanks a lot and if we want to talk a little bit about, kind of how the VA Central IRB fits into the central office HRPP. Annette, can you share a little bit about that with us?

**Annette:** Yeah, sure. Like every other VA IRB, the VA Central IRB has to operate within an established Human Research Protection Program and so, one of the first things we did when we were developing the VA Central IRB, is we had to establish such a program within VHA Central Office and so we, we did that. And an FWA was obtained from VHA Central Office. So instead of the medical center director being the IO, a member of senior leadership from Central Office is appointed as the institutional official and, currently, that happens to be Dr. Clancy herself, who is the institutional official, and then the human protections administrator is Dr. Mary Sue Cody, who is currently the director of operations here in the office of Research and Development. I hope most of you know that any institution that conducts or supports research using federal funds has to obtain an, what they call Federal Wide Assurance from the office of Human Research Protection, and so that was the framework that we started with in developing the Central IRB. And then, once you do that, then you register your IRB with OHRP and we, our IRB is registered and our roster has been validated by OHRP and we have posted on our SharePoint site, the actual validated roster is posted on our SharePoint site and another roster is posted on our website and on that roster, you’ll see all the states where all of our members are from. So, if you’re curious about that, that is posted on our public website and so, here in Central Office, here in ORD, is where the administrative office for the Central IRB is located. So, most of our staff works here in Washington DC within ORD. We’re part of PRIDE, the same department that Soundia is part of and, within our administrative office, we have a number of staff and you can see them listed on the slide. I won’t bother to read them. Soundia is our part time regulatory advisor so she supports our board in, in that way. We do have two remote employees that work for us as well so I hope that gives you a framework.

**Soundia:** Yes. Most definitely. Let's touch on kind of the history since all three of you have been here since its inception, you know, and we’re coming up on 10 years since your first protocol was reviewed. I’m not even sure how many years it took to get to that point of forming the CIRB but maybe we, we’d love to hear from you all and give us a little bit of background on why the CIRB was formed, how it’s evolved, what its original mission was and kind of where we are now.

**Stephen:** Yeah. The original intent of the VA Central IRB was centered around, you know, in the early 2000s, we wanted to really improve human research protections in multi-site studies within the ORD realm and have the efficiency of those IRB reviews and create some consistency across sites as well. There was, and probably still is, a feeling in the community that, you know, what one review at one site is like can be quite a bit different in how it’s reviewed at another site, according to the individual IRB process. And so, we’re trying to address that issue and find an efficient way to do multi-site studies. Initially, we only took ORD funded studies. So things that came from CSP, Rehab, HSR&D, QUERI; only things that were funded out of ORD. And we required that more than one VA facility be engaged in human subjects research except for some select few that were pilot studies that might just be starting out at one site with the intent that, if all goes well, we’re going to expand to multiple sites and do that. And we wanted to be clear that what we mean by multiple site is that, certainly with some HSR&D studies there might be three or four sites, but they all might be doing something a little different in terms of the data analysis. What we were really looking for is truly multi-site studies where each site essentially is doing the same protocol but in their own facility. So more like a clinical trial model but certainly that occurs to be in HSR&D’s realm as well. And so, today, you know, over time we realized that we really need to maybe expand beyond that. And we’ve had a lot of requests from VA investigators as well as industry and others to use a system to enhance the efficiency of our reviews for these groups, so, now we take a lot of different sponsors. We take Pharma sponsors, NIH, DoD funded research, other things from VA central office as well as other research networks like PCORI and things like that with the overall intent always that it’s got to be something that would enhance our knowledge in terms of Veteran’s health and care so that it’s, we’re not just taking a bunch of Pharma studies that can generate some funds for some local sites but, in fact, it’s got to you know, meet our primary mission for the VA of taking care of Veterans and finding better ways to take care of Veterans.

**Soundia:**  Great Steve. Let me ask you, when you guys started the VA Central IRB, when you were doing your research, were there many other Central IRBs around at that time?

**Stephen:** The primary type of Central IRB at that time was really the commercial IRBs and there was the NCI Central IRB as well but there model was completely different. They used, what was called a facilitator review at that time, which really nobody uses now and actually they’ve abandoned as well. And our model was completely different than what a commercial IRB is There are a couple of other models like ours now but they were developed primarily out of our model, but if you look at a commercial IRB, they’re still working kind of like a single layer IRB for your facility. Yet, really understanding our model is important to knowing the difference between a commercial IRB and how VA Central IRB works.

**Soundia:** And one of the things I found in talking with you all and talking with Annette about the history of the IRB and forming a single IRB is that there were some advantages that one was hoping to achieve and we’ve listed a couple of them on the slides. In your experience, as you have all been with the IRB, with the VA Central IRB since the beginning, how has the VA Central IRB lived up to, you know, what one hopes for a single IRB, especially as now, you know, we’re moving to a world where we were being mandated to use a Central IRB. In many ways, you all were ahead of your time but what have you all seen? What has been your experience in terms of what you hoped and how things have shaped up.

**Stephen:** Well, I think, certainly, you know, in looking at the consistency we think that’s very true. We have, you know, pretty much a uniformed consent form across all sites. There’s no protocol variations from the primary protocol. There’s not any little nuances placed in there. The expertise and experience of our members and the breadth of experience of our members has, I think, been very helpful. I know sometimes local IRBs have trouble not only getting numbers, but certain expertise in areas and, you know, from time to time because we’re central and have the support of ORD, we can reach out and find that expertise when possible. Certainly, early identification of safety trends. There’s been a couple of times where there’s not been a DSMB review yet or, it was something that would not necessarily get picked up in a DSMB review but we were able to find trends across multiple sites of issues that were probably not going to get picked up in any other way unless the, you know, the PI group was able to pick up on a particular issue. And some of those things, you know, centered around the Human Subjects Protection Program. And, certainly, efficiency as we can add local sites easy. I think there’s still some issues with initial study turnaround times but, in terms of adding local sites, our particular method of adding those by an expedited review instead of a full board review in most cases, is very efficient.

**Soundia:** Nice, and then if you can comment a little because I think that this is pretty big and significant, one of the first bullet here talks about allowing for large multi-site precision medicine studies. Can you talk a little bit about that because I think you all have already, you’ve had a couple of studies like this that have gone through the CIRB quite successfully.

**Stephen:** Yeah. We haven’t fully been able to implement this as much as we’d like to, but, you know, if you know what a precision medicine study is where you have to screen hundreds and hundreds of people to maybe find those one or two subjects that would fit the particular genomic profile that that particular therapeutic intervention could possibly help, that it’s not necessarily efficient to open that study in, you know, in a 100 different sites and have all those sites screen a bunch of people as those sites may never get anybody. So, what we would, can do, specifically in VA, is we can set up a screening opportunity where the study doesn’t need to be open at every site but when the precision medicine group finds a particular marker they can contact that provider and say, you know, we have a study that might work for you and then because of our system of opening local sites, we, we could open that local site fairly quickly when that patient’s found. Concept here is bringing research to the patient instead of the patient come to the research.

**Dr. Fred Hendler:** Right and then the other aspect of it, Steve, is to incorporate the distribution model into that, where if the individual, the local site that you’re talking about, wouldn’t be a true local site. They would not be engaged and the consent would all be from a lead site and then the drug would be distributed to the individual, particularly if it were an oral drug that would be a lot easier, so that you wouldn’t even have to open a local site in that instance. The person would be referred and consented just by the lead site.

**Stephen:** Right. Yeah. That’s some very interesting things that, that maybe only VA can pull off on a nationwide basis.

**Soundia:** Excellent. Thank you and that’s what we love to hear. We want to hear this color and I think that’s why this dialogue is going to be so helpful because it’s hard to convey these things to the field and, so, thank you for sharing that and please continue to share specific examples like that. Oversight of the VA CIRB, who oversees you all and how is that done?

**Stephen:** Well, we’re kind of really just like everybody else. Annette do you want to go? Were you on?

**Annette:** Oh okay. Yes. I’m here. Well, each of the R&D committees at the local sites still has to approve the research before it can get started at the local site so we send copies of all of our approval documents to what we call a local site liaison which I plan to talk about a little later in the, in this interview. We make our minutes available to all of the local R&D committees who are required by ORO to review them. We publish an annual report like any other HRPP has to do. We do publish an annual report and also make that available to the local R&D committees and we also, for every project that we approve, we have a local some comment period, and that’s 15 days. So each site has 15 days to comment on the approval that we did and basically look at it. They can check and see if we missed anything or if, or if they have some unique issue that they want brought to our attention and then they’ll do that. And, of course, we try to maintain contact with our local site liaisons who are appointed per the MOU at each site and then we have local research compliance officers. They audit the studies we oversee just like any other study and they submit audit reports to us just like they would their local IRB and then, of course, ORO.

**Stephen:** Thanks.

**Soundia:** Excellent. Okay. And I’m sure, like everyone, we get visited by ORO too. Well, let’s just leave it at that. We don’t want them knocking on our door some more or anything.

**Annette:** That’s what I did Soundia. I just left it at that.

**Soundia:** Smart and I was about to open a can of worms so let’s move on. So, what’s required?

**Annette:** If anybody from ORO is on. We have good relationships with ORO.

**Stephen:** Yeah. Actually we do.

**Soundia:** No, we do. We just don’t want them knocking on our doors tomorrow though because we’ve been busy with this presentation. So, if I’m a new VA investigator and never used the VA Central IRB before but I’m ready to get started. I have my protocol written. I want to email it to someone. Who can I send it to, Annette, is that you?

**Annette:** Okay. So if you’re an investigator who wants to get started or who wants to find out more about the Central IRB, yes, I’m your, I’m the main point of contact. The slide that you see though goes one step before that and that’s you have to make sure that your facility has, can even do research. So you have to make sure that they have a Federal Wide Assurance which lists us as an IRB of record in order for you to use the Central IRB. And I get at least two or three calls a month from investigators who want to do research at their facility but their facility is not one of those facilities that even has a Federal Wide Assurance to do research so, that, that is more important than you might think. You have to make sure that your facility can do research and that we are listed as an IRB of record and then each facility, who does have an FWA and who wants to have their investigators utilize the Central IRB, has to enter into a Memorandum of Understanding with the VHA Central Office, and this includes the associated NPC, or Non-profit Corporation, if the facility has one, and, thirdly, there has to be standard operating procedures at each facility regarding the use of the Central IRB. So those three things have to really be in place and then if those are in place, then an investigator who wants to use the Central IRB should give me a call and then we can talk about where to go from there.

Now, the MOU, I want to spend a little bit of time discussing the MOU. It’s a very, very important document and I think all of the individuals on the call who are working in your research office should really take time to review that document because it could answer a lot of questions for you. It does spell out the respective authorities, roles, and responsibilities of all the parties that sign the agreement and that’s central office, Dr. Marisue Cody signs the agreement for the IO here in Central Office and lists the things that we will do as an IRB of record. It lists the responsibilities of the local facility that, that they’re still responsible for and it talks about if you have an affiliated NPC and what their responsibilities are. So, for instance, for the Central IRBs part it will say that we will perform all the functions of an IRB and that, that will include, will also include a privacy review, and information security review. Whereas under the local facilities responsibilities, it may say that the local facility is still responsible for doing all other subcommittee reviews such as biosafety committee. So, as of now, really, we have agreements in place, MOUs in place, with almost all VA facilities that can perform human subjects research and that they do have an FWA on file with all the human subjects protections as well as their affiliated nonprofit organizations. So, almost all facilities that do human subjects research we do have an agreement with at this point. Recently, we entered into MOUs with eight Department of Energy Laboratories and that is for, they’re going to be involved in studies that use data from the Million Veteran Program so when they do that, we can serve as their IRB of record for those studies. And then I want to separate the other three out because those really aren’t the same type of MOU as the others are. Like, for instance, the University of Cincinnati and The John Hopkins School of Medicine, we do have MOUs with them but that’s for us to serve as IRBs of record for the VA facilities that are part of their network and that they, they fund research through their network and VA facilities are part of that. We can serve as an IRB of record for those facilities, and we will, and then we work with those networks on their, on those studies, and coordinate amendments etc. with their non-VA facilities. And so we do have a study right now with the University of Cincinnati, it’s a stroke net study, that’s been approved and is ongoing and we are in the process of reviewing and approving one from The John Hopkins School of Medicine and then other one, the third one there, Baltimore Research and Education Foundation, we do have an MOU with them as well, that’s the Baltimore Facility’s NPC, but that MOU is for, they’re actually serving as our agent for billing industry sponsors for via Central IRB review of the industry sponsored study, so that’s what that MOU’s about so I just wanted to make sure that was clear.

**Soundia:** No that’s helpful and, in fact, Annette we had a question. Someone asked what does research network studies mean, and so I think you’ve addressed that when you described the University of Cincinnati stroke net as well The John Hopkin’s School of Medicine covet initiative, is that correct?

**Annette:** Yes. Those are like networks, or like PCORI, like Steve said earlier.

**Soundia:** Okay, but, as you mentioned, we’re only serving as the IRB of record for VA’s and for participating . . .

**Annette:** But at VA facilities, but those MOUs are not MOUs to serve as an IRB of record for the University of Cincinnati or for John Hopkins School of Medicine. No, they’re more of coordination MOUs for how we coordinate the VA sites and like amendments and stuff between the non-VA sites.

**Soundia:** Wonderful. Okay. Thank you.

**Annette:** And then last so,

**Soundia:**  It’s local accountability

**Annette:** Go ahead Soundia.

**Soundia:**  No, no, if you can just share a little bit about how we, I guess, account for that, local accountability for research and what the MOU says about that.

**Annette:** Well, yes, so as I mentioned before, one of the things that the local site does is it appoints, when you enter into an MOU with the Central IRB, the medical center director at each facility appoints two individuals to perform certain functions, or it could be one individual to do both functions. One of those is to provide local comments to the Central IRB regarding the Central IRBs review of Principal Investigators new project applications that I mentioned before. So we give each site 15 calendar days to comment on any newly approved project and that’s what this, this person does. This person, we send a notice to this individual and then this individual has 15 days to comment back to us with any comments and then the other function for which an individual needs to be appointed is to serve as a local site liaison, and medical center directors have appointed a number of different types of individuals to this function. There’s no real, we don’t recommend any, any one particular position except it really is up to the medical center director so we have IRB administrator, local IRB administrators, local R&D committee administrators. We have RCOs, AOs, ACOSs even appoint, get appointed, R&D chairs, and IRB chairs. So it could be any of those types of individuals at our facility who can serve as the local site liaison.

**Soundia:** Excellent. Thank you. This is helpful. I think Annette shared with us what the local facility responsibilities are when it comes to projects that are overseen by the VA Central IRB, and those are largely driven by what the MOU says, but we want to make sure that you all understand that so we’re going to do two more quick polls to really home in on that point and based on the results of the poll, if we need to talk about this a little bit more we will. If it’s all good and everyone gets it, we’ll move on. So, our third poll, the statement that we have here is the local facility is responsible for the following activities when projects are overseen by the VA Central IRB. They are responsible for A) Receiving copies of VA CIRB approved documents. B) Providing comments on newly approved projects. C) Ensuring review and approval by other local subcommittees. D) All of the above, or E) None of the above.

**Heidi:**  And responses are coming in. Again, we’ll give everyone a few moments to respond before we close it out and go through the results here. Responses are coming in a little bit slower this time than before but people are probably needing to think about it a little bit. Okay it looks like were slowing down here so I’m going to close the poll. And what we’re seeing is 3% of the audience saying receiving copies of VA CIRB approved documents, 1% of the audience saying providing comments on newly approved projects, 5% saying ensuring review and approval by other local subcommittees, 89% saying all of the above, and 2% saying none of the above. Thank you everyone.

**Soundia:** Excellent. Thank you everyone and that’s correct. D, all of the above. Your local facility is responsible for receiving copies of the approved documents, providing comments on newly approved projects during the comment period that Annette already described and, in turn, review and approval by other local subcommittees. So, excellent. Lastly, we’re going to ask you, make sure we, everyone is on the same page here. The statement is, the local facility IRB is responsible for the following activities when projects are overseen by the VA Central IRB. What we’re asking is what specific responsibilities, or what responsibilities is the local facility IRB responsible for? A) Receiving copies of VA CIRB approved documents. B) Reviewing VA CIRB approved documents. C) Is both A and B. D) Is none of the above. E) Is I’m really not sure. And E is a perfectly acceptable answer. This is our opportunity to clarify at this point.

**Heidi:** And again we’ll give everyone a few moments to respond before we close the poll question out and go through the results. And it looks like we’re slowing down here so I’m going to close the poll, and what we’re seeing is 12% of the audience saying receiving copies of VA CIRB approved documents, 4% saying reviewing VA CIRB approved documents, 39% saying both A and B, 41% saying none of the above, and 4% saying I’m really not sure. Thank you everyone.

**Soundia:**  Excellent. Thank you and I’m so glad we did this poll because this is a great opportunity. Annette do you want to chime in?

**Annette:** Yes. The correct answer, and this is according to the MOU, the correct answer according to the MOU, would be D, none of the above, however, as I mentioned before, local sites have flexibility in how they organize this at the local site and through their local SOPs so, for instance, I mentioned that IRB, local IRB coordinators, or local IRB chairs might be receiving copies of approved documents as the liaison and, and in some instances I know that when we first started the IRB that the local IRB would review our studies after we did, but that never would interfere necessarily with us. We were the IRB of record for that particular study and our determination is what, what went forward and so, the correct answer is D. According to the MOU, the local IRB has no responsibilities and everything should come to the Central IRB, but inevitably sometimes people ask their local IRB for advice or, like I said, the IRB, the IRB chair might be, you know, brief their IRB on something that, you know, the Central IRB did. So those things do happen but, again, if you take the poll again, you’ll know that D is really the correct answer in accordance with the MOU.

**Soundia:** Right. Perfect. Thank you, and if anyone has questions about that submit the questions and we’ll cover it later on in the presentation, but we wanted to really drive home that point because we, we continue to get questions about that. Somebody will send us a message saying hey our IRB’s reviewing this and we didn’t think this was necessary and we get it, there’s a lot of turnover in the research office so you have new people coming in and going out and so we want to make sure that everybody is on the same page and that everybody understands the VA Central IRB oversees a project. The VA Central IRB is the IRB of record and, therefore, responsible for all the reviews and reportable events, all of those things associated with that study. Alright. So now we’re going to shift gears a bit and talk about the VA Central IRB model. I’m going to talk briefly about that. We go back to our, the scenarios we are kind of painting here. As a new VA investigator, I’ve now checked with my, with the VA Central IRB. I know our facility has an MOU with the VA Central IRB and, so now I’m ready to submit it and I know, Annette, you’re the contact person so I pick up the phone and I call you and I say we have an MOU, I’m ready to submit our protocol. Anything else I need to do before I hit send or you give me a link to SharePoint or however you go about doing things, what happens next Annette?

**Annette:** Okay, well, what happens next is basically I usually, unless it’s an ORD funded study, like a CSP multi-site study which we pretty much take, we’ll ask for an abstract and the chairs will review that to see if it fits our model. I think Steve talked about that a little bit earlier in this presentation and then we’ll talk about a couple of these things. Sometimes we will have a discussion about whether it’s even human subjects research, whether they’re even a multi-site study. Many, many times we talk with study teams and they’re really a single site study in which the investigators want to obtain data from multiple sites but they’re really not engaging those sites. So, I, again, I get probably five to six calls a month on this type of Issue where they’re not really human subjects research or they’re really a single site study, they’re not really a multi-site study. So we’ll have that initial conversation and then the chairs will review it and, if they accept it, we’ll let the investigators know and we’ll give them an option to submit draft documents for what we call a pre-review. I’m going to let Soundia talk a little bit about the pre-review process because Soundia, as our regulatory analyst, she does a lot of these pre-reviews for us.

**Soundia:** I do. Annette and I split them up. She does some and I do some but, essentially, the regulatory pre-review is optional. It’s a courtesy review that we offer to anybody who has a study that’s eligible for VA CIRB review and none of the, none of our requests are binding, however, when we’re reviewing these studies, we’re looking at any documents you submit. We typically ask that you at least submit the protocol and the protocol application. If there’s a consent form or any waivers requested, you know, submit those if you have those and we’re going to go through all the documents and we’re going to point out any red flags that we see. We’re going to make sure all the regulatory requirements of both the Common Rule and VHA Handbook 1200.05 are met. We often have to give a lot of guidance when it comes to recruitment as that tends to be an issue where sites, you know, could use a little bit of fine tuning. Either they haven’t put enough information or some of their recruitment practices are not in line with what’s allowable in VHA Handbook 1200.05. Waiver requests, a lot of times we’ll look at it to make sure that the waivers that they requested are appropriate and we’ll have to guide them on, you know, either this is appropriate or it’s not or you’ve forgotten that you really want to request a waiver for recruitment purposes. Or we get a lot of sites that confuse waiver of documentation of consent with waiver of informed consent so we’re able to kind of fix those issues. The one area where I think we, we offer the most value is, in a sense, project design. Many times we receive protocols where there’s some issues either in the population that the investigator and study team wants to target or in the risk level associated with the study. An investigator may submit a study and they believe the study is minimal risk and so they design it with that in mind. Well, certain things are only allowed if the study is minimal risk and so, certain waivers are only allowed if the study is minimal risk. Approaching certain categories of vulnerable populations are only allowed if the study is minimal risk and, if during the review process, the pre-review, we look at it and we say, we don’t think the study is minimal risk that can really be a big, red flag whereby it may require the investigator to redesign their whole study. The value of pre-review in that instance is, rather than having submitted the documents, at that point, when you have a red flag and the study team disagrees with my review or Annette’s review, or has questions, that would be a good point where we can say hey, let's call in the co-chairs and let's all sit down and talk and see what you can do to mitigate this. What changes can we make before you even submit it formally so that we address this issue because, based on our experience and what we’ve seen, based on the regulatory text and how we’ve seen this reviewed in the past, this does not look like it will qualify as minimal risk so let's handle it now before you submit your formal submission and we have to go all the way to the convened board for this situation to be resolved, just taking up time for everyone. So that’s the type of thing, those are the types of things that we, we assist with during the pre-review. Once that’s all done, the investigator is ready to submit the formal application, Annette what happens there? Can you talk a little bit about the unique two stage application process because we have about, I think 40% or more of our attendees who don’t really have experience with the CIRB so they terms like PISC, LSI may be foreign to them.

**Annette:** Okay. Alright, so the first step after, if you’ve had a pre-review or if, if and we really do recommend that for inexperienced investigators who haven’t used the Central IRB before, but once your pass that stage or if you already know our policies and procedures then the first thing you do is submit what we call the PI or study chair application. This is what we call the main application. It’s our VA Central IRB form 108 which is available on our website. This, this application contains the protocol, the waiver request, model consent forms, model recruitment materials that you want sites to use for your study. You know, it’s really the complete package. It’s what you would normally submit to your local IRB to get a single site approval for a study. It’s basically that whole package and then there’s, what we call the local site investigator application, and that’s when each participating site submits an application and these are typically reviewed via expedited review, these local site investigator applications. The PI application can be done, reviewed either expedited or at a convened IRB. So, the first step is the submission of the study application. We do not want the local site investigator applications to be submitted with the main application and that’s because the main application, as you can see, consists of all of these elements and frequently IRBs have, want changes to many of these documents once they review it and they’ll send back, you know, requests for changes so we don’t want you to submit the local site applications and then just have to change everything in those as well. So we’ve, we’ve learned by hard experience when we first started out with this model that that wasn’t going to work, so this is the best way to do it is to get that main application approved first so,

**Dr. Fred Hendler:** Well, the other thing Annette, is that it allows the local sites to then make comments before their application goes in as well before the actual approval.

**Annette:** Right. That’s correct, so as Fred said, that once the PI application is approved, the site has 15 days to look at it and sometimes they’ll have a specific comment or they’ll want to change something or add something and they can do that in their local site application and justify it and submit that instead of having to do it later as an amendment or, or something like that so that’s very helpful in that regard. So, the local site application once that’s approved, once the PI application is approved, we’ll start looking at these local site applications. We will not approve a local site application until the 15 day comment period is over in case there are comments that need to be addressed so the local site application mirrors the PI application but it focuses on what the local study team consists of, who’s on the local study team, have they met all their training requirements, etc., what are their functions, local resources. If you do anything differently than the main application, if you want to do anything differently than what’s already approved in the main application, this is where you say what is different that you want to do. You submit the model documents. You customize them for your site and by customize, I don’t mean, you know, change the wording because you don’t like certain wording or add something that you want to add. No, that’s not what I mean by customize. All I mean by that is that you put your local contact information in the already approved document. If you want to change something or add something, other than your local site contact information, then you need to indicate that on your local site application and you need to justify why you want to do that. As you can see from this slide, the third to the last bullet, all differences from the PI application must be justified and then both the, we have the local ACOS for R&D submit a certification form for both when the PI application is submitted and the LSI applications is submitted so that we know that the local research office is aware that this study is being reviewed by the Central IRB and that the local study team from those, that particular site has met the credentialing requirements, training, etc., and that’s provided with the local ACOS’s R&D certification.

**Soundia:** Excellent. Thanks Annette and then we have a slide here that kind of summarizes the process. I don’t know if we have to go into it, but Annette has already talked about various components of it and it’s here as a resource for you all to kind of see what the whole process is. Do you want to comment on this at all or should we go forward?

**Annette:** The only comment I want to make is I think that you, there’s a really good flow chart of this process on our website so if you go to our website, you’ll see that there’s a flow chart there of the review process. One side of the flow chart is the actual flow chart itself which shows the different processes that the PI application or LSI application goes through along with a local site comment period and then the reverse side of that is, it tells you in text step by step what, what each of those, what the flow diagram is showing and I think that that’s really helpful, especially if you’re new to the Central IRB to take a look at the flow diagram. It’s better than this slide in the detail it goes into and in showing you the different steps.

**Soundia:** Excellent. Alright. Thank you and we have a link to the website at the end of the presentation for those who aren’t familiar with it. Wonderful. We have a section here on post approval monitoring because we know, as you all know who are in the IRB, who are in your local IRBs, a lot of an IRB’s time is spent on post approval monitoring. I don’t want to spend too much time on this section. We’re going to kind of leave this in the interest of time as more of a resource. But I am going to ask Annette is there is anything, Annette, when we’re looking at post approval monitoring, is there anything you want to point out to the site that’s unique to the way CIRB does things with respect to amendments, continuing reviews, reportable events. If you were to highlight, you know, two or three things that are unique in the post approval monitoring process, what would you, what would say, what would share?

**Annette:** Okay, the first thing I would say is that, of course we had PI amendments that pertain to the, to the main study and the PI amendment applies to the entire study so if we approve a PI amendment we send the notice to all sites. You need to include it as part of your regulatory binders because it is a part of your approved package at that site. Then there’ll be local site amendments which are only specific to that particular site and so those are the two different types of amendments. We also have, what we call, updates and this is unique to the Central IRB in many respects. So if a PI amendment approves a change, for instance, in the consent form, you don’t have to submit a local site amendment to update your local site consent form, you just submit the changed consent form to us. We will validate that as an update, as, as part of that approved PI amendment and send it back, so that’s the difference. The other difference I want to mention is continuing review. When, when we set the date for the continuing review expiration date, that date is set by the expiration date of the approved PI application so that is the one date. Each LSI gets that same date even if they’re approved only a few months before that expiration date as a local site, they get the same date that way, when we look at the continuing review, we’re looking at the totality of the entire study and all the participating sites and then the next cycle everyone will be on, you know, on the same yearly, or whatever it is, time frame for continuing review. So we have the one continuing review date for the entire study no matter when a local site investigator application may be approved so that’s another different thing.

**Dr. Fred Hendler:** And Annette, the other thing is that most amendments, whether they be PI amendments or local site amendments, can be expedited unless they really influence the protocol.

**Annette:** Yeah. Most, most of them are. Yes.

**Dr. Fred Hendler:** So it’s a fairly quick process.

**Soundia:** Thanks Fred. And, okay, anything else in this section before we move on because I want to spend a good bulk of our remaining time really talking about the VA Central IRB portfolio.

**Annette:** The only thing, Soundia, I would say, is reportable events, that sometimes there is confusion about reportable events. These are reported to the Central IRB, not your local IRB. Please report them to us. Some of these reportable events have reporting time frames associated with them and so you don’t want late reporting so please make sure you know how to report them to the Central IRB.

**Soundia:** Excellent point. Great. Alright and we have a slide on RCO audits for people to look over as well. So, now, we’re going to switch gears and really kind of talk about the VA Central IRB. I think, because of the unique model where we have our PI applications, PISC applications, and our LSI applications, it’s really hard. It may be difficult for those outside of the VA Central IRB to really kind of get a sense of the scale of the operation that’s being run here and so, if you all can talk a little a bit about the, the growth in the PI, LSI applications over time. You can share a little bit of context in terms of the nature of the studies maybe that you’ve seen coming in as the CIRB model has evolved in terms of, not so much the model has evolved, but just as you’re experienced and the CIRB has been around for a longer time, the types of studies that we tend to see now versus what we saw in the past. And then we also have a slide on the workload and so I’m going to turn it over to the co-chairs and ask them, you know, don’t feel you have to stick to the slide but if you can really give us a sense of the portfolio and share maybe some unique studies that CIRB reviews to give people some insight into what goes on here on a day-to-day basis.

**Stephen:** Sure. I think, think this first bar graph kind of shows you the growth of the VA Central IRB in terms of total number of studies and sites. And I think the one really important take home point about the VA Central IRB versus your local IRB is like, you can say, well you know, gosh you guys only did like 44 new studies in 2017 but how many new sites was that really because it, it’s not just the single study. We often have people get a little bit confused by the concept of it may not be a ton of studies but it is, it is a ton of sites and so we have to oversee and review all those different sites. Although we do do it in a more efficient way than one site, one study. So that’s the real key point there is that it may be fewer studies but we’re doing so many more sites and have to work through adverse advents, local changes, and that sort of thing from the local sites. I think the other important thing to note, as well, is how our membership interacts. At your local IRB level where the member’s themselves, their primary responsibility is to show up to the meeting and they might do a primary review of the study or a consent form review or those sort of things. Our members are very involved, so if one of our members is the primary reviewer for the full board PISC study, they are also the expedited reviewer for all the local sites. So, you know, we have certainly some studies that have a lot of local sites that can take a lot of time to look through all those particular applications and make sure everything lines up with the PI application – ensuring that everybody’s qualified, all the criteria are met, and, you know, if there’s any variations within what the local sites submit versus the PI, of adjudicating that and seeing how to move forward. So, it is a lot of workload and I think on this slide 37 you see that our total volume for 2017, was, you know, we have 172 PI continuing reviews, 600 local site continuing reviews, a lot of amendments. So there is a lot of workload there and we just try, try to be as efficient as possible. But I think, and we might touch on this a little bit later on, for people submitting stuff to just be as clear as possible and describe as well as you can, you know, if you have an amendment or an adverse event or an unanticipated problem. Now, tell us what went on and don’t necessarily be verbose, but, to the point and be as clear as you possibly can as that’s very helpful to all of us. Fred, did you want to talk about maybe some of the projects we’ve done over the years.

**Dr. Fred Handler:** Well, yes, Steve, I just want to make another comment, and that is in addition to the continuing reviews and the initial applications. The person who’s the primary reviewer is responsible for reviewing all the adverse events, all the protocol deviations, all the amendments, all the reports from the DMSB’s or the DMC’s or the compliance officers, etc. They are, they are the point person along with the study coordinator as to whose responsible for everything that goes on with that study. So, it’s a lot more than just the initial reviews to say the least.

**Stephen**: Right, yeah, but that also provides some continuity over the course of the study as well as across sites when you have the same person, or people, small group of people looking at these things and can identify those trends or identify particular issues. And, like we mentioned earlier, there’s times that we find these trends and things and can go back to the investigators or the sponsor and say, you know, hey we found this, maybe we should look into this a little bit further.

**Dr. Fred Handler:** Right. Then we, on this slide, that’s up there listing a number of studies that we’ve selected just to discuss somewhat in some detail because they represent various aspects of the types of studies we review. The first study that’s up there is the Point of Care study, and this is a study that I’m sure that most, well I shouldn’t say most of you, many of you are aware and there’s been a lot of controversy, that I’m aware of, at the field level with respect to this. This is a study comparing HCTZ with Chlorthalidone in people with hypertension. Essentially, this is a study that’s carried out centrally and only could be done in the VA as the individuals that are participating have been enrolled essentially because their primary care provider has agreed to participate. There’s no consent involved and it’s just like if you were on one statin and you’re switched to another statin that the VA has changed to because of contract or choice and here the difference is some people are maintained on HCTZ and other people change. So this is a comparative study that could only be done in the VA and only could be done without consent as, as a research program through essential IRB mechanism such as ours. So I think this is really a very, very important study. It allows a comparison of two drugs that are potentially equivalent and hopefully we’ll get some results in the near future that will determine whether they truly are equivalent or not. Do you want me to continue Steve?

**Stephen:** Yeah, yeah, go ahead and talk about SPRINT and hopefully your favorites there by CONFIRM.

**Dr. Fred Handler:** Okay. The SPRINT study is another interesting study because this was a study that was an NIH sponsored study that they wanted a VA component for and so the VA component was done centrally through us and the NIH did the other sites as individual sites. And the VA component, I think Steve if I’m correct, was supposed to only enroll about 10% of the participants and wound up what, enrolling 25% of the participants.

**Stephen:** Even more than that. I don’t recall an exact percentage but we were a very big contributor to the overall study in the VA.

**Dr. Fred Handler:** Yeah and it was, it was basically to look at lowering blood pressure to lower levels than its standard treatment and to look at the cardiovascular events and strokes in those individuals. It was stopped early. It was subject to the New England Journal of Medicine paper that was published, I think the year before last, and that showed how lowering of blood pressure was not only safe but also reduced events and the VA was really the major participant in that study and it couldn’t have been done without the Central IRB to say the least. Alright, the third one, that I’m going to talk about, is the CONFIRM study. This is a study which enrolled over 50,000 individuals comparing colonoscopy with fecal immune testing. They’ve closed enrollment. There’s part of this study which is still going on which is a data repository, specimen repository component, and they are still evaluating participants and will probably continue to do this for probably close to another 10 years. And, again, this is a study that could’ve only been done through the VA because of the VA’s ability to say that there’s no data to suggest that fecal immune testing or colonoscopy are different and we’re going to essentially determine if one is really better than the other.

**Stephen:** Yeah. Certainly kind of another thing is MVP. I wouldn’t say it only could be done at the VA but the MVP program has certainly been the most successful to date, you know. NIH has the All of Us version of this now and, and we’re actually cooperating with All of Us and the VA Central IRB Is a privacy board for the VA component of All of Us. But, the VA’s in a unique situation where we have a large population with a long term healthcare record of which the MVP program is really very useful. I don’t remember what the numbers are but it’s well over 650,000 Veterans enrolled in MVP and there was 50,000 on the CONFIRM study so, that gives you a sense of our workload too in terms of oversight of actual human subject participants and trials.

**Soundia:** Thank you guys. So moving on now, we came up with this topic. The good, the bad, and the heartburn inducing. We’ve talked about the history behind the formation of the VA Central IRB. We’ve gotten to know you all. I think we have a good sense now, I hope everyone has a good sense of what you need in order to use the VA CIRB and how the process works, the whole PISC versus the LSI applications. And, so, we know you’re busy overseeing a lot of studies with a lot of post approval monitoring going on. I think what would be helpful now is really to talk about what we feel our strengths are as a VA CIRB and also what areas we acknowledge that need improving, and then, finally, since we have a large audience here, this is an opportunity for us to convey to the study teams what are some of the things maybe that they could do that might help improve the efficiency of the process. So, if we can start with our strengths and go into things that we know are challenges and then, finally, things we can tell the study teams that would be helpful.

**Stephen:** Yeah, in terms of our strengths, I think we’ve touched on a number of those already. I will just kind of list those off kind of quickly. I think our strength is really multi-site clinical trials where we can do the Principal Investigator/Study Chair lead site model and then have local sites added on to that quickly and easily, as well as the precision medicine model where we don’t necessarily need to engage all these local sites in order to bring research to the Veteran. Our decrease in variability across sites I think is strength for us both from an organization as well as to outside sponsors - that we can stand these kind of protocols up relatively quickly and uniformly across the system. Our ability to approve amendments across all sites in kind of one single pass instead of having the amendment go to, you know, 20 different sites to be approved at each site. Uniform Informed Consents across sites. Uniform continuing review across the entire protocol. And, I think one of our strengths as a board has been, that we haven’t mentioned, is we have a lot of conversations with study teams during that PI review time period. It’s not just passing paper back and forth or emails back and forth between the VA Central IRB and the study team. We prefer to have conversations and work out these details to be as efficient as possible, because we find that’s just the most helpful for getting these things moving forward. I think that’s, you know, that’s the highlight of our strengths.

**Dr. Fred Handler:** And, I think in terms of improvement, well, I think we all feel very strongly that we need to improve our turnaround time, particularly on initial reviews and we continually work on that. The other thing that really is becoming different that wasn’t there to begin with - when we started out most of our studies were CSP studies and CSP had an infrastructure which facilitated the lead site model that we have chosen to follow and that does not exist with sponsored studies. So one of the major problems we’ve run into with sponsored studies is that we do insist upon there being a lead site and the lead site either doesn’t have the infrastructure or it doesn’t appreciate what it takes to be the lead site and that, that has been a major problem in recently slowing down our turnaround time on initial reviews as well as, to some extent, on continuing review and the submission of the local site documents as well. So, I think that those, those are areas that we really need to work on that are critical to increasing our efficiency and increasing our approval with the field.

**Soundia:** And then things that maybe the study teams aren’t aware of. If they’re one or two or three things that you think would be helpful and might help improve the efficiency of the review process, what would they be?

**Stephen:** I think one of the things, and I don’t think this is unique to the VA Central IRB, I see this at the local level as well, is to have somebody proofread your application before it comes in. It’s a pretty simple thing because I know we all get in a hurry and we try to get things out the door but, in fact, that may slow us down because we don’t understand what you’re trying to say because that’s not really what you were trying to say, or, something’s missing. So just kind of have somebody else look at it and just make sure your application is as clear as possible. Be sure you look at our criteria for submission and our forms for submission. If you’re doing a PI application, yeah, something we can look at that because we do get some applications that look very much like, you know in terms of the model consent form and things like that, of exactly what you would do locally. Look at our templates and things like that so that we can uniformly apply those across all the sites you’re going to do and, certainly, you know, if you have big questions don’t struggle with it. Give us a call. We can, I think it’s better to, you know, fix it sooner than later then us having to create another round of paperwork and for both of us to get back to you want. So we’d rather solve the problem initially out of the box than go back and forth.

**Annette:** Yeah, this is Annette. I would just like to say that one of the most frequent problems that we see with these industry sponsored studies is that the recruitment process is not well described so be sure you describe the recruitment process in the 108 application, otherwise, we’ll be going back and forth trying to get all the information we need to make sure that all the IRB approval criteria is met. And I see that in almost every single industry sponsored study, it’s that the recruitment process is not well described in the protocol because they leave that pretty much up to the local site sometimes and how they want to do that, whereas, you really need to describe how that’s going to be done.

**Dr. Fred Handler:** And, and the 108 is the main site application.

**Annette:** Yes.

**Stephen:** Yeah. The 104 is the local site and that is going to vary by local site and because, generally, we don’t know your local site. Again, you know, be clear, descriptive of, you know, how you contact patients, where you contact patients, and be aware of, you know, VA policy of how you can do that. Certainly you can’t reach out via email or a cold call so just describe how you do it and I think if we get a nice, clear description it’s easier than, than some of the things we occasionally get which are pretty general.

**Soundia:** Excellent. Thank you. I think that will be very helpful for sites going forward. So, we have about five minutes left before we stop for questions. And so, if we can spend these last few minutes talking about what the future looks like for the IRB, some changes you have. I hear you guys have a new fee structure. I personally haven’t seen it, but are you about to start charging people? Can you talk a little bit about that, and then let's touch on the whole single IRB mandate. We know from the revised Common Rule we don’t have to worry about that per se, until 2020 but an NIH policy and the whole single IRB mandate has that impacted you yet? Are you seeing increased numbers of studies coming your way, and then any new initiatives. We can use these last few minutes to talk about these things.

**Stephen:** Yeah. I’ll start with the fee structure. We do have a fee structure out there for industry sponsored studies. It’s actually to fund some of our new initiatives, to help fund that because we, you know, strongly feel that, VA shouldn’t foot the bill entirely for these investor sponsored studies and so we have developed, not sure it’s on our website yet, but it’s publicly available and we can provide it to sponsors and investigators our fee structure which is based on our model of there’s a PI site review and it includes five local sites and then there’s like a per site fee on top of that. We tried to do a fairly simple structure that is basically major amendments and the continuing review. We don’t follow the commercial model which charges for absolutely everything that comes down. We’ve tried to simplify it as much as possible. We do have that available if you have a study you want to do with Pharma. We haven’t developed any fee structure for anything outside of that and, certainly, there would be no fees for VA funded trials. Now do you want to talk about the single IRB thing that we’ve seen so far?

**Soundia:** Any new initiatives you can share with us? Oh, single IRB yes.

**Dr. Fred Handler:** Well, in terms of the single IRB, we are seeing and, Annette can speak to this, we are getting submissions from individuals who’ve submitted NIH grants and because of this single IRB mandate, they are coming to us and requesting our agreement to be the IRB of record for their multi-site trials. So this has the potential to significantly increase our workload.

**Stephen:**  Yeah, in terms of new things that we have on the front end kind of, as I said it’s related to the fee structure. Ultimately we want to develop a second panel to maybe just focus on the Pharma studies. We haven’t fully developed that yet but we believe we need a second panel to handle work load. We would like to bring on some additional administrative staff and have some initial plans in that regard as soon as we get the money in the bank so to speak and working closely with industry through what’s been called the Clinical Trials Summit which is sponsored by, or championed by, the CRADO, Dr. Ramoni, to increase availability of clinical trials to Veterans in general and finding ways to do that in the most efficient ways possible. Certainly Central IRB is a big part of that, but not the only part of that so. What else Fred? What am I missing?

**Dr. Fred Handler:** Yeah. No I think that’s, that’s pretty, pretty much about it for now. We need to move on.

**Soundia:** Thanks for keeping us on track Fred. Alright.

**Dr. Fred Handler:** I’m watching the clock.

**Soundia:** Keeping us on task always. Alright, and then lastly we have some slide resources for you. Our website and the website addresses below and here’s the table above that shows the type of information you can find on the website. The table of reporting requirements that Annette was mentioning when she was talking about you needing to follow VA Central IRB reporting requirements that you can find there as well as the flow chart you should be able to find on the VA CIRB website. And then here’s the contact information for the chairs and the IRB administrator. I put my information there as well and then, we’ve also given you the contact information for all of the administrative office that supports the VA Central IRB and really, you know, we could not do our day to day work without the administrative office. They’re the backbone of this operation and so, many of you know them personally or, if you don’t, you’ll get to know them if this will be your first time using the VA Central IRB. But if you have any questions, you can send an email to anybody and we’ll direct you to the right person. And so now we have about 15 minutes for questions. Heidi we did not answer any of the questions. We were caught up in the presentation so if you can just do your thing like you always do, we’ll be great.

**Heidi:** Sure. Not a problem, not a problem. I’m just going to start from the top and work our way down. The ISO review is received in a timely fashion, however, the privacy review is often several months late. Per VHA Handbook 1200.05, the Privacy Officer and the ISO serve in an advisory capacity to the IRB as either non-voting members or as consults. The facility Privacy Officer and ISO, this is incredibly long….

**Annette:** Heidi, do you want me to just address the situation with the PO.

**Heidi:** If you could because I’m going to spend 10 minutes reading the question.

**Annette:** Okay. If I don’t answer the question that was asked then that person can email me directly and I’ll try to answer whatever I missed but, basically, we do have the VHA privacy officer, who does our PO reviews for us. There are two representatives that do those. Unfortunately, the workload is such that they can’t seem to get to them in a timely manner. They’re, they’re also short staffed, etc., just like we are, and it is taking a while to get that. We have a new initiative, which we didn’t mention in the interest of time, where we’re trying to get a dedicated PO Officer for ORD that will be able to support the Central IRB and ORD on a pretty much full time basis. So we’re aware of that problem and we are trying to work on a solution to it.

**Stephen:** Yeah and in terms of the ISO piece as well, OINT is getting four, I think it’s four, dedicated ISOs and we have two, as Fred, Fred or Annette mentioned, we have an ISO and an alternate and they attend our meetings as well and that’s not fully developed yet but it’s very much in progress and we hope that’s going to help solve some of our ISO issues and provide consistency across the board so local ISOs don’t need to get involved with that and they can, and they can reference the Central ISO.

**Dr. Fred Handler:** And certainly over the last two months when they’ve been involved it’s been a tremendous improvement.

**Stephen:** Absolutely.

**Heidi:** Okay. I’m going to, we’ve got a lot of pending questions and about 12 minutes to go so I’m going to move on to the next question here. When studies involve VA employees as subjects, approval memos say it is up to each facility to notify your local union. Why is this not done at the national union level and shared with everyone?

**Annette:** Okay, that, I, I really can’t answer that question. That language that we put in those letters was language given to us, by the Office of General Counsel since we were not going to be involved in that issue with unions. That is the language that they gave us to put in our letters and so that’s what we use. I wish I could answer that question. If whoever asked that question wants to email me the specific question, I will try to get with our general counsel for the board and see if I can get an answer.

**Soundia:** Karen may have some insight on that that she can share.

**Annette:** Oh okay. I forgot you were there Karen.

**Dr. Karen Jeans:** So this Karen with ORD. So indeed, why is this not done at the national level and shared with everyone? Because not all studies require national union approval and so, what we do not write policy for the unions and, so, what the unions have asked us to do is that it starts at the local level and so, for these studies that are not ORD funded, for example, and, and we have variety here and with the Central IRB but I’m speaking generally across the entire VA system right now. It starts with the local union office and so, if they then state okay this is a study that needs to go to the national union that’s how it will go forward, but it doesn’t start at the national union level. So that’s why it’s done this way. It’s based on what the union has communicated to us in VA.

**Soundia:** Thank you Karen.

**Dr. Karen Jeans:** You’re welcome.

**Heidi:** Great. Thank you. The next question I have here, when a local IRB requires that it too must approve a protocol for the CIRB, as the IRB of record, what recourse does the site have?

**Dr. Fred Handler:** Not to pay attention. They have no, they have no standing.

**Stephen:** Right. They’re not the IRB of record.

**Dr. Fred Handler:** Yeah.

**Soundia:** Is there someone they could contact? Could we advise them to contact? I don’t know.

**Annette:** I didn’t get the first part of the question, what was the first part of the question.

**Dr. Fred Handler:** If the local IRB is insisting on reviewing a project.

**Annette:** Well that’s, that’s really up to the medical center director as I said before and if, if there’s issues that the individual designated on the MOU wants to forward to us then that person can do so, but we don’t get involved with the local IRB reviews. Again, that’s up to the medical center director on how they want to handle their local site comment review period and how they want to handle their internal processes.

**Soundia:** Karen’s going to chime in on this one too.

**Dr. Karen James:** Hi, this is Karen again, because I just can’t keep my mouth shut. So, so again, I think that there’s something that Annette said that’s very important to remember. It’s, she’s talking about the local IRB of the comments but there’s a difference between review of the comments and approval of the study. The memorandum of understanding, when the sites agree to use Central IRB, states that the Central IRB will be the IRB of record for all the approval or terminations required for that study. So, there can’t be two IRB approvals and so, if there is another IRB like in the question that’s asked that there’s a second IRB approval being given for this study, than that actually is a violation of the MOU itself. So, there needs to be, this is in my opinion, there needs to be communication with the, first of all notification to the Central IRB itself because there can’t be two IRBs of records to the R&D committee and, and go from there. Otherwise, it’s a situation where ORO would be involved cause it’s noncompliance with the memorandum of understanding and there can’t be two IRB overseeing the same study.

**Soundia:** Thank you Karen. Thank you.

**Heidi:** Great. Thank you. The next question here, if a thank you letter is to be sent to study patients in general without the mention of a specific study, does the letter need the CIRB approval?

**Stephen:** What, I’ve never seen that. I would think it would be study specific. You know, if it mentions any study even though it would be fairly, a fairly easy review, it does need IRB review. But, Karen or

**Soundia:** No. Yeah. This is Soundia. Anything that’s being sent to the research subject, right, because they’re a subject , they’re not your patient. You’re sending it to the subject. The study participant is a research subject so you’re doing that because they were part of the study and anything that goes to the subject needs IRB review and approval. Thank you.

**Heidi:** Thank you. We received a couple of questions in about ISO and PO involvement and also an additional question understanding that a Central ISO team may be formed. Do you guys have any information on that, or the involvement of ISO and PO and review.

**Soundia:** I think that we just touched on that earlier so if you guys have something different.

**Stephen:** They’re very much, they’re very involved, maybe not as quick as we’d like but definitely involved.

**Heidi:** Yeah. I’m not, I, I will fully admit I’m not a subject matter expert so if I get questions that are the same thing, and in a different way I do not know.

**Soundia:** Heidi no problem at all.

**Heidi:** Okay. Next question here. The table of reporting requirements say unanticipated problems involving risk to participants or others that are serious and unanticipated and related, must be reported to VA CIRB within five business days, however, the Common Rule says they must be promptly be reported to IRB. It says nothing about serious related as part of the definition of UPIRSO, please expand.

**Stephen:** Karen, that sounds like you.

**Dr. Karen Jeans:** Thank you Steve. Glad you’re not in the room with me. No, I’m just teasing. So, so the Common Rule does, indeed, not make the distinction between serious and not serious, but we basically have been in line with OHRP as well as FDA when it comes to this because what is it that the IRB truly needs to be promptly reported? And, again, in the Common Rule and I won’t, I won’t go with FDA right now, it doesn’t define that period and, so, so the focus is indeed serious. This IRB has, indeed, all the policy and procedures were reviewed by OHRP as part of its startup and it’s continuing operation so, so yes, the question is correct, you know, the IRB of record, the Central IRB in this situation, has focused on prompt reporting within five days of the serious ones in this expedited fashion. It does not, does not address the non-serious ones. Those are handled in a different situation but this is, indeed, permitted by the Common Rule in terms of the interpretation of the Common Rule agencies and, so, yes you are indeed correct from the regulatory standpoint but what the IRB is doing is indeed correct.

**Annette:**  Right. And just do remember, you know, that VHA we have our regulations that we follow, and policies, in VHA Handbook 1058.01 outlines your reporting requirements and so the VA Central IRB has to meet those requirements as well and that’s what we do by reporting, requiring rapid reporting in the five business days. Great question. Thank you.

**Heidi:** And that actually looks like all of the pending questions that we have at this time.

**Soundia:** Wonderful. Thank you everybody for participating. Thank you so much to our co-chairs and our IRB administrator. We hope that you all found this presentation, this conversation, useful. I’m, I’m very appreciative of everyone who put all the time and effort into making this happen. I must say I think it went very smoothly. We didn’t have any technical challenges so thank you. Thanks Steve, thanks Fred, thanks Annette. This was wonderful.

At the end, before we close out, I’m going to say a few things; one, we have our survey, as I always, say please complete the survey because one it’s your opportunity to give us feedback. We review it, we implement as much as we can. Sometimes we have to, you know, wait a few months to implement certain things but we’re aware of them and we take your suggestions to heart. The other thing I want to mention is our upcoming Cyberseminars we’re going to have a little bit of movement going on. Our July scheduled Cyberseminar was going to be on, let’s see, did I change things, waivers, it was supposed to be on waivers, the Common Rule, the privacy rule, and FDA regulations and just as of today, I started rethinking this and I spoke to Karen and I’m contemplating having us redo the overview of the revised Common Rule and its impact on the IRB, and this would be ORD led. ORO did one a few months ago but we’re thinking that it might be timely to, to do it again from the impact on the IRB’s perspective, particularly because we have recently published a notice of final rule on six month delay in the implementation of the revised Common Rule. I’m going to ask Karen to spend just three minutes on this now.

**Dr. Karen Jeans:** Three minutes or less, and the reason that we talked about this is because as of July 19, there’s three burden reducing provisions and the VA can use two of these. One of these is directly relevant to why we want to do this overview again because one of the provisions is that if an institution decides to take advantage of this burden reducing provision as of July 19 in the VA, that the IRBs are no longer required to review the grant applications such as in an ORD funded study, or an NIH funded study, or a DoD funded study when as long as it’s been refunded and, so, when you make the decision, you make the decision to transition. You are locked in so you must transition that study as of January 21, 2019. So in order to make an informed decision you really do need to understand or have a better, have a really good grip because this thing is not organic, that’s my favorite term, of what does it mean to transition and what will it entail. So, we think it’d be very timely at that date to have this summary of what’s involved with the implementation of the new Common Rule.

**Soundia:** Right and as it pertains to IRB review and process. Now that said, Karen and Petrice are working on a guidance document and training on the three, or the two, burden reducing provisions that the VA can implement and, so, that will be a separate training. That will be an addition. As we mentioned, we always reserve the right to add trainings, you know, and that’s our full intention. So, you’ll be hearing from them in the very near future but, just to let you know that there’s going to be some changes in the schedule and it’s because we want to make sure that we best arm our facilities with the information so that you all can conduct your business most efficiently and effectively. Thank you everybody for your participation. Thank you Heidi as always. This was wonderful. It worked beautifully and we will see you all next month.

**Stephen:** Alright. Thanks. Bye.

**Heidi:** Thanks everyone.

**Dr. Fred Handler:** Bye now.

**Annette:** Bye.

[END OF AUDIO]