1.0 POLICY

1.1 Background.

1.1.1 Investigators often find it necessary to modify (amend or revise) an approved protocol.

1.1.2 Federal regulations and AAHRPP standards require that modified protocols must be reviewed by IRB if significant changes are made.

1.1.3 NOTE: A request to add new research questions/hypotheses and additional instruments/activities for a student project, thesis, or dissertation or for an investigator not designated as an investigator on the original study team is not allowable as a modification. These are new studies and require a separate application to the IRB under the new investigator’s name. The PI of the currently approved study should supply a letter stating that the applicant has permission to “piggy-back” on the approved study and explain who will provide the necessary supervision.

1.2 Policy Statement.

1.2.1 It is the policy of the University of Alabama that all investigators must inform the Office for Research Compliance in writing of all desired changes in approved protocols and receive approval from the IRB before changes can be implemented. Changes in approved research that are initiated without IRB approval to eliminate apparent immediate hazards to the participant should be reported promptly to the IRB (within 30 days). The IRB will determine whether the change was consistent with ensuring the participant’s continued welfare. The only exceptions to this policy are correction of clerical errors such as misspellings or grammatical errors.

1.2.2 Matters that require modification of a protocol include but are not limited to the addition of a research question or hypothesis; changes in the needed sample size; addition, modification, or deletion of study instruments or procedures; changes in the nature of the desired study population (such as including members of vulnerable populations or adding a focus on members of racial or ethnic minorities); the addition of data collection sites; changes in the nature or number of recruitment strategies; changes in investigative personnel (both PI and staff), and inclusion of newly available information affecting participant risk or benefit in the protocol and consent form. Also, reportable events such as protocol deviations, unanticipated problems or adverse events may trigger a need for a protocol modification for better protection of human subjects.
1.2.3 Principal investigators of studies involving on- or off-campus sites such as the Recreation Center, rural clinics, or public or private schools must document the acceptability of the proposed modifications to officials from those sites to IRB before research with the approved modifications can be implemented.

1.2.4 Investigators shall consult with the Office for Research Compliance staff if they have questions about the magnitude of their changes or the likelihood of additional expedited or full board review.

1.2.5 Protocols that initially received full board review must be submitted to the full board for review of modifications, but if the compliance staff judges the modifications to be minor, the protocol may be reviewed as expedited. Protocols that initially received expedited review can be submitted for expedited review unless in the compliance office’s or the reviewers’ judgment the proposed modification(s) removes them from this category.

1.2.6 With sufficient evidence, an IRB Chair has the authority to suspend or terminate the study if an investigator is found to have made major changes to a protocol and conducted research without the approval of the IRB and/or or to report the investigator to the Vice President for Research. (See POLICY: Routine Post-Approval Monitoring; POLICY: Monitoring of Previously Approved Research for Cause: Suspension and Termination).

1.2.7 Relevant statistical and qualitative information from the Office of Research Compliance and investigators shall be made available to those conducting the annual evaluation of the UA Human Research Protection Program.

1.3 Objective

1.3.1 Implementation of this policy will aid University and IRB compliance with federal and AAHRPP requirements for the oversight of research, protection of human research participants, and improvement of the HRPP and guidance to IRB and the community.

1.4 Responsibility.

1.4.1 The ultimate responsibility for this policy rests with the Vice President for Research. Enabling parties include the Director of Research Compliance and staff, the IRB Chairs and members, associate deans for research, principal investigators, and professors supervising student research.

2.0 PROCEDURE

2.1 Modifications of Approved Protocols Requiring Full Board Review

2.1.1 The Principal Investigator (PI) determines that a modification of an approved protocol is necessary or consults with a Research Compliance Specialist or the Director of Research Compliance about the proposed changes.

2.1.2 The PI completes FORM: Modification of an Approved Protocol and sends this form; a new clean copy of the protocol with all changes incorporated and identified with
boldface, underlining, or italics; any material to be added or substituted (such as newspaper ads, a revised consent form, or a new instrument); and a complete copy of the currently approved protocol to the IRB.

2.1.2.1 For changes in research staff only (student research assistants, data collectors, etc.—not persons identified as investigators) and that do not involve other changes in design or procedure of an approved protocol, submit only the application face sheet indicating a revision, the form Modification of Approved Protocol with the options for change of staff on the first page checked, the revised IRB Application Study Personnel List, and IRB training certificates for the new staff. Do not resubmit the previously approved documents.

2.1.3 The Research Compliance Specialist will determine whether the application for modification is complete (FORM: Completeness of IRB Application) and will notify the investigator if it is not. If the application is complete s/he will place it on the agenda for review at the next convened IRB meeting.

2.1.4 All IRB members will receive all submitted materials, including the originally approved protocol.

2.1.5 Modified proposals receiving full board review are not routinely assigned to a primary reviewer, although Chairs may do so at their discretion, especially if the modifications are extensive or significant. Modifications are received and reviewed by all IRB members.

2.1.6 The IRB determines that any significant new findings that arise from the review process and that might relate to participants’ willingness to continue participation are provided to participants.

2.1.7 In the absence of a primary reviewer, the Chair will summarize the nature of the modifications requested and open the application for Board discussion. The Board may approve the modification as submitted; approve the modification after completion of minor changes; require additional modifications to accommodate the original request; defer it for more information; or deny the request. The Board will specify whether requested changes or supplementary information should be returned to the full board or whether they may be reviewed by the Director of Research Compliance, the IRB chair, or a subcommittee of the Board.

2.1.8 The PI must respond to Board requests for more information or modifications within 60 days of the scheduled meeting or submit a completely new application.

2.1.9 The Research Compliance Specialist will prepare a letter describing the Board’s decision for signature by the IRB chair and will send the signed letter to the PI within 10 working days.

2.1.10 If letter(s) of support for the proposed modifications by participating sites were not included with the application, the investigator must supply them before implementing any approved modifications.

2.1.11 Modification of a proposal may be combined with application for renewal if the modifications will not take effect until the approval for renewal is obtained. In this
case, the Principal Investigator should also follow the Policy for Continuing Review of Applications.

2.2. Modification of an Approved Protocol That Received Expedited Review

2.2.1. The Principal Investigator (PI) determines that a modification of an approved protocol is necessary or consults with a Research Compliance Specialist or the Director of Research Compliance about the proposed changes.

2.2.2. The PI completes FORM: Modification of an Approved Protocol and sends this form; a new clean copy of the protocol with all changes incorporated and identified with boldface, underlining, or italics; any material to be added or substituted (such as newspaper ads, a revised consent form, or a new instrument); and a complete copy of the currently approved protocol to the IRB.

2.2.3. The Research Compliance Specialist will determine whether all needed information and explanation are present. If so, the proposal will be sent to the Director of Research Compliance for expedited review and assignment to expedited review. If not, the PI will be contacted about the missing information.

2.2.4. The expedited reviewers will read the application and follow POLICY: Expedited Review. They may request additional information or consultation if they wish before acting on the application. They may recommend approval of the modification as submitted; approval after completion of minor changes; require additional modifications to accommodate the original request; or request that the modified application be referred to the full board for review. When the application is approved, the Director of Research Compliance will sign off on it. If changes are requested, the expedited reviewers will specify whether requested changes may be reviewed by the Director of Research Compliance or the IRB chair, and whether they wish to review the application again before approval.

2.2.5. The Research Compliance Specialist will prepare a letter describing the Board’s decision for signature by the IRB chair or designee and will send the signed letter to the PI within 10 working days.

2.2.6. If letter(s) of support for the proposed modifications by participating sites were not included with the application, the investigator must supply them before implementing any approved modifications.

3.0 REFERENCES

3.1.1 45 CFR §46.103(b) (4); 45 CFR §46.109; 45 CFR §46.116(b)(5); 21 CFR §50.25 (b)(5); 21 CFR §56.108 (a), 21 CFR §56.109

3.1.2 OHRP Guidance on Written Institutional Review Board (IRB) Procedures
3.1.3 OHRP Guidance on Continuing Review

3.1.4 FDA Information Sheets: Continuing Review After Study Approval, Frequently Asked Questions: IRB Procedures

4.0 RELATED SECTIONS

4.1 FORM: Modification of an Approved Protocol

4.2 POLICY: IRB Application for Continuing Review of Approved Protocol

4.3 FORM: IRB Renewal Application

4.4 GUIDANCE: Minor Changes to Approved Protocols

4.5 FORM: IRB Application Study Personnel List

4.6 POLICY: Routine Post-Approval Monitoring

4.7 POLICY: Monitoring of Previously Approved Research for Cause: Suspension and Termination

4.8 POLICY: Expedited Review

4.9 POLICY: Reportable Events: Protocol Deviations, Unanticipated Problems, and Adverse Events Involving Risk to Participants and Others

4.10 GUIDANCE: Reportable Events