



GUIDELINE FOR EXPEDITED REVIEW OF RESEARCH

The Office for Human Subject Protection (OHSP) Policy 501 describes the levels of RSRB review, 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 56.110. 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*, or
- is a minor modification to previously approved research.

1. Investigator Submission Requirements

- a. The submitting Investigator must meet the qualifications and requirements of Principal Investigator (PI) as defined in [Policy 901 Investigator Responsibilities](#).
- b. When submitting applications for initial, continuing, or modification review in the RSRB online submission system, 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.
- c. Upon receipt of an application, the RSRB Specialist completes a pre-review of the submission will be completed (e.g., to verify whether the submission is complete, required education is completed, etc.) and makes an initial determination as to whether the submission meets regulatory qualifications for expedited review. 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 determine the application requires consideration of exempt or convened board review, if appropriate.

2. Expedited Reviewer Assignments

- a. The RSRB Specialist assigns the protocol for expedited review to a Board Chair, Vice Chair or Experienced reviewer. The following will be considered when making this assignment and the Specialist may consult with the RSRB Chair or Vice Chair, needed:
 - 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 electronically that a study has been assigned for review.

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 whether eligible for one or more of the categories for expedited review (*Appendix I*). In addition, for continuing review, all previous reviews and approved materials are available to the reviewer in the online IRB review system.
- 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 modification to secure approval. The reviewer may not disapprove research through the expedited review process.
 - When modifications 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, as necessary. 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, reports of new information, consent and documentation of consent, research results, previously approved modifications, publications and any other items relevant to the level of research risk and ongoing conduct of the research to determine the following:
 - The current 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 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, Vice Chair, or Experienced reviewer will complete the applicable checklist(s) in the online system to document the specific category or categories under which the research qualifies for expedited review, any required regulatory findings, if the study requires continuing review and the reason, and the approval period. Additional comments regarding the review determination may be included,

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 to the convened board for review.

b. Modifications to Previously Approved Research

- i. The assigned RSRB reviewer receives all information that the convened RSRB would receive, such as the modification form and revised study materials, and will review these materials to confirm the modification meets the criteria for expedited review (*Appendix 1 - Modifications*). History of all prior reviews and approved materials is available to the reviewer in the online system.
- 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 modification as submitted, or require modification to secure approval. The reviewer may not disapprove modifications 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, as needed.
- iii. The reviewer will complete the applicable RSRB checklist(s) in the online system 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 to the convened board for review.
- v. Revisions that do not fall under an expedited review category and are not considered a “minor” change in research, will be processed as an “other” modification. The RSRB Specialist may administratively review such changes (for example, changes in study members except changes to the Principal Investigator, correction to approval dates, formatting changes to documents, administrative corrections to the application that do not change the research).

4. Expedited Review Determinations and Notifications

- a. Documenting Approval – Once a review determination is made, the reviewer’s decision will be recorded in the online system. The possible review determinations that can be made include approved, approved with modification, or referral to convened board, as outlined in OHSP [Policy 402 RSRB Meetings](#).
 - Note to RSRB staff and designated RSRB reviewers: For an initial approval, or approval of an modification to add a vulnerable population, justification of research to include this population must be confirmed and documented in the review checklist when undergoing expedited review (e.g., justification for research involving children).
- b. Determining Approval Periods – Approval periods will be made as follows, when applicable, 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 Approval Date = Date the RSRB Chair, Vice Chair, or Experienced Member documents approval of the study.
 - Initial Review Effective Date = Date of approval or date modifications to requested changes were addressed.
 - Initial Review Expiration Date = One year minus one day from start date (e.g., study approved 04/10/2018 means expiration date is 04/09/2019). Note: If continuing review is not required, an expiration date will not be applied.
 - ii. For continuing review, the approval period may not be greater than 364 days, and is determined as follows:
 - Re-approval Date = Date the RSRB Chair, Vice Chair, or Experienced Member documents re-approval of the study.
 - Re-approval Effective Date = Date study re-approved or date modifications to requested changes were addressed.
 - Re-approval Expiration Date = One year minus one day from re-approval start date (e.g., start date from re-approval is 03/27/2018; therefore, re-approval expiration date is 03/26/2019). Note: If continuing review is not required, an expiration date will not be applied.
 - iii. Determining approval periods when study is Approved with Approval Period of Less Than 1 Year:
 - If the RSRB Chair, Vice Chair, or Experienced Member approves a study for less than 1 year, e.g., 6 months, the expiration date will be 6 months from the initial approval date. For a study approved on 10/05/18, the expiration date will be 04/04/19.
- c. Investigators are notified of expedited review actions according to OHSP [Policy 403 Notification of RSRB Determinations](#).

- d. RSRB members are informed of all research that is approved by expedited review procedures through the Expedited Review Report in the IRB online review system.
- e. The Institutional Official (IO), or as delegated to the OHSP Director, has access to all expedited review reports and all expedited reviews in the IRB online review system.
 - 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.

Appendix 1: Expedited Categories for Initial, Continuing, and Modification Reviews

<i>INITIAL REVIEWS</i>	
Expedited Category and Description	Examples
<p>1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met:</p> <p>1a. Research on drugs for which an investigational new drug application is not required. (21 CFR Part 312)</p> <p><i>Note:</i> Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is <u>not eligible</u> for expedited review.</p> <p>1b. Research on medical devices for which:</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> ➤ Randomized trial of: <ul style="list-style-type: none"> • 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 <p style="text-align: center;">-----</p> <ul style="list-style-type: none"> ➤ 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).
<p>2. Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture under condition (a) or (b) below:</p> <p>2a. Healthy, non-pregnant adults who weigh at least 110 pounds, if:</p> <ul style="list-style-type: none"> • No more than 550 ml collected in an 8-week period, <u>and</u> • Collected no more than 2 times per week <p>2b. Other adults and children¹ 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:</p> <ul style="list-style-type: none"> • The amount of blood drawn does not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period, <u>and</u> • Collected no more than 2 times per week <p>(categories continued next page)</p>	<ul style="list-style-type: none"> ➤ A one-time blood draw of 2 tablespoons from healthy subjects \geq 18 years old. <p style="text-align: center;">-----</p> <ul style="list-style-type: none"> ➤ A one-time blood draw of 3 tsp of blood to study markers in adults and children with hemophilia. <p><i>Note:</i> Consider the amount of blood to be drawn within the <i>total</i> required for both clinical and research purposes to ensure an accurate determination of risk and whether expedited review is permitted.</p>

Expedited Category and Description	Examples
<p>3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples include:</p> <ol style="list-style-type: none"> Hair and nail clippings in a non-disfiguring manner Deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction Permanent teeth if routine patient care indicates a need for extraction Excreta and external secretions (including sweat) Uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue Placenta removal at delivery Amniotic fluid obtained at the time of rupture of the membrane before or during labor Supragingival and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques Mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings Sputum collected after saline mist nebulization <p>(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)</p>	<p>3a: obtaining hair clippings from children to analyze for the presence of mercury</p> <p>3e: collecting saliva samples from children by asking them to suck on a tube.</p> <p>3h: collection of plaque samples from the teeth of subjects testing the effectiveness of a commercial toothpaste to reduce oral bacteria</p> <p><i>Note:</i> OHRP indicates the following procedures are considered noninvasive:</p> <ul style="list-style-type: none"> 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.
<p>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.</p> <p>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.)</p> <p>Examples include:</p> <ol style="list-style-type: none"> 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 Weighing or testing sensory acuity Magnetic resonance imaging Electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, Doppler blood flow, and echocardiography Moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight and health of the individual <p>(categories continued next page)</p>	<p>4a: Applying markers to the skin of the foot and leg to track movement via infrared cameras</p> <p>4a: Measuring eye movements by use of small detectors on the skin around the eyes</p> <p>4c: Using magnetic resonance imaging to visualize the anatomy of the young adult knee.</p> <p>4d: Follow-up breast ultrasound exams for women receiving neoadjuvant chemotherapy</p> <p>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</p>

Expedited Category and Description	Examples
<p>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).</p> <p>[^]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.</p> <p><i>Note:</i> Some research in this category may be exempt from the HHS regulations for the protection of human subjects (see <i>Guideline for Exempt Status Determination, Appendix 1</i>).</p>	<ul style="list-style-type: none"> ➤ 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.
<p>6. Collection of data from voice, video, digital, or image recordings made for research purposes.</p>	<ul style="list-style-type: none"> ➤ 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.
<p>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.</p> <p><i>Note:</i> Surveys/questionnaires about activities that pose greater than minimal risk to respondents (e.g., illegal behaviors) do not qualify for expedited review.</p> <p><i>Note:</i> Some research in this category may be exempt from the HHS regulations for the protection of human subjects (see <i>Guideline for Exempt Status Determination, Appendix 1</i>).</p>	<ul style="list-style-type: none"> ➤ 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.
<p>(Other) Activities involving no human subject enrollment</p> <ul style="list-style-type: none"> 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.) <p>(categories continued next page)</p>	<ul style="list-style-type: none"> ➤ 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	
Expedited Category and Description	Examples
<p>8. Continuing review of research previously approved by the convened RSRB as follows: <i>Note:</i> This category applies only to studies posing minimal risk <i>since the last continuing review</i> and may not involve any research activities posing greater than minimal risk at the time of review.</p> <p>8a. Activities where,</p> <ul style="list-style-type: none"> • Research is permanently closed to enrollment of new subjects; • All subjects have completed all research-related interventions; <u>and</u> • The research remains active only for long-term follow-up of subjects <p>8b. Research open to accrual where no subjects have been enrolled and no additional risks have been identified, or <i>Note:</i> 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.</p> <p>8c. Research where the remaining activities are limited to data analysis <i>Note:</i> 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.</p>	<ul style="list-style-type: none"> ➤ Study of a Phase II oncology drug that has been closed to new enrollment; human subject involvement is limited to long-term follow-up. ➤ A multi-center study of a Phase II oncology drug to which no local enrollment has occurred and no risks have been added since the last review/approval. <i>Note:</i> Reference the modification history to determine whether additional risks have been identified (e.g., new treatments) ➤ A multi-center study of a Phase II oncology drug permanently closed to new enrollment, all subjects having completed treatment; study activity limited to analysis of <i>identifiable data</i>.
<p>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.</p> <p><i>Note:</i> The following must be considered and documented to consider approval of research under this category:</p> <ul style="list-style-type: none"> • The <i>initial</i> approval is granted by the convened board, and • The research is not being conducted under an IND or IDE. • 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 	<ul style="list-style-type: none"> ➤ A study involving a single x-ray of the knee to analyze the results of meniscus repair ➤ A single blood draw of 60 ml in adults with the flu
CONTINUING REVIEWS – Initially or previously expedited	
<p>Any previous category of 1a, 1b, 2a, 2b, 3, 4, 5, 6, 7, 9, or Other <i>Note:</i> Research studies initially reviewed under any of the <i>expedited categories</i> 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).</p>	<ul style="list-style-type: none"> ➤ See examples under categories 1 – 7 above

MODIFICATIONS

Modifications 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)
- Addition of participating sites for multi-site research

Modifications 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)
- Addition of participating sites for multi-site research

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

References:

1. OHRP Guidance on the Use of Expedited Review procedures:
<http://www.hhs.gov/ohrp/policy/exprev.html>
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>
3. 21 CFR 56.110 (Expedited review procedures for certain kinds of research involving no more than minimal risk, and for minor changes in approved research):
<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=56.110>
4. OHRP Guidance on IRB Approval of Research with Conditions (November 10, 2010):
<http://www.hhs.gov/ohrp/policy/conditionalapproval2010.html>