DAIDS Applied Research Training (DART)
Institutional Review Board (IRB)
Independent Ethics Committee (IEC)

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Institutional Review Board (IRB)/ Independent Ethics Committee (IEC) Activity

What is it?

The following activity is meant to facilitate group work and discussion by using a stack of scenario cards on IRB and IEC reporting timeline. The objective of this activity is to generate dialogue and determine what needs to be reported according to the specific phase of the study timeline. In the subsequent sections you will find the instructions and materials needed in order to complete this activity.

When can I use this Activity?

This activity is good for a variety of events and purposes. The following list shows alternatives ways to use it:

- Self-Reflection and reviewing concepts learned during an event
- Cooperative Learning
- Team Building
- Guiding Topics
- Role Play
- Critical Thinking
- Refresher Training
- Individual self-assessments
- Training Meetings/Events
- Conferences
- Group Annual Retreat
- Office/Departmental Meetings

What Materials / Resources do I need?

- IRB/IEC Facilitator Instructions 15Oct2019
- IRB/IEC Slide Deck 15Oct2019
- DAIDS DART IRB Scenario Cards Table 1 15Oct2019
- DAIDS DART IRB Scenario Cards Table 2 15Oct2019
- DAIDS DART IRB Scenario Cards Table 3 15Oct2019
- DAIDS DART IRB Scenario Cards Table 4 15Oct2019
- IRB/IEC Header Poster Titles 15Oct2019
- IRB/IEC Activity Answer Key 15Oct2019
- Post-It notes – Multiple colors (minimum of 2 colors, 2 pads each group)

How long does it take?

Allow approximately forty-five minutes for the entire activity.

How do I prepare?

First, access the DART website and verify you have access to the course, then proceed with the following steps:

- Open the file: IRB/IEC Slide Deck 15Oct2019
- Open the files: IRB/IEC Scenario Cards Table 1 through 4 15Oct2019. Print scenario cards, single-sided according to your printer specifications. These can be printed on regular paper or card stock. Cut to size.
- Open the file: IRB/IEC Header Poster Titles 15Oct2019 and follow the printing instructions to print the Headers on standard size paper and tape on a wall, board, or a large Paper Pad. Included are the printing instructions to print the posters. The Header/Poster Topic Titles are as follows:
    - Pre-Study
    - Enrollment
    - Ongoing Visits
    - End of Study
    - Follow-up
    - Other Considerations
- Gather enough post it notes so that every table has at least 2 different colors

How do I do it?

Now you are ready for the next steps. As a facilitator do the following:

- Distribute a set of IRB/IEC Submission/Activity Cards to each table.
- Ask participants to read scenarios on the cards and discuss what should be reported to the IRB/IEC and at what stage in the trial would the event be reported.
- Instruct participant to write their answer on a colored post it note, and place under the appropriate IRB/IEC Timeline Header or Poster.
- Ask participants to identify additional (non-IRB/IEC) reporting /actions that a site should take and place post it notes under the “Other Considerations” Header or Poster.
- Keep in mind there are no right or wrong answers, the goal of the activity is to promote discussion and awareness. Participants will be able to see all of the different interactions with the IRB/IEC throughout the study, as well as, note the many other considerations that they need to remember. Use the Activity Answer Key as a guide to facilitate the discussion during the teach-back portion of the activity.

How can I modify this activity?

The scenario cards are organized into 10 scenarios per table (4 tables). Feel free to mix and match scenarios and choose the ones that would work best for your site. These are suggested groupings only.

Don't want to use as scenario cards? That will be perfectly fine! The beauty of this activity is that you have multiple ways to go about it. For example, you can substitute for another topic or have the scenarios cards on a Power Point presentation or written in a large Poster Board and ask several participants to read aloud to the group. Or, you can read it yourself. Make sure you allow time for the table groups to re-read silently from either source and discuss as a group before sharing their responses with the larger audience.

Another alternative, is to print all scenarios, have them cut out individually and place them in a bowl in the center of the table. You can proceed to direct participants to draw one scenario at a time for them to read and discuss as a group as well.

In addition, you can re-purpose the scenario cards content by creating a role play activity or featuring one scenario per month as to develop best practices related to the topic.

List of Scenarios

Table I Scenarios

1. Version 1.0 of a protocol receives final signoff from the DAIDS Regulatory Affairs Branch (RAB) and is submitted to Network Operations Centers for distribution to sites. The Network Operations Center distributes Version 1.0 to your site.

2. IRB submissions have been made on time, but the IRB is extremely slow to respond, and the site can't move forward with the study without the IRB approval.

3. A participant in a study presents with liver failure due to diffuse hepatic necrosis without any underlying liver disease. Protocol-related documents and other relevant sources of information only refer to elevated hepatic enzymes or hepatitis as potential adverse events related to the procedures involved in the research.

4. A participant enrolled in a phase III, randomized, double-blind, placebo-controlled clinical trial evaluating the safety and efficacy of a new investigational anti-inflammatory agent develops severe abdominal pain and nausea one month after randomization. Subsequent medical evaluation reveals gastric ulcers. The IRB-approved protocol and informed consent document for the study indicated that the there was a 10% chance of developing mild to moderate gastritis and a 2% chance of developing gastric ulcers for subjects assigned to the active investigational agent. The investigator concludes that the subject's gastric ulcers resulted from the research intervention and withdraws the subject from the study. A review of data on all participants enrolled so far reveals that the incidence of gastritis and gastric ulcer are within the expected frequency.

5. A subject enrolled in a multicenter clinical trial receives a dose of an experimental agent that is 10-times higher than the dose dictated by the IRB-approved protocol due to a processing error by a pharmacy technician. While the dosing error increased the risk of toxic manifestations of the experimental agent, the subject experienced no detectable harm or adverse effect after an appropriate period of careful observation.

6. A protocol is amended to add urine collection to an approved study.

7. Your site investigator receives an off-site AE report that does not result in a change to the study risk and does not require modifications to study documents.

8. A female participant exposed to study agent F due to her involvement in a clinical trial gives birth to a child. Clinicians note a major cardiac defect at birth along with several clinically insignificant physical findings. The congenital anomaly is determined to be unexpected and there is reasonable possibility of relation to the study agent.

9. Per updates in federal regulations, informed consent forms will require additional elements related to use of de-identified information, use of biospecimens, and potential for commercial profit and return of clinically relevant results. Your research

site elects to update the informed consent form to reflect these new elements for ongoing studies, ahead of when the policy becomes effective for all new studies.

10. A research participant files a complaint to clinic research staff regarding a clinic nurse performing a procedure at a recent study visit in which the nurse was not qualified to perform.

Table 2 Scenarios

1. A study is prematurely terminated based on sponsor decision.
2. New protocol version 3.0 is released for a phase 2b study to evaluate the safety and efficacy of VRC01 in reducing HIV-1 acquisition.
3. A participant presents with Hodgkin's disease (HD) without predisposing risk factors for HD. Protocol-related documents and other relevant sources of information only refer to acute myelogenous leukemia as a potential adverse event.
4. A participant in a clinical trial dies because of a motor vehicle crash. The investigators conclude that the participant's death was unlikely to be related to the research interventions.
5. A HIV/AIDS clinical trials network elects to reallocate enrollment slots among clinical research sites for Protocol X. Your site, originally approved to enroll 100 participants, is now granted 50 additional slots for a maximum of 150 participants.
6. A new study suggests an increased risk of birth defects in babies born to women taking dolutegravir at time of conception. The protocol study team for an in-progress phase I/II multicenter open label pharmacokinetic safety, tolerability, and antiviral activity of dolutegravir study in HIV-1 infected infants, children, and adolescents releases an amendment that includes protocol updates to ensure documented contraception use for female participants of childbearing potential.
7. A clinical research site located at a local HIV/AIDS clinic uses a text notification system for appointment reminders. Research staff send a text reminder to a participant regarding their upcoming visit at the clinic, however this participant did not previously consent to receiving text notifications. The participant is inadvertently outed when a work colleague sees the notification appear on their phone.
8. A new version of the Investigator Brochure for an enhanced anti-HIV-1 broadly neutralizing antibody becomes available through the electronic system for Investigator Brochure distribution.
9. A clinical research site receives a call from the FDA/EMA to schedule an inspection.
10. A participant is hospitalized for grade 4 pancreatitis that is unexpected and there is a reasonable possibility that the AE is related to participation in the research.

Table 3 Scenarios

1. Version 1.0 of a protocol is released and will be conducted in both the U.S. and South Africa. IRBs at U.S. sites deem the study to be of minimal risk, whereas your IRB in South Africa determines the protocol to be greater than minimal risk.

2. Recent updates to U.S. federal policy have resulted in changes that require a "Key Element" summary to be added to the beginning of all informed consent forms, to be in effect for all new studies next year. Your site elects to implement the change now for all current, ongoing protocols.

3. The fifth subject enrolled in a phase II, open-label, uncontrolled clinical study evaluating the safety and efficacy of a new oral agent administered daily develops severe hepatic failure complicated by encephalopathy one month after starting the oral agent. The known risk profile of the new oral agent prior to this event included mild elevation of serum liver enzymes in 10% of subjects receiving the agent during previous clinical studies, but there was no other history of subjects developing clinically significant liver disease. The IRB-approved protocol and informed consent document for the study identifies mild liver injury as a risk of the research. The investigators identify no other etiology for the liver failure in this subject and attribute it to the study agent.

4. An investigator performs prospective medical chart reviews to collect medical data on premature infants in a neonatal intensive care unit (NICU) for a research registry. An infant, about whom the investigator is collecting medical data for the registry, dies as the result of an infection that commonly occurs in the NICU setting.

5. An investigator conducting behavioral research collects individually identifiable sensitive information about illicit drug use and other illegal behaviors. Data are stored on a laptop computer without encryption, and the laptop computer is stolen from the investigator’s car on the way home from work.

6. A participant engaged in a vaccine study becomes incarcerated during the conduct of the study. The protocol was not approved to enroll prisoners.

7. A clinical research site is notified of an institutional data breach that resulted in the release of some medical patient's names, medical record numbers, and other information on the internet.

8. A site maintains a stock of infrequently used topical medications for use in a clinical trial. During a study visit, site staff go to retrieve the medication for a participant but see that the stock is now expired, and no unexpired drug is available.

9. A dear participant letter is being used in this study and needs to be approved by the IRB.

10. A multi-arm clinical trial evaluating two antiretroviral (ARV)-based approaches for preventing sexual transmission of HIV in women (a vaginal gel or daily use of one of

two different ARV tablets) elects to drop one of the oral tablets from the study due to failure to demonstrate efficacy.

Table 4 Scenarios

1. A study is temporarily suspended based on sponsor decision
2. The Data and Safety Monitoring Board (DSMB) for a phase II multi-center, randomized clinical trial convened for an annual review of accumulated safety and enrollment data. A summary report is written at the end of the meeting and provided to the investigator.
3. A participant involved in a two-arm comparison study of drug A versus drug B receives the wrong study agent. The participant is monitored for adverse effects and does not experience any.
4. A female participant exposed to study agent C due to her involvement in a phase I clinical trial gives birth to a child. Clinicians note a major cardiac defect at birth along with several clinically insignificant physical findings. The congenital anomaly is deemed not related to the study agent and is reported to DAIDS within 3 reporting days.
5. 17 research sites are participating in a study comparing an investigational agent to standard therapy in subjects ages 18-25. Of those subjects receiving the investigational drug, an average of 35% of subjects across the 17 sites experience deep vein thrombosis.
6. The first implementation version of a trial protocol is distributed to your site.
7. A pediatric research protocol is amended to add allergy skin testing.
8. A participant involved in a phase II study reports the new onset of a migraine which lasted two days and caused the participant to remain bedridden and miss work.
9. A participant involved in a double-blind study experiences a medical emergency. The investigator deems unblinding of the participant necessary, calls the site pharmacist to access unblinding codes, and identifies the investigational product assignment of the individual participant.
10. Your site receives a clarification memo for a study that does not result in a change to the protocol informed consent document.