# Chapter 17

## External IRBs and Prisma Health Reliance

*Reliance agreements are required when an IRB is either relying on or reviewing for another organization. Organizations should define roles and responsibilities, conditions of reliance, and responsibilities of each party to the reliance*.

1. **Prisma Health will rely on external IRB organizations for review of research conducted at Prisma Health providing:**
    a. The reviewing IRB is AAHRPP accredited.
    b. A current reliance agreement is in place, either in the form of a Master Agreement or a Single Study Reliance.
    c. A request to Cede Review to an external entity is submitted prior to engaging in any agreements to conduct the research.
    d. At the discretion of the HRPP Director it is determined that ceding a review on any study is appropriate.
2. **Criteria for consideration of an external IRB to provide the review of a protocol conducted at Prisma Health:**
    a. Current AAHRPP Accreditation or as determined by administrative review to meet Prisma Health standards for conducting review.
    b. Requirement of a funding source or industry sponsor to use a single IRB.
    c. No FDA warning letters within the past five (5) years.
    d. The external IRB is located within the United States.
3. **IRB Authorization Agreement/Reliance Agreement:**
    a. In accordance with OHRP Guidance, when Prisma Health relies on an external IRB for review and approval of human research, the relationship is documented with an IRB Authorization Agreement (IAA) or other formal reliance agreement.
    b. Reliance Agreements for sIRB review are only used to cede the IRB review of projects. All institutionally required ancillary reviews must still be obtained locally, and it is up to the relying site(s) to identify these reviews (e.g., Conflict of Interest, Institutional Biosafety, IND/IDE Support, Radiation Safety, etc.). Oversight of these ancillary reviews still require local review and approval regardless of ceding IRB review.
    c. Local relying sites will be responsible to collect and provide the Reviewing IRB with any local ancillary reviews that may impact IRB approval.
    d. The Prisma Health Institutional Official (IO) or designee has the ultimate authority regarding whether to rely on an external IRB. The IO is authorized to execute IAAs/Reliance Agreements on Prisma Health's behalf and may delegate this authority.

4. **Responsibilities of Prisma Health IRB Reliance Administrator if reliance on the external IRB is deemed appropriate:**
    a. Ensuring that the reliance agreement is appropriately executed.
    b. Managing requests to rely submissions and determining if ceding IRB review is appropriate.
    c. Communicating decisions on reliance and initiating communication with the IRB of record regarding reliance.
    d. Providing local context information to the IRB of Record either directly or with the assistance from the Prisma Health Research Team.
    e. Ensuring the study has been entered into the Prisma Health IRB submission system and that appropriate, local ancillary reviews have been completed (e.g. Radiation Safety, Biosafety, COI, Data Security, Human Protections Training).
    f. Tracking external IRB determinations, study personnel changes, Investigator COI changes, and other local criteria impacted by the research.
    g. Communicating investigator conflict of interest and COI management plans to the sIRB.

5. **Responsibilities of the Prisma Health affiliated Research Team(s)**
    a. Submitting a request to CEDE for each study to be reviewed by an external IRB except for studies relying on the NCI CIRB (the research team must instead submit and receive NCI CIRB Site Specific approval prior to the site being added to the study).
    b. Notifying the Prisma Health IRB of PI and personnel changes.
    c. Notifying the Prisma Health IRB of potential conflicts of interest, including institutional and potential financial interests, which could affect or be affected by the research.
    d. Submitting applicable modification(s)/amendments(s), progress report materials, and pertinent new reportable information to the sIRB and/or Prisma Health IRB.
    e. Ensuring the sIRB approved local consent includes the appropriate local context language.
    f. Ensuring that any reports of unanticipated problems and/or protocol violations that may place a participant at a greater risk than previously known or recognized as well as any instances of non- compliance including any incidents that have adversely impacted data integrity are reported to the Prisma Health IRB and /or the external IRB in a timely matter.
    g. Disseminating IRB approved materials to relying sites.
    h. Acting as the liaison with the sIRB for the relying site research teams and Prisma Health IRB.
    i. Ensuring all engaged affiliates and their research teams have completed the required research training as defined by institutional policies and study requirements.
    j. Ensuring all engaged affiliates have disclosed any COI and any COI management plans required by the Prisma Health HRPP and that those management plans have been implemented.
    k. Ensuring all institutional requirements, beyond those of the Prisma Health HRPP, have been met (e.g. CTA execution, MTA, DUA, Activation).

6. **Responsibilities of the Single IRB (IRB of Record)**
    a. Maintaining IRB registration (FWA) and membership that satisfies the requirements of 45 CFR 46 and 21 CFR 56.
    b. Upon request, providing IRB Standard Operating Procedures and IRB membership roster to the Relying Institution.
    c. Conducting review of local context (DF/HCC) considerations submitted by the Relying Institution.
    d. Conducting review of research according to all applicable regulations and laws for the research studies. This includes initial review, continuing review, review of modifications (amendments) to previously approved research, as well as review of any other study- specific documents including reportable events.
    e. Providing the IRB Determination Letters (e.g., Certificates of Approval, Notices of Action), relevant meeting minutes, and any other pertinent study documents to the Relying Institution. The method for providing this information will vary by External IRB.
    f. Providing institution-specific notifications and documents related to the External IRB review to research staff and institutional designees.
    g. Reviewing research team members' financial conflict of interest (FCOI) and/or institutional conflict of interest (ICOI) management plans submitted by the Relying Institution and deciding whether the management plan for the conflict allows the research to take place at the Relying Institution.
    h. When necessary, suspending or terminating approval of all or part of the research study at the Relying Institution that is not being conducted in accordance with the IRB's requirements, or that has been associated with unexpected serious harm to participants. Reporting such suspensions or terminations to the Relying Institution's IO, External IRB's Signatory Official, OHRP, FDA, or any other applicable agency.
    i. Conducting review of potential unanticipated problems involving risks to subjects or others and/or potential serious or continuing noncompliance when the Relying Institution or other entity reports an incident, experience, outcome or potential noncompliance.
    j. Reporting any determinations of unanticipated problems involving risks to subjects or others and determinations of serious or continuing noncompliance that occurred at the Relying Institution to External IRBs Signatory Official, OHRP, FDA, or any other applicable agency.

k. Prior to sending the report to any federal agency, a draft report should be forwarded to the Prisma Health Office of Human Research Protection for review and comment. Although the External IRBs will consider any comments submitted, the final content of the report is typically up to the discretion of the External IRB.
l. Prompt notification to Relying Institution of the sIRB's findings and actions with respect to any unanticipated problems involving risks to subjects or others, subject injuries, or subject complaints which are related to or may affect subjects participating in research at Relying Institution.
m. When appropriate, conducting on-site or remote post approval monitoring or audits, unless delegated to Prisma Health.

**7. Initial Local Reviews**

a. Request to CEDE Review: This initial review takes place prior to submission to the central IRB. The study team will submit a request to cede to the Prisma Health IRB which involves an initial review to confirm a reliance agreement is in place and a review of other institutional considerations. Once this review has been completed, the study team will receive a notification of CEDE approval. This approval document is then submitted to the central IRB along with other required documents.
b. Research studies relying on a single IRB will also be required to undergo the following local reviews as applicable to the study:

   i. Contracts, Grants and Budget review
   ii. Scientific Review (for those studies not having undergone scientific review)
   iii. Conflict of Interest review
   iv. Radiation Safety Committee Review (if applicable)
   v. Institutional Biosafety Review (if applicable)
   vi. Data Security (if applicable)
   vii. Final local IRB acknowledgment (initiated by local submission of central IRB approvals and documents)

c. The Prisma Health HRPP reserves the right to disapprove or terminate an existing reliance agreement at any point or retain IRB oversight. If this occurs investigator(s) will be advised as to next steps. No research may be conducted locally until the research team has been notified that the protocol has completed the necessary local review process.