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Your Practical Guide To Institutional Review Board Management

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New guidelines put focus on research conflicts of interest

Timely disclosure required

Conflicts of interest (COI) have been an important priority for IRBs and research institutions for decades. Now with the revised federal regulations on the subject, research institutions should revise and update their COI policies and procedures or they might find themselves in noncompliance with the Department of Health and Human Services (HHS).

"It is a very important and pressing focus for everybody involved in research and research administration," says **John R. Baumann**, PhD, executive director, research ethics, education, and policy, office of research administration, Indiana University in both Bloomington and Indianapolis, IN.

"Since the federal government issued a new set of guidelines that go into effect next August, everyone is reviewing and revising their conflict of interest policies, procedures, processes, and education," he adds.

Research institutions have the next eight months to meet all the regulatory requirements of the revised conflicts of interest regulations. The final rule, signed by HHS Secretary Kathleen Sebelius and National Institutes of Health Director Francis S. Collins, was published in the Federal Register on Aug. 25, 2011. The new regulations are in effect as of Sept. 26, 2011, and will have a final compliance date of Aug. 24, 2012.

"Within the new regulations are modifications of existing rules and an introduction of some new types of rules," Baumann says.

There are several steps where potential conflicts of interest can be identified, including an annual disclosure in which faculty and staff submit their annual disclosure of conflicts of interest that might be related to their university's role and disclosures that take place whenever a researcher applies for IRB review or applies for a federal grant or contract, he explains.

The HHS revisions to COI regulations retain the basic principle that each research institution has a responsibility to promote objectivity and make sure that any financial interest of anyone involved in the research does not introduce bias, Baumann says.

"One of the changes is that HHS lowered the dollar threshold such that a significant financial interest went from $10,000 to $5,000 now," he explains. "Many human subjects protection offices, however, have a $1

threshold."

For instance, Indiana University currently has a $10,000 threshold for general COI, and a $1 threshold for disclosing any research involving human subjects, he notes.

Another change is that more activities are reported now than were when HHS previously published COI regulations in 1995.

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DHHS also changed guidelines for education about financial COI related to research.

Previously, Indiana University had published and disseminated its COI policy, but the institution was not required to document completion of education on the policy. Now all institutions will need to document that researchers have completed COI education, and their education must be updated every four years, he says. *(See COI final rule requirements in a nutshell, below.)*

"This is required of everyone involved in federal research, including investigators and key individuals responsible for the design, conduct, and reporting of research," Baumann says. "The IRB requires disclosure of financial interests."

IRB members who are engaged in research also have to report any conflicts of interest with regard to any study reviewed by the IRB, he notes.

"IRB members who have a conflict with any such study are required to recuse themselves," Baumann adds.

Another important change is that HHS will require research institutions to make specific conflicts of interest available to anyone who requests the information within five days of the inquiry.

"It would be, conceivably, difficult to respond to all requests within five days, and you can't prioritize those requests," Baumann says. "So we are exploring what is our best option for this, and some universities like us are considering having a public website available that would identify all financial conflicts of interest related to research."

While some researchers might object to his level of disclosure, others would view it as little different from making a disclosure at a conference before giving a presentation, he notes.

"We believe that engaging in research should be a transparent process, and since there are federal regulations with regard to conflicts of interest, we'll follow them," Baumann says. ■

Here are COI final rule changes for research

Documentation, education required

The U.S. Department of Health and Human Services (HHS) recently published its final rule on research conflicts of interest, titled, "Responsibility of Applicants for Protecting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Prospective Contractors," in the

Federal Register, Vol. 76, No. 165, Aug. 25, 2011.

Set to be implemented by Aug. 24, 2012, the regulations provide specific institutional responsibilities regarding financial COI. Here are some of those responsibilities:

- **Written COI policy**: Institutions have to maintain an up-to-date, written, enforced policy on financial COI, and this policy must be publicly accessible via a website.
- **Inform investigators of the policy**: Institutions are responsible for informing each investigator of the institutional financial COI policy and require each investigator to complete COI training before engaging in research related to any federally-funded grant. This education must be renewed every four years.
- **Ensure subcontractors comply with the COI policy**: Institutions have to take reasonable steps to ensure any subrecipient investigator or contractor complies with the regulations.
- **Designate someone to review COIs**: An institutional official is needed to solicit and review disclosures of significant financial interests from each investigator. Also, investigators have to submit updated disclosures of significant financial COI at least annually.
- **Provide guidelines**: Institutions should design guidelines that are consistent with the new regulation (45 CFR Part 50, Part 94) to help the designated official determine whether an investigator's financial interest is related to federally-funded research and whether the significant financial interest is a financial COI.
- **Manage COIs**: Institutions should be prepared to take actions as necessary to manage financial COIs, including the development of a management plan, retrospective review, and/or mitigation report.
- **Report to HHS**: Institutions should provide initial and ongoing financial COI reports to the federal government, as required.
- **Maintain records related to COI disclosures**: Institutions are required to maintain records related to investigator financial interests and to review all actions under the institution's policy for at least three years from the date of the final expenditures report submission.
- **Establish enforcement mechanisms**: Part of institutional responsibility is to provide for employee sanctions and other administrative actions to ensure researcher compliance.
- **Certify the institution's actions**: An up-to-date, written, and enforced administrative process should be in place to identify and manage financial conflicts of interest in research. All information should be made available upon request to HHS relating to any investigator disclosure of financial interests and the institution's review, response, disclosure, and determination. ■

How to write response after AAHRPP visits

Improve accreditation process

When a human research protection office seeking accreditation finally has the site visit, the hard work that went into the process is not over. Now it's time to prepare the best possible response to the draft site visit report.

"This process is very institution-dependent," says **Moira A. Keane**, MA, CIP, executive director in the human research protection program at the University of Minnesota of Minneapolis-St. Paul, MN. Keane also is the chair of the Council for Accreditation for the Association for the Accreditation of Human Research Protection Programs (AAHRPP) of Washington, DC.

After AAHRPP visits a site, the accreditation organization sends the site a draft report that describes the findings. Each human research protection program has the opportunity to respond to this report. Sites will want to make this response as comprehensive and thorough as they can, as it is an opportunity to show commitment to making the necessary system changes.

"There are a couple of different kinds of reports that AAHRPP counsel would expect institutions to provide after a site visit," Keane says. "The organization has an opportunity to provide a response or make changes in the program or correct an error in the draft report. The report is not final until the organization has an opportunity to respond."

The response to the site visit report is due within 30 days of the receipt of the draft report. AAHRPP does not dictate who writes the response or how it's prepared.

"There's not a single right way to prepare the response," Keane says. "Some have office staff preparing responses; others have senior leadership or IRB chairs preparing responses. AAHRPP is very flexible and neutral on who prepares the responses."

However, human research protection programs should keep in mind that it's both their response and AAHRPP's draft report that go to the AAHRPP

council for consideration of the organization's accreditation status.

"So it's important in the response for the organization to demonstrate it has made changes and to show documentation of those changes, whether this includes a revised policy or documentation of monitoring that has occurred," Keane says. "It's important to be as precise or detailed as possible so the organization can demonstrate that they meet the standard."

AAHRPP also might ask a research organization to provide additional follow-up in the form of a status report. This report would describe the organization's efforts to monitor a specific situation and include examples of how the organization and staff have implemented the changes. The AAHRPP council reviews the status report and will accept it when it is adequate.

"The status report is a demonstration that the initiative we took immediately following the site visit actually took hold, and that it's enduring," Keane explains.

Keane offers these additional tips on how to write a great response to a draft site visit report that details some common types of findings:

• **Draft report says researchers were unfamiliar with certain requirements**: "The organization might respond by providing an intervention for researchers and indicating dates on which it occurred," Keane suggests.

"Provide copies of the syllabus, materials for the intervention, and indicate who attended," she adds. "For example, it might say that 20 researchers of social-behavioral sciences attended the session on Nov. 28, and then you show materials so AAHRPP can be confident the organization has met the standard."

It's also a good idea to indicate there will be continuing monitoring, so if researchers were unfamiliar with what they were expected to report to the IRB, then the organization might do some spot-checking on the reports to ensure researchers are increasing the number of reports or making the proper kind of reports, Keane says.

"The idea is to take quality assurance steps and do some kind of intervention to measure what the deficiency is, and then to do quality improvement to intervene and to demonstrate that change has occurred," she explains.

• **Contracts with sponsors lack required language**: "In our institution at our last site visit, we had some contracts with sponsors that apparently did not contain all the required language to meet the standards," Keane says.

The institution took several steps to correct this deficiency.

"First, we had an educational session with the staff that process contracts at the university," she says. "Then we had an educational session with the research coordinators who are often the first point of contact for a sponsor to ensure they know what we expect to see in contracts."

Then, they worked with contract staff to develop additional checklists they could use to make certain human protection standards were present in their current contracts, Keane adds.

"And we developed a process for communicating with sponsors if the sponsor is unwilling to put in some of the required language in the contract or if the contract language deviates from what we expect to see," Keane says. "We had a consultation with the contract staff about what the IRB would expect to see."

The final step is declining the study if the sponsor refuses to include the language the IRB expects to see, she adds.

The response to the draft report talked about the educational interventions and indicated when those sessions occurred and who attended, Keane says.

"We provided documentation on the materials, and we provided copies of revised policies and checklists for the contract staff," she adds. "We described the procedure for the consultation when there's a deviation."

The final and most critical piece was that they provided copies of very recent contracts that included all of the required language.

"This was so we could demonstrate the education and policies and procedure revisions that actually have taken effect," Keane says.

Some people find it challenging to demonstrate with documentation, Keane says.

"In our example with contracts, if we just said we did training and education and didn't document when this occurred, then we would have started to satisfy the requirements, but they'd need to see the whole picture to make sure the standard was met," she explains. "Provide details, such as dates training occurred, documentation in the form of a syllabus or slides that show there is some substance to the training."

AAHRPP is flexible on how organizations conduct the education and training, but the accreditation organization wants research sites to demonstrate that training took effect and changed behavior, she adds.

"So we had to do some kind of exercise in terms of monitoring the contracts to make sure the

contract staff was negotiating for that information from the sponsor," Keane says. ■

Board seeks anthrax vaccine trial ethics review

Opponents say risks of attack so small that children wouldn't benefit

An advisory board to the U.S. Department of Health and Human Services has recommended that a proposal to hold pediatric trials of the anthrax vaccine be reviewed by an ethics board before proceeding.

The National Biodefense Science Board (NBSB) was formed by HHS in 2006 to consider ways to prevent and respond to potential public health emergencies that might arise from biological, chemical or nuclear incidents.

The board was asked to consider whether trials of the vaccine, which has been used with adults for years, should be conducted with children. The concern of trial proponents is that in the event of a domestic anthrax attack, doctors would have little guidance as to the appropriate doses for children exposed to the pathogen.

A decade ago, five Americans died and 17 others were sickened by anthrax spores deliberately sent through the mail. In 2010, the FBI concluded that a single person, Dr. Bruce Ivins, planned and executed the attacks.

Although there have been no other domestic anthrax attacks since the 2001 letters, some remain convinced that another such attack could occur and that children could be affected.

"Our job as public health emergency experts and people who deal with preparedness response — disasters, bioterrorism, you name it — is to anticipate the unexpected," says **Daniel Fagbuyi**, MD, FAAP, medical director of disaster preparedness and emergency management at Children's National Medical Center in Washington, DC, who serves on the NBSB.

"While people may be complacent and say that everything is fine, when something happens, the people who criticized planning ahead will be the same ones saying, 'Isn't this your job? You should be anticipating all these kind of things.'"

Opponents of the anthrax trials proposal argue that the likelihood of a domestic anthrax attack that affects children is so small that a child participating in a trial has almost no possibility of benefitting from it.

"I don't think you can do a trial on children from which they can't possibly derive benefit," says **Paul Offit**, MD, chief of the infectious diseases division and director of the Vaccine Education Center at The Children's Hospital of Philadelphia. Offit testified before the NBSB on the issue last summer.

Smallpox comparison

Offit, who says he generally argues in favor of pediatric vaccine programs, opposed a plan in 2002 to test smallpox vaccines in children, when he was a member of the Centers for Disease Control and Prevention's Advisory Committee for Immunization Practices

"I felt the same thing there — that the chances that a child would be exposed to smallpox were essentially zero, and therefore, it didn't make sense to do that trial."

The smallpox trials proposal drew criticism, and eventually was scrapped.

Offit notes that the anthrax vaccine is actually much safer than the smallpox vaccine.

"The way this (anthrax) vaccine is made is much more similar to the diphtheria and tetanus vaccines," he says. "You take protein that is made by the bacteria, and inactivate it. It's going to be a very safe vaccine. So I don't think the children are at any risk, I just don't think those children are likely to have any benefit."

Proponents argue that the only alternative to trials is to wait for an attack to occur and then give any children exposed a combination of antibiotics and vaccine. Vaccine dosages would have to be guessed at.

"We can say to parents, well, we have used it in adults and that's as much as we have information on, and it's an emergency now," Fagbuyi says. "You can either take it or not take it, understanding the risks of mortality with an infection, especially a pulmonary, inhalational kind of infection."

At the NBSB meeting on Oct. 28, the recommendation to seek an ethics review before proceeding with a trial was suggested by **Ruth Berkelman**, MD, director of the Center for Public Health Preparedness and Research at Emory University in Atlanta.

Berkelman says that proponents made their case that vaccine trials would be useful.

"We were asked, 'Is there a need for this, did people think it would be helpful to have this information in case there was a wide-scale anthrax

event?' And the answer was yes, it would be helpful to have a pre-event trial.

"At the same time, the ethical considerations in children on this particular issue are quite large," she says. "We don't have ethicists on our board. And I thought this had such a large ethical component to it that it was important that ethicists review this issue."

Assembling a review board

The NBSB did not specify what board should carry out the review, or if one should be assembled specifically to answer this question. Fagbuyi says a board comprised of ethicists, public health experts and others representing the interests of children could be gathered to handle the issue.

The offices of HHS's Assistant Secretary for Preparedness and Emergency Response and of the NBSB itself didn't respond to interview requests from IRB Advisor regarding the next steps for the board's recommendation.

Fagbuyi says the ethics review also should consider the IRB process for any potential pediatric anthrax vaccine trials.

"Who's going to be the IRB of record, who's going to be responsible?" he says. "There needs to be good dialogue about who's going to take that on. Is it going to be local IRBs, or a national IRB? That's one of the things they're going to have to deal with."

Mark Schreiner, MD, chairman of the Committee for the Protection of Human Subjects at The Children's Hospital of Philadelphia, says he sees no current medical need for a pediatric anthrax trial.

"There is no current threat — it's very much a hypothetical threat," he says. "In order to approve research in children, it has to either be minimal risk or there has to be only a minor increase above minimal risk, or there has to be the prospect of direct benefit.

"Risks to children are getting killed in cars, and other trauma and things like that," he says. "To go to all this effort when we could save many more lives by providing kids around the world with clean water and vaccinations against known risks. There are so many things whose risks are orders of magnitude greater than this."

In addition to suggesting the ethics review, Berkelman also suggested a feasibility study to determine whether any parents would be willing to volunteer their children for anthrax vaccine trials.

Fagbuyi says he believes that some populations who may consider themselves uniquely vulnerable in the event of an attack — military personnel, EMS workers, firefighters, etc. — may be more willing to enroll their children in trials.

"It is common knowledge that some military personnel have wondered whether they are in harm's way, with the thought that they don't want to expose their family if they're going to be on the front lines," he says. "There are other populations — those who work in biosafety labs, those who do studies with anthrax, those who work with wool and animal hides. Those are the ones who may be interested in those types of studies."

REFERENCE

Minutes of the Oct. 28 NBSB meeting are available at http://www.phe.gov/Preparedness/legal/boards/nbsb/meetings/Documents/102811mtgsum.pdf ■

Novel data-sharing plan gives tribes more say

Tribe owns data, must review use before publication

One of the thorniest issues in tribal research is the question of who controls the use of the data taken from tribal members or tribal lands. Is it the researcher, who collected the data, or the tribe that gave permission for its collection and use?

This question was at the heart of a long-running dispute between the Havasupai tribe in Arizona and Arizona State University, over biological samples collected from tribal members for one research purpose and later used for other types of research without consent of the donors.

That conflict was resolved in 2010 with a legal settlement. But it hasn't put to rest the concerns of tribes that they might be exploited in research.

One institution involved in tribal research has come up with a way to bridge that gap of distrust — a data-sharing agreement worked out between Oregon State University in Corvallis and the Confederated Tribes of the Umatilla Indian Reservation, located in eastern Oregon.

The agreement, which was approved by IRBs representing both the university and the tribe, limits the use of data and samples collected from the Umatilla members and from tribal lands. It requires that materials and data be returned if the project is terminated and also gives the tribe the right to review

articles using the data before they are published.

The agreement was the outgrowth of a long-running collaboration between OSU researchers and the tribe, says **Anna Harding**, PhD, an associate professor of public health at OSU who has worked with the Umatilla for about a decade.

"Everyone understands that you can't just walk into a tribe and start doing research with them," she says. "You have to develop a working relationship and that takes time."

Harding says that she and other researchers both from the university and within the tribe had done previous research on environmental exposure of the Umatilla due to their traditional tribal practices. Because the tribe is engaged in subsistence practices such as hunting and fishing, environmental issues are important to tribal members' health, she says.

This led to pursuit of a grant from the Environmental Protection Agency regarding the effects on tribal members of polycyclic aromatic hydrocarbons (PAHs), which are produced from burning fuel.

The research plan was to look at PAH exposure for members who smoked fish and game in traditional smokehouse structures, Harding says. She says the grant, which is now in its third year, involves a large number of investigators at OSU who are looking at PAHs.

It was important, Harding says, to make sure all of those investigators understood the sovereignty rights of the tribe regarding their data.

"We wanted to make sure that all the other investigators at OSU understood that data collected with the tribal members or related to some of their practices or activities belongs to the tribe," she says. "That's a very foreign concept for university investigators — most university investigators thought that the data belonged to them."

Harding's group began looking for a material and data-sharing agreement that they could adapt for their own use, but couldn't find any that worked for their situation.

"We started with some suggestions that had been put out by the Indian Health Service — it wasn't necessarily a form or a template, but some guidelines," she says.

Her group brought in stakeholders from OSU, including the IRB, tribal authorities, and legal and IRB representatives from the Pacific Northwest National Laboratory, a Department of Energy research facility in Richland, WA, with which some of the investigators were affiliated.

"A group of us working on this sketched out what we thought should be included and these other people edited and changed and so forth," Harding says.

Harding says it was important to maintain the intellectual property rights of the tribe. While the term is usually used to describe an invention or composition, it can also refer to a tribe's traditional practices and accumulated knowledge.

"On another project I've worked on, we've collected plants that are considered some of their first foods, and so plant harvesting areas and methods around the use of native plants might be considered intellectual property," she says.

Harding says the OSU IRB didn't have issues with the agreement.

"They thought it was a really good idea," she says. She notes that tribe had its own IRB approval process, through the Portland Area Indian Health Board.

The material and data-sharing agreement has since been adapted for use in other research projects, Harding says.

When the project is completed, the agreement calls for returning results to the tribe. One of the co-investigators on the project, Stuart Harris, is a tribal member who is the director of the tribe's science and engineering department. Harris will review any articles prior to publication.

His involvement in the project was an important key to its success, Harding says. "We're fortunate that Stuart Harris trained as a scientist and is our gatekeeper," she says. "And Barbara Harper (an OSU researcher) who has worked with the tribe for almost 20 years is well respected. We wouldn't have attempted anything like this if we didn't have them there, as scientists, working within the tribe."

She says that when an IRB is approached about tribal research, it's important to know that the tribal partner has this kind of scientific infrastructure already available.

"Is that community partner really capable of doing this kind of work? Tribal capacity-building is something we're trying to do as well."

And working out the data-sharing agreement, including the ownership of the data is vital, Harding says.

These issues — who owns the data, who determines how it can be used — crop up not just in tribal research but in other types of community-based research as well, she says.

"I think it's true that most communities would like to have some sort of a data-sharing agreement," she says. "But I'd say the main distinctive thing is that tribal groups are sovereign nations and so it's a government-to-government relationship instead of a community-to-university relationship. It's a big power difference."

REFERENCE

Harding A, Harper B, Stone D, et al. Conducting Research with Tribal Communities: Sovereignty, Ethics and Data-Sharing issues. *Environ Health Perspect* 2011 Sep 2. Epub (includes copy of material and data-sharing agreement). ■

Averting low-enrolling studies benefits IRBs

Studies that fail to enroll sap IRB resources, raise ethical issues

When a study is terminated because of low enrollment, it wastes the institutional resources that allowed it to be started — including those of the IRB that approved it.

So identifying factors that can lead to low enrollment and weeding out studies unlikely to be completed makes good business sense for an institution. It can also make good ethical sense, since approving a study that can't be completed produces no scientific benefit to justify the risks of the few subjects who are enrolled.

To get at why some studies don't enroll subjects, investigators at Oregon Health and Science University analyzed 260 clinical studies that were terminated at OHSU over a three-year period because of low enrollment. They looked at factors such as type of IRB review and type of funding to see which studies were more likely not to sign up participants.

They also calculated the cost of those studies to the institution — nearly $1 million for fiscal year 2009.

"That's a very conservative estimate," says **Darlene Kitterman**, MBA, director of Investigative Support and Integration Services at the Oregon Clinical and Translational Research Institute in Portland. "That's just what we could quantify. There are a lot of non-quantifiables that we list in the article that we couldn't quantify in a reliable way."

IRB costs accounted for more than $100,000 of that amount — including IRB preparation, the costs of full board reviews and continuing reviews.

Kitterman says she could see the effects of these studies on her institution's resources.

"And I would even hear from investigators sometimes that they really didn't think they'd enroll anyone, but they wanted the study to get started anyway," she says. "The perception that that was a good thing was an opinion that I wanted to sway people from having."

Electronic tracking

Kitterman says that her institution was an early adopter of electronic systems that track studies, which made it easier to calculate the costs of these low-enrolling studies.

"A lot of this information would be really hard to gather if it were not in a database somewhere." she says.

Her team chose to look at studies that enrolled only zero or one participant by the time of termination. "When I started looking at the data, there were high enough numbers of zero-to-one that I thought that would be shocking enough. It gave the message."

The 260 studies terminated for low enrollment represented nearly a third of all terminated studies during fiscal years 2006-2009.

Of that low-enrolling group, 173 studies, or 67 percent, went through full IRB review.

Kitterman says she believes that points to study complexity being a factor in low-enrolling studies.

"A lot of these studies fail in feasibility and specifically, operational feasibility," she says. "The more complicated the study is, the more likely that is to happen. Maybe the eligibility criteria are not realistic. Or it's using supplies or equipment that we actually don't have at OHSU, but that wasn't considered before the study was implemented.

"Or maybe those kinds of patients really don't exist here and we didn't realize that because we didn't do a very good recruitment plan ahead of time. The more complicated a study is, the more likely it is to fail out from an enrollment perspective."

Investigators also identified government-funded studies as more problematic. Of the 97 total government-funded studies terminated during the three-year period, 53 percent were low-enrolling (compared to 38 percent of all industry-sponsored studies terminated during the same period).

"A lot of those are things like cooperative group studies, where there's a lot of pressure to participate even if you're not going to enroll," Kitterman says.

Absent PIs

The team chose a small group of studies and asked investigators directly about the reasons their studies didn't enroll subjects.

One reason that came to light: Often these studies were started by investigators who were preparing to

leave the institution, but opened the study anyway.

"They would transfer them to another PI, and subsequently they didn't enroll," Kitterman says. "The hypothesis being that the study was just sort of stuck with someone who wasn't necessarily interested in it."

Having identified some areas to focus on, Kitterman says her institution has begun educating investigators and department heads about the costs of low-enrolling studies and the importance of determining the feasibility of a study before moving forward with it.

"I think part of it is just having an acknowledgement of the issue," she says. "That you need to do a more thorough feasibility review, and that if you know you're not going to enroll, or it's a good possibility that you're not going to enroll, maybe you shouldn't do the study. That's pretty simple, that's really education and perhaps some oversight."

The group is continuing to monitor low-enrolling studies to see if this educational intervention works. Kitterman says there are other options the institution could employ, such as requiring a formal feasibility review of studies.

She says that while IRBs should withhold approval of a study if they find it unfeasible, ideally, an unfeasible study shouldn't make it that far in the process.

"Reviewers have clinical expertise in that protocol, but that doesn't mean they necessarily have operational expertise," Kitterman says. "I would really like to see these kinds of studies not get to the IRB. That's what I would think a successful intervention is."

REFERENCE

Kitterman DR, Chang SK, Dilts DM, et al. The Prevalence and Economic Impact of Low-Enrolling Clinical Studies at an Academic Medical Center. *Acad Med* 2011 Nov;86(11):1360-1366. ■

Videos help subjects, families understand trials

Those who viewed video weren't more knowledgeable than those who didn't, but felt better prepared

Some institutions have created informational videos that help potential research subjects and their loved ones make a more informed decision about whether to enroll in a clinical trial.

But do these videos actually improve the informed consent process? A study published recently in the journal Cancer showed mixed results for one such informed consent video.

The video, "Entering a clinical trial: Is it right for you?" produced nearly 10 years ago by the Dana-Farber Cancer Institute in Boston, MA, has won awards that include the Health Improvement Institute's Award for Excellence in Human Research Protection and the International Health and Medical Media's "Freddie" Award.

In a study looking at 90 adults who were considering participation in cancer clinical trials, participants were randomized to either review an informed consent document with a clinician, or to have the same review and then take home a copy of the video to watch at their convenience, says **Brianna Hoffner**, RN, MSN, NP, who previously worked as a research coordinator at Dana-Farber.

Patients were lent a portable DVD player if needed or could watch the video in Dana-Farber's media library.

Both sets of patients were later tested regarding their knowledge about clinical trial participation using the Quality of Informed Consent tool.

No difference in understanding

Hoffner says an analysis of that data found no significant difference in understanding between those who viewed the video and those who didn't. She says this outcome may be explained by the fact that Dana-Farber patients tend to be better educated, meaning that even the control group may have entered the study with a higher degree of knowledge about clinical trials.

But she says some results did point to extra value that participants gained from the video. For example, 85 percent of those who viewed the video found it to be an important source of information about clinical trials. Eight-one percent said they felt better prepared to discuss the trial with their physicians.

They also reported better informed family members as a result of the video — 89 percent said it helped their families better understand clinical trials, while 79 percent said it helped families better accept the subject's decision about participation.

"A lot of times, only one family member would come to a clinical trial consult and then they'd go home and the rest of the family would ask, 'What did they say? What's going on?'" Hoffner says. "And this was something that they could watch together. That was a lot of the feedback."

IRB involved in video

The development team behind the Dana-Farber video consulted clinicians, ethicists and IRB members, and the chairman of the institution's IRB was among those who described human subjects protections on-camera in the video. *(EDITOR'S NOTE: A story about the development of this video appeared in the April 2005 issue of* IRB Advisor*).*

Hoffner says the important point that an informed consent video needs to make is the voluntary nature of clinical trials.

"The most important thing is that we were conveying this information in an unpressured manner," she says. "Everybody involved in this project wanted it to be conveyed to the patients that they do not have to participate in a clinical trial. They are given this option, but there are standard treatment options available as well. And that they understood that this was research — this was not standard treatment."

Dana-Farber continues to make the video available on its website for patients who are considering participation in a trial. There are also links to it from the websites of other research institutions.

Hoffner, who has since gone on to work as a nurse practitioner in the bone marrow transplant program at Memorial Sloan-Kettering Cancer Center in New York City, often refers her patients to the video if they are considering a trial.

"There's always an open protocol for patients to be consented for," she says. "And it's a hard decision to make, especially in the middle of a bone marrow transplant. I absolutely still see the need for (the video)."

REFERENCES

Hoffner B, Bauer-Wu S, Hitchcock-Bryan S, et al. "Entering a clinical trial: Is it right for you?": A randomized study of the clinical trials video and its impact on the informed consent process. *Cancer* 2011 Aug. 25 epub.

To access the video, visit http://www.dana-farber.org/Health-Library/Entering-a-clinical-trial--Is-it-right-for-you-.aspx ■

BEST PRACTICES SPOTLIGHT

Improve the IRB with an annual evaluation

Retain members with salary offset

Serving on an IRB is a very important role that requires commitment and training. Yet, many research institutions that have very good training and evaluation programs for their staffs lack any sort of ongoing oversight of their IRB members.

"I did a literature search on IRBs and formal evaluations and their effectiveness, and I found almost nothing," says **Andrew Bertolatus**, MD, IRB chair of the biomedical IRB and director of the human subjects office in research services administration at the University of Iowa in Iowa City, IA.

However, research organizations seeking accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP), are beginning to initiate or improve IRB member evaluation processes, he says.

"I tried using Google to ask this question, and I got pages and pages of individual institutions' policies on evaluating their IRB members," Bertolatus says. "I could see they all conform to what they think AAHRPP would expect, and they're all accredited places."

AAHRPP published a tip sheet (available online at http://www.aahrpp.org/Documents/D000264.PDF) on the evaluation of IRB chairs, members, and staff in January, 2011. Prior to this publication, human subjects programs might not have seen that as a priority.

"We went through two rounds of accreditation without having too much in this area," he says.

AAHRPP's tip sheet says that the periodic assessment of IRB chairs, vice-chairs, members, and staff is essential to a well-functioning IRB, and evaluations should be performed periodically and be scheduled when a member is up for re-appointment. The type of assessment performed is left up to the institution.

The human subjects office at the University of Iowa recently improved its evaluation process, adding an evaluation form that is completed each year by IRB chairs.

"We have several chairs on each of our boards," Bertolatus says. "These evaluations are forwarded to organizational officials, including the vice president of research."

IRB chairs evaluate each member's meeting attendance, participation, and the thoroughness and quality of their reviews, he says.

"I'm looking for people who are speaking up and making comments and contributions to the review process, even if they're not the primary reviewer," Bertolatus explains. "We don't have a requirement for a written report, but we have a checklist for primary review of new projects, and we're rigorous about making people turn that in."

The AAHRPP tip sheet lists these criteria for evaluating IRB members:

- Number of meetings attended out of total number of meetings
- Number of exempt determinations made
- Number of protocols reviewed by the expedited procedure
- Number of protocols reviewed that went to the convened IRB
- Number of reviews completed as the primary reviewer
- Timeliness of reviews
- Completion of required checklists
- Completion of educational requirements
- Attendance at educational sessions
- Number of educational sessions conducted.

"We track IRB members' meeting attendance electronically," Bertolatus says. "The reason we do this is because attendance leads to another aspect tied to evaluation, which is enhancing IRB member commitment to the IRB."

AAHRPP also lists subjective criteria, including being prepared for meetings, contributing to meetings, performing quality reviews, knowing the regulations, organizational polices, and being able to identify areas for improvement. It also lists communication with investigators and IRB staff and the ability to work with IRB staff.

Research programs need to offer educational opportunities to IRB staff and members as part of meeting this objective.

"We have a strong requirement for people to do continuing education," Bertolatus says. "We have an online educational sessions or program that is sent out electronically to all of our members," he says. "This online system will present a several-page document about a particular issue."

Issues are chosen based on the knowledge needs identified at any particular time, he adds.

"The system tracks whether or not they have completed the online course and taken the quiz," he says. "It's been surprisingly well-received."

Along with a greater focus on IRB members' performance, there might be ways research institutions could compensate IRB members in a way that recognizes their generous time commitment to the boards.

For example, two years ago, the University of Iowa began paying physician IRB members a salary offset. Their departments receive 10% of their salaries, Bertolatus says.

"But that comes with a commitment of their doing a certain number of meetings per year because they are expected to meet that attendance requirement, which we track fairly accurately," he says.

The idea is that the IRB members who have

CNE/CME OBJECTIVES & INSTRUCTIONS

The CNE/CME objectives for IRB Advisor are to help physicians and nurses be able to:

- establish clinical trial programs using accepted ethical principles for human subject protection;
- apply the mandated regulatory safeguards for patient recruitment, follow-up and reporting of findings for human subject research;
- comply with the necessary educational requirements regarding informed consent and human subject research.

Physicians and nurses participate in this continuing education program and earn credit for this activity by following these instructions.

1. Read and study the activity, using the provided references for further research.
2. Log on to www.cmecity.com to take a post-test; tests can be taken after each issue or collectively at the end of the semester. First-time users will have to register on the site using the 8-digit subscriber number printed on their mailing label, invoice or renewal notice.
3. Pass the online tests with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the last test of the semester, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be e-mailed to you instantly. ■

COMING IN FUTURE MONTHS

- Make smooth transition to electronic documents
- Here are some best practices in educating CR team
- Follow these tips to raise staff's certification rate
- Personalized medicine raises issues for IRBs
- Pragmatic trials: What you need to know

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this 10% salary offset are being given time in their departments to attend to IRB business, he adds.

"The 10% salary offset is considered compensation for freeing up 10% of your time to work on the IRB, and it's up to the individual department to decide how this is being honored," Bertolatus says.

"The IRB members feel this is a worthwhile thing, and I think it has raised the level of commitment considerably," Bertolatus says. "We now have more consistency in who is attending meetings each week."

It's important to have IRB members who are consistent, more invested, and interested in the process, he adds.■

CNE/CME QUESTIONS

1. The U.S. Department of Health and Human Services issued a final rule on revised research conflict of interest guidelines. These were published in August, 2011, and have changed the $10,000 threshold for a significant financial interest to what amount?
   A. $1
   B. $1,000
   C. $2,500
   D. $5,000

2. According to a tip sheet of the Association for the Accreditation of Human Research Protection Programs (AAHRPP), which of the following is not on the list of criteria to be used for evaluating IRB members?
   A. Number of meetings attended out of total number of meetings
   B. Number of members who attended a research conference in the past 90 days
   C. Number of exempt determinations made
   D. Number of protocols reviewed that went to the convened IRB

3. True or False: The material and data-sharing agreement between Oregon State University and the Confederated Tribes of the Umatilla Indian Reservation calls for the tribe to approve any articles based on data collected from the tribe before they are published.

4. Studies terminated at Oregon Health and Science University because of low enrollment were more likely to have had:
   A. Expedited IRB review
   B. Full board review
   C. Neither; both were equally likely.