Guidance for IRBs, Clinical Investigators and Sponsors

IRB Responsibilities for Reviewing the Qualifications of Investigators, Adequacy of Research Sites, and the Determination of Whether an IND/IDE is Needed

DRAFT GUIDANCE

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For questions regarding this draft document contact CDER, Kevin Prohaska, (301) 796-3707, or CBER, Office of Communication, Outreach and Development, (301) 827-1800 or 1-800-835-4709, or CDRH, Linda Godfrey, (301) 796-5654.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)

November 2012 Procedural

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Guidance for IRBs, Clinical Investigators, and Sponsors¹ IRB Responsibilities for Reviewing the Qualifications of Investigators, Adequacy of Research Sites, and the Determination of Whether an IND/IDE is Needed

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This draft guidance, when finalized, will represent the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to

bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the appropriate number listed on the title page of this guidance.

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INTRODUCTION I.

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FDA is issuing this guidance to remind institutional review boards (IRBs) of their longstanding role in the review of 1) the qualifications of the clinical investigator, 2) the adequacy of the facility in which the research will take place, and 3) the determination of whether an investigational new drug application (IND) or investigational device exemption (IDE) application is necessary for the proposed clinical investigation.

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FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word should in agency guidances means that something is suggested or recommended, but not required.

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To enhance human subject protection and reduce regulatory burden, the Department of Health and Human Services (HHS) Office for Human Research Protections (OHRP) and FDA have been actively working to harmonize the agencies' regulatory requirements and guidance for human subject research. This draft guidance document was developed as a part of these efforts and in consultation with OHRP.

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II. BACKGROUND

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Many of the recommendations in this guidance have appeared in other FDA guidance documents² or have been communicated to IRBs who have contacted the agency directly about

¹ This guidance has been prepared by FDA's Institutional Review Board Working Group, which includes representatives from FDA's Office of the Commissioner, Center for Biologics Evaluation and Research (CBER), Center for Drug Evaluation and Research (CDER), Center for Devices and Radiological Health (CDRH), and Office of Regulatory Affairs (ORA).

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these issues.³ FDA has also provided instructions to its field investigators on the types of documentation that should be reviewed during an IRB inspection to determine whether the IRB has established and followed its written procedures with respect to reviewing an investigator's qualifications, the adequacy of a site, and the determination of whether an IND or IDE is necessary.⁴ FDA has compiled the advice from these various sources into this guidance to ensure that all IRBs have access to it. In addition, FDA provides guidance on how IRBs may efficiently fulfill these important responsibilities.

III. DISCUSSION

1. Must an IRB review the qualifications of clinical investigators who conduct FDA-regulated research?

Yes. Although FDA's regulations place responsibility on the sponsor to select clinical investigators who are "qualified by training and experience as appropriate experts" to investigate the test article, ⁵ IRBs also have a role in reviewing an investigator's qualifications. ⁶ The regulations at 21 CFR 56.107(a) require that an IRB be able to ascertain the acceptability of the proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. In addition, the regulations at 21 CFR 56.111 require that an IRB determine that the proposed research satisfies the criteria for approval, including that the risks to subjects are minimized and reasonable in relation to anticipated benefits, if any, to subjects. In order to fulfill these responsibilities, the IRB needs information about the qualifications of the investigator(s) to conduct and supervise the proposed research.

Depending upon the nature and risks of the proposed research and the relationship between the IRB and the investigator or the institution where the proposed research is being conducted, this may be relatively simple and straightforward or it may entail a more involved assessment.

In many cases, the IRB may have previous experience with an investigator or institution that would allow the IRB to readily determine that the clinical investigator is appropriately qualified to conduct and supervise the proposed research. In other cases, the IRB may need additional information; however, the IRB should be able to easily obtain a statement confirming the investigator's qualifications from an administrator of the institution. For example, for proposed research to be conducted at a hospital where only credentialed hospital staff may conduct research, the IRB may be able to rely on another office at the institution (e.g., the credentialing

² ICH E6 Good Clinical Practice: Consolidated Guidance, 3.1.3, http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM073122.pdf; and FDA Guidance, Using a Centralized IRB Review Process in Multicenter Clinical Trials, Section IV (in relevant part, speaks to the "capacity of the institution to conduct or support the proposed research") http://www.fda.gov/downloads/RegulatoryInformation/Guidances/ucm127013.pdf.

³ http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/RepliestoInquiriestoFDAonGoodClinicalPractice/default.htm.

⁴ Compliance Program Guidance Manual (CPGM) 7348.809, Institutional Review Boards, November 28, 2011, generally, and Section III.J, K, and U.;

http://www.fda.gov/downloads/ICECI/EnforcementActions/BioresearchMonitoring/UCM133768.pdf.

⁵ 21 CFR 312.53(a); see also 21 CFR 812.43(a).

⁶ See 21 CFR 56.102(g), (h), and (j) for definitions of IRB, investigator, and sponsor, respectively; http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/ucm155713.htm.

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office, the clinical investigator's medical department) for an assessment of the clinical investigator's qualifications. For proposed research to be conducted by a university faculty member (e.g., at an affiliated hospital or clinic), the IRB may be able to obtain a statement regarding the investigator's qualifications from the chair of the investigator's department.

On the other hand, if the reviewing IRB has no knowledge of either the clinical investigator or the institution (e.g., the IRB is not affiliated with the institution where the research will be conducted; the IRB has no previous experience with the investigator), the IRB would likely need to take additional steps to evaluate the investigator's qualifications (e.g., reviewing the curriculum vitae of the investigator, subinvestigators, and other necessary study staff; verifying professional associations and medical licensure; reviewing relevant publications).

The IRB may also need to assess the investigator's training and experience specifically related to the proposed study, particularly if the proposed research involves higher risks, vulnerable subjects, or novel technologies or surgical techniques. For such proposed research, the IRB's determination that the investigator is qualified may need to include a review of the investigator's previous specific experience both in this field (e.g., as demonstrated by recent presentations or publications), and prior experience with the test article. In addition, the IRB should pay particular attention to investigator's qualifications to conduct a study submitted for approval to the IRB if the study involves one or more of the following:

- a sponsor-investigator;⁷
- a study that is outside of the investigator's area of expertise; or
- any study design features or other characteristic(s) that may significantly increase potential risks to subjects.

The IRB may also elect to observe, or have a third party observe, the consent process and the research (21 CFR 56.109(f)), particularly if any concerns remain about the investigator's qualifications or experience.

Appropriately trained IRB support staff may assist in obtaining and assessing information about an investigator's qualifications. FDA recommends that the IRB's procedures describe the IRB's process for evaluating the investigator's qualifications to conduct and supervise the study.

2. Is any information publicly available from FDA about a clinical investigator's inspectional history?

Yes. IRBs may check the lists posted on FDA's website to determine whether a clinical investigator has been the subject of an inspection by the agency⁸ and the results of such

⁷ FDA's regulations (21 CFR 312.53(a) and 21 CFR 812.43(a)) require that a sponsor select clinical investigators who are "qualified by training and experience" to investigate the test article. In a sponsor-investigator (S-I) clinical trial, the S-I assumes the responsibilities of both the sponsor and the investigator (see 21 CFR 312.3(b) and 21 CFR 812.3(o)); therefore, there is no independent assessment of the clinical investigator's qualifications by the study sponsor. In this case, the IRB's review of the investigator's qualifications is particularly important to the determination that the risks to subjects are minimized and reasonable in relation to anticipated benefits, if any, to subjects.

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inspections (e.g., Warning Letters). FDA also posts on its website a listing of all investigators who have been notified of the initiation of a disqualification proceeding and a listing of all disqualified investigators. FDA recommends that IRBs routinely check FDA's compliance and enforcement websites for information related to clinical investigator inspections and disqualification proceedings.

3. Must an IRB review the adequacy of the research site?

Yes. FDA's regulations require that before an IRB can approve research covered by the regulations, the IRB must be able to ascertain the acceptability of the proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. The regulations also require that each IRB have sufficient information to determine that the proposed research satisfies the criteria for approval. 13

In the great majority of instances, an IRB will likely be familiar with the research site or institution at which the clinical investigator has proposed to conduct the research; in such cases, additional assessment of a site's adequacy will probably not be necessary (for example, if the research is to be conducted at the IRB's affiliated institution). In other cases, the IRB may need additional information in order to assess the site where the proposed research will take place to ensure it can adequately execute the protocol requirements. Depending upon the nature and risks of the proposed research and the IRB's prior knowledge of or relationship to the institution or other site at which the research will take place, this may be relatively simple and straightforward or it may entail a more involved assessment.

For example, if a proposed clinical investigation involves administration of medical procedures by qualified healthcare providers using medical equipment, the IRB should be prepared to assess the adequacy of the facility's staff and equipment, including the availability of emergency or specialized care if the need should arise. If the proposed research site is part of a major medical institution, the IRB would likely be able to simply note that fact. If, however, the IRB is unfamiliar with the proposed investigational site (e.g., research facility, hospital, physician's office, dental clinic), the IRB would likely need to confirm whether the site is appropriately staffed and equipped to conduct the proposed research. The IRB should be able to obtain a statement from an appropriate person or persons at the research site or institution stating that the facilities are adequate. Alternatively, the IRB could ask that the investigator provide a

http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/ComplianceActivities/ucm165743.htm. Investigators who conducted a device study from 2009 to present are included in the Inspection Classification Database maintained by FDA's Office of Regulatory Affairs at: http://www.accessdata.fda.gov/scripts/inspsearch.

⁸ Lists of investigators who have been inspected by FDA for CDER are posted at: http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/ComplianceEnforcement/default.htm; for CBER:

⁹ See the agency's Electronic Reading Room, including Warning Letters (http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/default.htm).

See http://www.fda.gov/RegulatoryInformation/FOI/ElectronicReadingRoom/ucm092185.htm.

¹¹ See http://www.fda.gov/ICECI/EnforcementActions/DisqualifiedRestrictedAssuranceList/ucm131681.htm.

¹² 21 CFR 56.107(a).

¹³ 21 CFR 56.111(a).

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162		of the facility where the research will take place, including its staffing and resources		
163	relevant to the	ne research under review.		
164				
165		the IRB's responsibilities with respect to verifying the determination of whether		
166	an IND or L	DE is required for an FDA-regulated investigation?		
167				
168	The IRB's sp	pecific responsibilities vary, depending on the product that is the subject of the study;		
169	however, in	general, the IRB should ask the investigator whether he/she considered the need to		
170	obtain an IN	D or IDE and the basis for any determination as to whether an IND/IDE is or is not		
171	needed.			
172				
173	Drug and B	iologics Studies. FDA regulations require sponsors and clinical investigators to		
174	determine w	hether an IND is necessary for a particular study. ¹⁴ The sponsor (or sponsor-		
175		of an individual investigator-initiated study) should be able to determine whether the		
176		ons apply to a planned clinical investigation as required under 21 CFR 312.2(a). If a		
177		ncertain, however, we recommend that the sponsor contact the appropriate review		
178		, for the therapeutic area being studied) in the appropriate FDA Center for advice		
179	,	er the IND regulations apply (21 CFR 312.2(e)).		
180				
181	When review	ving a proposed study, IRBs should ask the clinical investigator whether an IND is		
182	or is not required and the basis for the determination. If the sponsor or investigator has			
183	determined that an IND is not needed, the IRB may request that the investigator provide a copy			
184		able documentation about the need for an IND (e.g., letter from the sponsor or FDA,		
185	•	or that determination). If during its initial review of a study, the IRB questions		
186		ND is necessary, but is unable to resolve this issue, the IRB should follow its		
187		for resolving controverted issues (e.g., notifying the clinical investigator in writing of		
188		ncerns ¹⁵ and delaying approval of the study until the matter is resolved). FDA		
189		iblic comment the Draft Guidance for Industry: Investigational New Drug		
190		(INDs) — Determining Whether Human Research Studies Can Be Conducted		
191		ND. 16 When finalized, the guidance will represent FDA's current thinking on this		
192	topic.			
193	1			
194	Organization	nal charts listing the review divisions for the Center for Drug Evaluation and		
195	Research (CDER) and the Center for Biologics Evaluation and Research (CBER) and their			
196	phone numbers are available on FDA's website. ¹⁷ If the relevant review division is not known,			
197	•	the sponsor may contact CDER or CBER directly:		
198	¥			
199	CDER:	Office of Communications, Division of Drug Information		
200		Center for Drug Evaluation and Research		
201		Food and Drug Administration		
		~		

CBER: http://www.fda.gov/AboutFDA/CentersOffices/OrganizationCharts/ucm135943.htm.

¹⁴ See 21 CFR 312.2, 312.20, 312.50, and 312.60. Studies that are exempt from the IND requirements are required, however, to comply with 21 CFR Part 50 (Protection of Human Subjects) and Part 56 (Institutional Review Boards).
15 21 CFR 56.109(e)
16 http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM229175.pdf.
17 CDER: http://www.fda.gov/AboutFDA/CentersOffices/OrganizationCharts/ucm135674.htm;

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202		10001 New Hampshire Avenue, 4 th Floor			
203		Silver Spring, MD 20993			
204		(Tel) 301-796-3400			
205					
206	CBER:	Office of Communication, Outreach and Development ¹⁸			
207		Center for Biologics Evaluation and Research			
208		Food and Drug Administration			
209		1401 Rockville Pike, Suite 200N			
210		Rockville, MD 20852-1448			
211		(Tel) 800-835-4709 or 301-827-1800			
212					
213	Device Studies.	The sponsor is responsible for determining whether submission of an IDE			
214	application to F	DA is required before a study may proceed. The IDE regulations (21 CFR 812)			
215	describe three ty	ypes of device studies: significant risk (SR), nonsignificant risk (NSR), and			
216	exempt studies.	SR device studies must have an IDE application approved by FDA before they			
217	proceed, and the	ey must follow all of the IDE requirements. ²¹ NSR device studies must follow			
218	the abbreviated IDE requirements at 21 CFR 812.2(b) and do not require submission of an IDE				
219	application to F	DA.			
220	••				
221	The sponsor is r	responsible for making the initial risk determination, SR or NSR, and presenting			
222	it to the IRB. ²² If the sponsor has determined that a device study is NSR, the IRB must review				
223	the sponsor's de	etermination. ²³ If the IRB disagrees with the sponsor's NSR assessment and			
224	decides the stud	y is SR, the IRB must inform the clinical investigator and, where appropriate, the			
225	sponsor. ²⁴				
226					
227	FDA is availabl	e to assist sponsors, investigators, and IRBs in making these determinations. For			
228	information on l	how to request such assistance, please see the guidance Procedures for Handling			
229	Inquiries Regar	ding the Need for an Investigational Device Exemptions Application for			
230		ring Medical Devices. 25 Sponsors, clinical investigators, and IRBs who need			
231	assistance in ma	king a risk determination for a medical device may also contact:			
232					
233	IDE Staf	if .			
234	Office of	f Device Evaluation			
235	Center fo	or Devices and Radiological Health			
236		d Drug Administration			
237		ew Hampshire Avenue			
238	Silver S _l	pring, MD 20993-0002			

http://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CBER/ucm106001.htm.

19 21 CFR 812.2(b)(1)(ii).

20 With the exception of 21 CFR 812.119, exempt studies are not subject to the IDE regulations. 21 CFR 812.2(c). Exempt studies are required to comply with 21 CFR Part 50 (Protection of Human Subjects) and Part 56 (Institutional Review Boards).

21 21 CFR 812.20(a)(1) and (2).

22 21 CFR 812.2(b)(1)(ii).

23 21 CFR 812.2(b)(1)(ii).

24 21 CFR 812.66.

²⁵ http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm126598.htm.

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239	(Tel) 301-796-5640
240	
241	Based on the information provided, FDA will determine if a device study is SR, NSR, or exempt
242	from the IDE requirements found in 21 CFR Part 812. If FDA makes the SR or NSR
243	determination for a study, the agency's determination is final. Additional information may be
244	found in the Information Sheet Guidance for IRBs, Clinical Investigators, and Sponsors -
245	Significant Risk and Nonsignificant Risk Medical Device Studies. 26
246	
247	Although not required by the regulations, FDA recommends that the IRB have written
248	procedures that explain how the IRB makes a SR/NSR determination.
249	

²⁶ http://www.fda.gov/downloads/RegulatoryInformation/Guidances/UCM126418.pdf.