NCI Choose 1

REVIEWER WORKSHEET

Expedited Continuing Review

OMB #0925-xxxx Expiration Date: xx/xx/xxxx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of your participation in the NCI CIRB is protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the NCI CIRB at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the NCI CIRB. Information provided will be combined for all participants and reported as summaries. You are being requested to complete this instrument so that we can conduct activities involved with the operations of NCI CIRB Initiative.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

STUDY ID: _____

STUDY TITLE: _____

PROTOCOL VERSION DATE: _____

NAME OF CIRB REVIEWER: _____

ROLE: ☐ Chair ☐ Vice Chair ☐ Designated Reviewer

DATE COMPLETED: _____

REVIEWER CONFLICT OF INTEREST:

☐ By checking this box, the reviewer confirms there are no conflicts of interest relative to this study per the Conflict of Interest Policy for CIRB Members.

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1. Indicate the documents reviewed (check all that apply):

- ☐ NCI Adult/Pediatric CIRB Application for Continuing Review
- ☐ Study Protocol
- ☐ CIRB-Approved Consent Form(s)
- ☐ CIRB-Approved Translated Consent Form(s)
- ☐ DSMB/Safety Monitoring Committee report
- ☐ Toxicity Summary
- ☐ Presentations or publications for the study
- ☐ Relevant additional information relating to participants' risks and benefits

Other, please specify _____

2. Select the applicable Expedited Review Category below:

☐ **Category 8:** Continuing Review of research previously approved by the convened CIRB:
- ☐ **(a)** where (i) the research is permanently closed to accrual; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long term follow-up.
- ☐ **(b)** where no subjects have been enrolled and no additional risks have been identified (*Only applicable for CIRB studies that have not been activated by the Cooperative Group*).
- ☐ **(c)** where the remaining research activities are limited to data analysis.

☐ **Category 9:** Continuing Review of research not conducted under an IND or IDE where category (8) does not apply but the CIRB has determined and documented at a CIRB meeting that the research involves no greater than minimal risk and no additional risks have been identified.

3. Are there any changes in the study's risks and benefits that change the risk/benefit ratio and therefore could affect the CIRB's continuing approval of the study?

☐ Yes (If Yes, stop here. The continuing review will be reviewed at the next convened CIRB meeting and may be assigned to another reviewer.)
☐ No

4. In your judgment, do the benefits of this study continue to outweigh the risks?

☐ Yes
☐ No (If No, stop here. The continuing review will be reviewed at the next convened CIRB meeting and may be assigned to another reviewer.)

5. Are the following requirements for approval of research satisfied (check the box to verify the information is present)?

☐ In order to approve research covered by this policy the IRB shall determine that all of the following requirements are satisfied;

☐ Risks to subjects are minimized: (i) By using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subjects for diagnostic or treatment purposes;

☐ Risks to subjects are reasonable in relation to anticipated benefits, if any, to subjects, and the importance of the knowledge that may reasonably be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits that may result from the research (as distinguished from risks and benefits of therapies subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility;

☐ Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable populations, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons;

☐ Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with, and to the extent required by §46.116;

☐ Informed consent will be appropriately documented, in accordance with, and to the extent required by §46.117;

☐ When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects;

☐ When appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data;

☐ When some or all of the subjects are likely to be vulnerable to coercion or undue influence, such as children, prisoners, pregnant women, mentally disabled persons, or economically or educationally disadvantaged persons, additional safeguards have been included in the study to protect the rights and welfare of these subjects.

6. Does the current informed consent document(s) accurately reflect information included in the protocol?

☐ Yes
☐ No (If No, please indicate what information needs to be added:_____)

7. Does the current informed consent document(s) include the following required and additional elements? (check the box to verify the information is present)

☐ A statement that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental;

- ☐ A description of any reasonably foreseeable risks or discomforts to the subject;
- ☐ A description of any benefits to the subject or to others which may reasonably be expected from the research;
- ☐ A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;
- ☐ A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;
- ☐ For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;
- ☐ An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and
- ☐ A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.
- ☐ A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) which are currently unforeseeable;
- ☐ Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent;
- ☐ Any additional costs to the subject that may result from participation in the research;
- ☐ The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject;
- ☐ A statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject;
- ☐ The approximate number of subjects involved in the study; and
- ☐ The following statement for trials activated after 03/12/12: “A description of this clinical trial will be available on *http://www.ClinicalTrials.gov,* as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.”

8. Are there any significant new findings that might relate to the participant’s willingness to continue taking part in the study?

☐ Yes (If Yes, describe what plans are included to notify or re-consent participants and indicate whether the plans are sufficient:_____)
☐ No

9. Determination:

☐ Approve (complete Approval Period section below)

Approval Period: ☐ One year minus one day (Standard as described by the CIRB SOPs)

☐ Other_____(Provide rationale for less than 1 year in Question 10. Must be approved by the convened CIRB)

☐ Approve Pending Modifications (provide rationale and required modifications in Question 10)

☐ Forward for review by convened CIRB (provide rationale and a description for key concerns for the CIRB to address in Question 10)

☐ Reviewer requests additional information before a determination can be made (provide details on additional information required in Question 10)

10. Comments: _____