GUIDELINE FOR EXPEDITED REVIEW OF RESEARCH

The Office for Human Subject Protection (OHSP) Policy 501 describes the levels of RSRB review for proposed research activities, including certain types of research that may undergo expedited review procedures according to the regulations of HHS 45 CFR 46.110 and FDA 21 CFR 56.11. This guideline describes the regulatory categories, institutional standards, and procedures for the expedited review process by the RSRB. Research qualifies for expedited review provided it:

- presents no more than minimal risk to subjects, and
- involves only procedures listed in one or more of the categories noted in Appendix 1.

1. Investigator Submission Requirements

a. When submitting applications for initial, continuing or amendment review in the RSRB on-line submission system (ROSS), Investigators must include all applicable materials for submission listed in Policy 502 Types of RSRB Submissions.
   - The Protocol Templates and Consent Form Templates may be utilized to ensure regulatory and institutional standards are met.

b. Upon receipt of an application by the RSRB Specialist, a pre-review of the submission will be completed (e.g., to verify whether the submission materials are completed, required education is completed, etc.) and makes an initial determination as to whether the submission is eligible for expedited review (i.e., meets regulatory qualifications). The Specialist may request more information from the Investigator during this pre-review process for clarification or completeness of the application. Once the application is considered complete, the Specialist will proceed with review under the expedited review process, or may re-assign the application for consideration of exempt review or consideration of convened board review, if appropriate (see Guideline for Exempt Status Determination and Guideline for Convened Board Review of Research).

2. Expedited Reviewer Assignments

a. The RSRB Specialist (or designee) assigns the protocol for expedited review to a Board Chair or designated experienced reviewer. The following will be considered when making this assignment and the Specialist may consult with the RSRB Chair in making the decision:
   - Reviewer’s workload (i.e., other study assignments)
   - Potential conflicts of interest (as defined in OHSP Policy 902 Investigator Conflict of Interest).
   - Need for special representation (e.g., vulnerable populations).

b. The designated RSRB reviewer is notified from ROSS that a study has been assigned.
3. Expedited Review Procedures

a. Initial and Continuing Review

i. The assigned RSRB reviewer will conduct a review of submitted materials in the same manner that the primary reviewer conducts review for the convened board and will determine that the research is minimal risk, whether the research meets all applicable criteria for approval and one or more categories of research eligible for expedited review (see Appendix 1). In addition, for continuing review, all previous reviews and approved materials are available to the reviewer electronically in ROSS.

ii. The reviewer will perform an in-depth review of all submitted materials using the criteria for approval according to OHSP Policy 404 Criteria for RSRB Approval of Research. During this review process, the reviewer may approve the research as submitted, or require revision to secure approval. The reviewer may not disapprove research through the expedited review process.

   • When revisions are requested, the Investigator may respond to the requested changes or provide justification for not doing so. Responses will be reviewed by the Specialist and the reviewer. Note that for continuing review, any revisions requested by the RSRB must be met well in advance of the RSRB expiration date to ensure uninterrupted RSRB approval and conduct of the protocol.

iii. During the continuing review of research, the reviewer will assess, as applicable, subject enrollment, study personnel, reportable events, consent and documentation of consent, research results, previously approved amendments, publications and any other items relevant to the level of research risk and ongoing conduct of the research to determine the following:

   • The current or proposed consent document is accurate and complete;
   • Whether significant new findings that might relate to the subject’s willingness to continue participation in the research need to be provided to the subject;
   • Whether verification from sources other than the Investigator is needed to ensure that no material changes have occurred since prior RSRB review.
   • Whether all elements of the criteria for approval, per OHSP Policy 404 Criteria for RSRB Approval of Research, are still applicable as initially determined.

iv. The RSRB Chair or primary reviewer will complete the applicable RSRB Chair approval checklist (i.e., new protocol or continuing review checklist) to document the specific category or categories under which the research qualifies for expedited review, any required regulatory findings, and the approval period. Additional comments regarding the review determination may be included in the checklist, as applicable, including an explanation for any protocol requiring review more often than annually.
• At the time of initial review, the RSRB reviewer may approve some components of the research study and allow an Investigator to initiate research activities only related to those approved components, and defer action on other components (see OHRP Guidance on IRB Approval of Research with Conditions).

• Research that does not meet the criteria for expedited review, in the judgment of the RSRB assigned reviewer, will be referred for review at a meeting of the convened board.

• The RSRB retains expiration “anniversary dates,” therefore; approval may occur within the 30 days prior to expiration.

b. Changes (Amendments) to Previously Approved Research
   i. The assigned RSRB reviewer receives all information that the convened RSRB would receive, such as the Amendment Form and revised study materials, and will review these materials to confirm the amendment meets the criteria for expedited review (see Appendix 1). All previous reviews and approved materials are available to the reviewer electronically in ROSS.

   ii. The reviewer will perform an in-depth review of all submitted materials using the criteria for approval described in OHSP Policy 404 Criteria for RSRB Approval of Research and will document if the modifications affect one or more of the regulatory criteria under the initial approval. During this review process, the reviewer may approve the amendment as submitted, or require revisions to secure approval. The reviewer may not disapprove amendments through the expedited review process.

   • When revisions are requested, the Investigator may respond to the requested changes or provide justification for not doing so. Responses will be reviewed by the Specialist and the reviewer.

   iii. The reviewer will complete the applicable RSRB Chair approval checklist (i.e., amendment checklist) for research meeting the criteria for approval to document the expedited review and any required regulatory findings.

   iv. Revisions that do not meet the criteria for expedited review in the judgment of the RSRB assigned reviewer (i.e., more than a minor change) will be referred for review at a meeting of the convened board.

4. Expedited Review Determinations and Notifications

   a. Once a review determination is made, the reviewer’s decision will be recorded electronically in ROSS. The possible review determinations that can be made include approval as submitted, approval with revision, or referral to convened board, as outlined in OHSP Policy 402 RSRB Meetings.

   • Note to RSRB staff: For an initial approval, or approval of an amendment to add a vulnerable population, justification for the expedited review of research to
include this population must be confirmed and documented in the Specialist checklist (e.g., justification for research involving children).

b. Determination of approval periods will be made as follows, with the expiration date being the last date the research activities may be conducted.

i. For initial review, the approval period start and end dates are determined as indicated below:
   - Initial Review Start Date = Date the Chair documents approval of the study on the approval letter.
   - Initial Review Expiration Date = One year minus one day from start date (e.g., Chair signs letter 04/10/2013 means expiration date is 04/09/2014).

ii. For continuing review, the approval period should be 364 days, i.e., one year minus one day from start date, as follows:
   - Federal guidelines indicate that the expiration “anniversary date” may be retained when continuing review and approval takes place within 30 days prior to expiration. Therefore, the RSRB will only conduct continuing review of progress reports within 30 days of the expiration date.
   - Re-approval Start Date = Initial review expiration date of 04/09/2014 means the start date of re-approval period is 04/10/2014.
     - Note: Day the Chair signs re-approval letter and re-approval start date may differ.
   - Re-approval Expiration Date = One year minus one day from start date (e.g., start date from re-approval is 04/10/2014; therefore, re-approval expiration date is 04/09/2015).

iii. Exceptions for determining approval periods:

   Exception 1 – Studies That Expired:
   The re-approval start date is the date the Chair signs the letter (e.g., Chair reviews study with lapsed expiration date of 10/08/13, the Chair signs the letter on 10/22/13, so the re-approval period is 10/22/13 through 10/08/14). In this case, the wording on the re-approval letter for lapsed studies should also include the following: No RSRB approval from 10/09/13 through 10/21/13. The lapse in study approval will start the day after the study expired and will end the day before the Chair signs the letter.

   Exception 2 – Studies With Approval Period Less Than 1 Year:
   If the Chair approves a study for less than 1 year, e.g., 6 months, then the expiration date (month/day) will not remain the same (e.g., an initial approval start date of 10/05/13 with approval period for 6 months only means expiration date is 04/04/14). For re-approval, in this case, the start date will be 04/05/14 and the expiration date will be 10/04/14.
c. Investigators are notified of expedited review actions according to OHSP Policy 403 Notification of RSRB Determinations.

d. RSRB members are notified of all research that is approved by expedited review procedures. Actions and findings are documented in a summary report that is posted with convened meeting materials or may also be obtained directly from ROSS.

e. The Institutional Official (IO), or as delegated to the OHSP Director, is notified of all research that is approved by expedited review procedures through a summary report provided on a regular basis, or that may be accessed directly from ROSS.
   • If research requires further action or review by the UR as determined by the IO (or designee), the requirements will be communicated to the Director of the RSRB and applicable RSRB Chair (or designated expedited reviewer).
### Appendix 1: Expedited Categories for Initial, Continuing, and Amendment Reviews

#### INITIAL REVIEWS

<table>
<thead>
<tr>
<th>Expedited Category and Description</th>
<th>Examples</th>
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| **1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met:** | ➢ Randomized trial of:  
• Placebo  
• Aspirin alone  
• NSAID alone  
To determine effects of aspirin and NSAID for pain relief in adults.  
➢ Trial of a prototype toothpaste on dental plaque and gingival inflammation  
➢ Comparing two non-prescription, over-the-counter artificial eye drops  
➢ Examining the difference in metatarsal phalangeal joint motion with and without a Morton’s Extension Carbon Foot Plate (a shoe insert placed inside footwear and prescribed for patients with hallux rigidus as part of their standard of care). |
| 1a. Research on drugs for which an investigational new drug application is not required. (21 CFR Part 312) |  
*Note:* Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review. |
| 1b. Research on medical devices for which:  
• an investigational device exemption application is not required (21 CFR Part 812); or,  
• the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling. |  
➢ A one-time blood draw of 2 tablespoons from healthy subjects ≥ 18 years old.  
➢ A one-time blood draw of 3 tsp of blood to study markers in adults and children with hemophilia.  
*Note:* Consider the amount of blood to be drawn within the total required for both clinical and research purposes to ensure an accurate determination of risk and whether expedited review is permitted. |
| **2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture under condition (a) or (b) below:** |  |
| 2a. Healthy, non-pregnant adults who weigh at least 110 pounds, if:  
• No more than 550 ml collected in an 8-week period, and  
• Collected no more than 2 times per week |  |
| 2b. Other adults and children considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected, if:  
• The amount of blood drawn does not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period, and  
• Collected no more than 2 times per week |  |

(categories continued next page)
### Expedited Category and Description

<table>
<thead>
<tr>
<th>3.</th>
<th>Prospective collection of biological specimens for research purposes by noninvasive means. Examples include:</th>
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<tbody>
<tr>
<td>a.</td>
<td>Hair and nail clippings in a non-disfiguring manner</td>
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<tr>
<td>b.</td>
<td>Deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction</td>
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<tr>
<td>c.</td>
<td>Permanent teeth if routine patient care indicates a need for extraction</td>
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<tr>
<td>d.</td>
<td>Excreta and external secretions (including sweat)</td>
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<td>e.</td>
<td>Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax</td>
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<td>f.</td>
<td>or by applying a dilute citric solution to the tongue</td>
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<td>g.</td>
<td>Placenta removal at delivery</td>
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<td>h.</td>
<td>Amniotic fluid obtained at the time of rupture of the membrane</td>
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<tr>
<td>i.</td>
<td>before or during labor</td>
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<td>j.</td>
<td>Supragingival and subgingival dental plaque and calculus, provided the collection procedure is not more</td>
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<td>invasive than routine prophylactic scaling of the teeth and the process is accomplished in</td>
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<td>accordance with accepted prophylactic techniques</td>
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<td>k.</td>
<td>Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings</td>
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<td>l.</td>
<td>Sputum collected after saline mist nebulization</td>
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(Also includes blood sampling by simple venipuncture and use of surplus samples of body fluid or tissues left over from samples taken for non-investigational purposes)

| 4. | Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. |

Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.)

Examples include:

| a. | Physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy |
| b. | Weighing or testing sensory acuity                                                                       |
| c. | Magnetic resonance imaging                                                                               |
| d. | Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, |
|    | electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow, and                    |
|    | echocardiography                                                                                         |
| e. | Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where |
|    | appropriate given the age, weight and health of the individual                                            |

4a: Applying markers to the skin of the foot and leg to track movement via infrared cameras

4a: Measuring eye movements by use of small detectors on the skin around the eyes

4c: Using magnetic resonance imaging to visualize the anatomy of the young adult knee.

4d: Follow-up breast ultrasound exams for women receiving neoadjuvant chemotherapy

4e: Studying the health effects of moderate exercise over a 6-month period on the overall well-being of senior citizens with mild arthritis, which involves strength testing

Note: OHRP indicates the following procedures are considered noninvasive:

- Vaginal swabs that do not go beyond the cervix;
- Rectal swabs that do not go beyond the rectum; and,
- Nasal swabs that do not go beyond the nares.
<table>
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<th>Expedited Category and Description</th>
<th>Examples</th>
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| **5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research purposes** (such as medical treatment or diagnosis). | ➢ Retaining, for research purposes, left-over tissue taken during surgery to treat bladder cancer after diagnostic tests are complete. (identifiers/collection by a member of the study team)  
➢ A retrospective chart review of liver transplant recipients requiring identifiers. |
| Collected solely for non-research purposes means for purposes other than the research undergoing expedited review. The use of materials left over from a previous research activity may be reviewed under this category, as may leftover clinical materials.  

*Note:* Some research in this category may be exempt from the HHS regulations for the protection of human subjects (see Guideline for Exempt Status Determination, Appendix 1). |
| **6. Collection of data from voice, video, digital, or image recordings made for research purposes.** | ➢ Audio-taping interviews of women who discuss factors that influence breastfeeding.  
➢ Videotaping the study of visual attention skills of children who view objects of different sizes and colors on a computer and make decisions based on the shapes. |
| **7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.** | ➢ Completing questionnaires about the importance of spirituality in the subject’s day-to-day life.  
➢ Follow-up interviews of parents whose children had previously participated in a study of head cooling.  
➢ Asking adolescents to complete surveys about their burn prevention knowledge and practices. |
| *Note:* Surveys/questionnaires about activities that pose greater than minimal risk to respondents (e.g., illegal behaviors) **do not qualify** for expedited review.  
*Note:* Some research in this category may be exempt from the HHS regulations for the protection of human subjects (see Guideline for Exempt Status Determination, Appendix 1). |

(Other) **Activities involving no human subject enrollment**  

a) Coordinating Center studies  
b) Umbrella studies  
c) Concept studies (Note: subject enrollment not permitted until RSRB review and approval of final protocol and consent.)  

(categories continued next page)  

➢ Administrative oversight of multi-center studies  
➢ Funding mechanisms for research studies, where the research studies will be submitted separately for RSRB review and approval  
➢ Idea proposed for a future study prior to completion of the protocol (e.g., for grant proposal)
CONTINUING REVIEWS

<table>
<thead>
<tr>
<th>Expedited Category and Description</th>
<th>Examples</th>
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<tr>
<td><strong>8. Continuing review of research previously approved by the convened RSRB as follows:</strong></td>
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<tr>
<td>Note: This category applies only to studies posting minimal risk since the last continuing review and may not involve any research activities posting greater than minimal risk at the time of review.</td>
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<td><strong>8a. Activities where,</strong></td>
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<td>• Research is permanently closed to enrollment of new subjects;</td>
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<tr>
<td>• All subjects have completed all research-related interventions; and</td>
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<td>• The research remains active only for long-term follow-up of subjects</td>
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<td><strong>8b. Research open to accrual where no subjects have been enrolled and no additional risks have been identified, or</strong></td>
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<td>Note: This applies to a study’s cumulative accrual (i.e., even if one subject was previously enrolled, but none since last review, expedited review does not apply); make notation to re-classify to convened board once accrual begins.</td>
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<td><strong>8c. Research where the remaining activities are limited to data analysis</strong></td>
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<td>Note: Investigator may consider study closure if the primary analysis was completed and reported to the RSRB; and future analysis will be completed on a dataset that does not contain any identifiers.</td>
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<tr>
<td><strong>9. Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the RSRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.</strong></td>
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<tr>
<td>Note: The following must be considered and documented to consider approval of research under this category:</td>
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<tr>
<td>• The initial approval is granted by the convened board, and</td>
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<tr>
<td>• The research is not being conducted under an IND or IDE.</td>
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<tr>
<td>• Meeting minutes must document, a) that the study involves no more than minimal risk, b) the convened board’s rationale for the minimal risk determination, and c) subsequent continuing review by expedited procedures is permitted</td>
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</table>

CONTINUING REVIEWS – Initially or previously expedited

**Any previous category of 1a, 1b, 2a, 2b, 3, 4, 5, 6, 7, 9, or Other**

Note: Research studies initially reviewed under any of the expedited categories retain those categories until they are permanently closed (e.g., a survey study originally assigned category 7 will be assigned category 7 even when closed to accrual with data analysis the sole remaining activity).
### AMENDMENTS

**Amendments qualifying for expedited review with minor changes to studies involving minimal risk** include the following examples:

- Statistical considerations – increase in local targeted accrual
- Inclusion criteria – expansion of eligibility criteria to a new subject population (provided the change does not increase the risk)
- Design/regimen – extending the duration of a trial (from 6 months to 9 months)
- Measures – adding a measure (provided the new measure does not increase the risk)
- Administrative revisions – changes to study personnel or an address to which samples are sent; change in funding
- Editorial revisions – correction of typographical errors in a consent form or protocol

**Amendments qualifying for expedited review with minor changes to studies involving greater than minimal risk** include the following examples:

- Statistical considerations – increase in overall accrual to a multi-center study (provided local accrual does not increase, thereby potentially requiring convened board review)
- Inclusion criteria – narrowing an eligibility criterion to create a safer selection of subjects.
- Design/regimen – removing a study procedure, for a sub-study.
- Measures – adding a measure involving minimal risk (e.g., a quality of life questionnaire)
- Administrative revisions (as noted above)
- Editorial revisions (as noted above)

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1. Children as defined in OHSP Policy 601 Research Involving Children are persons under the age of 18.

References:

2. 45 CFR 46.110 (Categories of Research that may be Reviewed by the IRB through an Expedited Review Procedure): [http://www.hhs.gov/ohrp/policy/expedited98.html](http://www.hhs.gov/ohrp/policy/expedited98.html)