Lapse in IRB Approval

POLICY:

I. Investigators, or other responsible parties, must file either a continuing review application or a final report in advance of the expiration date of IRB approval.

II. UIC OPRS strongly recommends submitting the continuing review application or final report application 30-45 calendar days from the date of expiration of IRB approval for expedited submissions. For convened review protocols, investigators are strongly recommended to submit the continuing review application 45-60 calendar days from the date of expiration while also taking into account the submission deadlines for the appropriate board meeting.

III. Department Heads, Unit Heads, and Faculty Sponsors are responsible for ensuring that PIs leaving UIC submit a Final Report form for each of their active protocols or transfer the responsibility to another qualified investigator to serve as PI by submitting an amendment form. For additional information, please refer to the UIC HSPP policies Final Report of IRB Activities for Study Closure and Managing Research Prior to Departure, Sabbatical, Medical Leave, or Other Absence.

IV. Lapse in IRB approval represents a failure to obtain approval of a final report or obtaining continuing review approval prior to the expiration date assigned by the IRB. After expiration of IRB approval, all research activities must stop, including any research related interventions, recruitment, data collection, data sharing/reporting and analysis of data, and no new subjects may be enrolled.

V. If the research is closed due to lapse in IRB approval, a new submission is required to re-open it.

VI. After the IRB approval for a study has lapsed, any follow-up interventions or interactions with some or all subjects during a lapse require the submission of a request to the IRB for a protocol exception. Interventions are allowed to continue only when it is in the best interest of the subjects and approved by the IRB. To request the continuation of certain aspects of the research, the investigator must submit a UIC OPRS Protocol Exception form to clearly distinguish and explain what research activities from which he or she will refrain as part of the lapse and what research activities require continuation. The investigator must also explain the underlying reasons for which the protocol exception is requested for each activity.
and each subject where an over-riding safety concern or ethical issue indicates that it is in the best interests of the individual to continue participating during a lapse. (Refer to UIC HSPP policy and procedure Protocol Exceptions). An exception must be requested even if a continuing review application has been submitted. A protocol exception does not replace or represent continuing IRB review of the research.

VII. Lapses in IRB approval are not considered by OHRP to be a suspension or termination of IRB approval. Therefore, such expirations of IRB approval do not need to be reported to OHRP as suspensions or terminations of IRB approval under the HHS regulations at 45 CFR 46.103(a) and 46.103(b)(5). However, the UIC HSPP policy considers the lapses to represent non-compliance with the requirements of the IRB and are handled according to the UIC HSPP policy and procedure, Handling Complaints and Allegations of Potential Non-Compliance with Human Subject Protection Regulations, including consideration of whether the non-compliance is serious and/or continuing. The IRB applies the terms “continuing non-compliance” and “serious non-compliance” as defined in the UIC HSPP policy and procedure Reporting of Unanticipated problems, Suspensions, Terminations, and Non-Compliance.

Please note that repeated lapses and/or continuation of research activities during a lapse without an approved exception may represent serious and/or continuing non-compliance and hence be subject to the IRB reporting requirements.

VIII. IRB members, OPRS staff, and OVCR staff may use the most effective means of communication necessary with respect to contacting investigators as to lapse in IRB approval on an as-needed basis. Documentation of oral and written communications must be filed in the protocol file.

PROCEDURE:

I. Lapse in IRB Approval: Preventative Measures. The OPRS utilizes several measures to notify the PI of continuing review for previously approved human subjects research in the following manner:
   A. Approval letters to investigators include a link to “Investigator Responsibilities” which reminds investigators that they are responsible for ensuring that a continuing review application or final report is submitted to OPRS prior to the expiration date to prevent a lapse of IRB approval.
   B. As a courtesy, investigators receive reminders from OPRS at approximately 90, 60, and 30 days prior to the expiration of the approval period. This is accomplished as the RiSC database management software has a mechanism for the AD for each IRB (or designee) to monitor the status of the board’s protocols on a weekly or bi-weekly basis.

II. Lapse in IRB Approval: Procedures on the Expiration Date. The following procedures relate to both Minimal and Greater than Minimal Risk research.
A. If the investigator has not submitted and obtained continuing review approval or approval of a final report by the protocol’s expiration date, IRB approval lapses.

B. The investigator is notified of the lapse in IRB approval via the Notice of Expiration of IRB Approval letter which is sent by email. The notification explains the consequences of the lapse (Item C below), contains an attached page to facilitate completion of the information requested in Item E below, and instructs the investigator on when and how to submit a protocol exception request (Item G below). The letter is copied to the Academic Department or Unit Head, Faculty Sponsor (if applicable), other relevant UIC oversight committees (e.g., investigational drug service, radiation safety, cancer center), ORS (grants and contracts office), sponsor and the UIC OPRS protocol file.

C. Consequences of the lapse are that:
   1. All research activities must stop, including recruitment, research interventions or interactions, data sharing/reporting, data collection and analysis of identifiable data, and no new subjects may be enrolled;
   2. The research may continue only after the investigator receives written approval from the IRB; and
   3. Procedures to close the research are initiated per Sections III and IV of this policy and procedure.

D. The lapse represents non-compliance and is referred to the IRB according to the UIC HSPP policy, Handling Complaints and Allegations of Potential Non-Compliance with Human Subject Protection Regulations for consideration of whether the non-compliance is serious or continuing.
   1. Specifically, the IRB chair or designee makes a determination of whether the lapse represents possible serious or continuing non-compliance.
   2. If the chair or designee determines that the lapse represents possible serious or continuing non-compliance, it is referred to the convened IRB for a final determination.
   3. The compliance determination is communicated to the investigator. Serious and/or continuing noncompliance is reported to applicable federal regulatory agencies, agency heads, sponsors and institutional officials in accordance with the UIC HSPP policy and procedure on reporting, Reporting of Unanticipated Problems, Suspensions, Terminations, and Non-Compliance.

E. The investigator must provide for nonexempt research the following to the IRB in writing within five calendar days of the date of expiration:
   1. Number of currently enrolled subjects;
   2. List of subjects for whom stopping research will cause harm; and
   3. Assessment for each of the risk of stopping study activities and the need to continue any research interventions; OR
   4. A signed assurance that no subjects are currently enrolled in the research or are at risk if research interventions are stopped.

F. A form to facilitate communication of this information to the UIC OPRS is provided on the last page of the Notice of Expiration of IRB Approval letter.
Submitting the information above or completing and mailing of the last page of the *Notice of Expiration of IRB Approval* letter does not replace the need for the investigator to submit either a continuing review or final report.

G. When the investigator feels it is in the best interest of a subject to continue research activities during the lapse, a request to continue the subject should be submitted to the IRB using the UIC OPRS *Protocol Exception* form. Based on the information provided by the investigator on the UIC OPRS *Protocol Exception* form, the IRB chair may decide to allow research interventions and interactions to continue in individual subjects where an over-riding safety concern or ethical issue indicates that it is in the best interests of the individual to continue participating. (Refer to UIC HSPP policy *Protocol Exceptions*.)

H. The UIC IRB Compliance Oversight Group (ICOG) may perform audits on lapsed protocols to ensure that research activities stopped on the expiration date:

1. At the specific request of the IRB (i.e., protocols that were closed due to investigator non-responsiveness); and/or
2. As periodic spot audits.

III. Lapse in IRB Approval: Procedures After the Expiration Date for Greater Than Minimal Risk Research.

A. The investigator must submit a continuing review or final report within 28 calendar days after the expiration date. Submission of the last page of the *Notice of Expiration of IRB Approval* letter does not replace the need to also submit a continuing review or a final report.

B. The 28-day period does not constitute an extension of the IRB approval period. The period is meant to allow for continuing review or final report submissions that may be in process before procedures to close the research protocol are initiated. Research activities must be stopped during this period, unless a protocol exception has been granted.

C. Five (5) Calendar Days after the Date of IRB Expiration. The investigator must provide the information requested in II. E. to the IRB in writing within five calendar days of the date of expiration.

D. Fourteen (14) Calendar Days after the Date of IRB Expiration.

1. If the investigator does not respond with the information described in III.A and III.C by calendar *Day 14*, a notice is sent by the IRB notifying the investigator that procedures to close the research have been initiated. The investigator is again reminded of their obligation to submit the documentation described in III.A and III.C above.

2. The Department or Unit Head is also contacted by the IRB if the investigator does not respond with the information described in III.A and III.C by 14 calendar days after the expiration date. The Department of Unit Head is notified of the lapse in IRB approval and reminded of their responsibility for the conduct of the research due to the lack of response from the investigator. As a result, the Department or Unit Head must attest to the IRB in writing that there are no active subjects, potential risks to prior subjects, or outstanding obligations to
subjects. If these conditions are not known or not true, it is the responsibility of the Department or Unit Head to appoint a qualified PI to ensure the safety, rights and welfare of the subjects have been protected and to provide the IRB with details of the subjects’ status. The Department or Unit Head is given 14 days to provide this information to the IRB. Once this information is obtained, the IRB decides on the disposition of the research (e.g., close the research, re-assign to another investigator).

3. If the continuing review or final report has been submitted by 14 calendar days after the expiration date but not yet reviewed or the approval letter not yet sent, the communications described in 1 and 2 above are not sent to the investigator and Department or Unit Head.

E. Twenty-eight (28) Calendar Days after the Date of IRB Expiration.
   1. If the investigator has not submitted a continuing review or final report by 28 calendar days after the expiration date, the research is closed by the IRB unless the IRB chair has decided it is in the best interest of individual subjects for research interactions or interventions to continue.

   2. The IRB/OPRS sends a letter via email to the investigator indicating that there has been a lapse in IRB approval and the research has been closed. Copies of this communication are provided to the Department or Unit Head, HPA, Faculty Sponsor (if applicable), other relevant UIC oversight committees (e.g., investigational drug service, radiation safety, cancer center), ORS (grants and contracts office), sponsor and the UIC OPRS protocol file.

   3. A separate letter indicating that the research has been closed is addressed to the Department or Unit Head.

   4. The IRB Chair makes a compliance determination and decides whether the failure to respond to the lapse notice represents serious or continuing noncompliance. If the chair or designee determines that the lapse represents possible serious or continuing noncompliance, it is referred to the convened IRB for a final determination. The compliance determination is communicated to the investigator. Serious or continuing noncompliance is reported to applicable federal regulatory agencies, agency heads, sponsors and institutional officials in accordance with the UIC policy Reporting of Unanticipated Problems, Suspensions, Terminations, and Non-Compliance.

   5. Copies of the study closure letter to the investigator are forwarded to the Institutional Official.

   6. UIC OPRS will notify UIC’s grants and contracts office of the lapse in IRB approval if the study was funded.

F. Investigators who have not corrected the lapse in protocol approval before 28 days are not allowed to submit further research for initial review until the lapse in IRB approval has been addressed and lapse compliance training has occurred.

G. If the investigator has submitted a continuing review or final report before the expiration date and/or the investigator demonstrates a good faith effort in
working toward obtaining IRB approval of the continuing review or final report, the IRB chair or designee may at their discretion postpone the closure of the study. The Chair must document in writing his or her decision to extend the time to closure. The IRB Assistant Director or IRB Coordinator must ensure that documentation of the above decision is filed appropriately.

IV. Lapse in IRB Approval: Procedures After the Expiration Date for Minimal Risk Research.

A. The investigator must submit a continuing review or final report **within 28 calendar days** after the expiration date. Submission of the last page of the *Notice of Expiration of IRB Approval* letter does not replace the need to also submit a continuing review or final report.

B. The 28-day period does not constitute an extension of the IRB approval period. The period is meant to allow for continuing review or final report submissions that may be in process before procedures to close the research protocol are initiated. Research activities must be stopped during this period, unless a protocol exception has been granted.

C. **Five (5) Calendar Days after the Date of IRB Expiration.** The investigator must provide the information requested in II. E to the IRB in writing within five calendar days of the date of expiration.

D. **Twenty-eight (28) Calendar Days after the Date of IRB Expiration**
   1. If the investigator has not submitted a continuing review or final report by 28 calendar days after the expiration date, the research is **by the IRB** unless the IRB chair has decided it is in the best interest of individual subjects for research interactions or interventions to continue.
   2. The IRB/OPRS sends a letter to the investigator indicating that there has been a lapse in IRB approval and the research has been closed. Copies of this communication are provided to the Department or Unit Head, HPA, Faculty Sponsor (if applicable), other relevant UIC oversight committees (e.g., investigational drug service, radiation safety, cancer center), ORS (grants and contracts office), sponsor and the UIC OPRS protocol file.
   3. A separate letter indicating that the research has been closed is addressed to the Department or Unit Head.
   4. The IRB Chair makes a compliance determination and decides whether the failure to respond to the lapse notice represents serious or continuing noncompliance. If the chair or designee determines that the lapse represents possible serious or continuing noncompliance, it is referred to the convened IRB for a final determination. The compliance determination is communicated to the investigator. Serious or continuing noncompliance is reported to applicable federal regulatory agencies, agency heads, sponsors and institutional officials in accordance with the UIC policy *Reporting of Unanticipated Problems, Suspensions, Terminations, and Non-Compliance.*
   5. Copies of the study closure letter to the investigator are forwarded to the Institutional Official.
6. UIC OPRS will notify UIC’s grants and contracts office of the lapse in IRB approval if the study was funded.

E. Investigators who have not corrected the lapse in protocol approval before 28 days are not allowed to submit further research for initial review until the lapse in IRB approval been resolved and lapse compliance training has occurred.

F. If the investigator has submitted a continuing review or final report before the expiration date and/or the investigator demonstrates a good faith effort in working toward obtaining IRB approval of the continuing review or final report, the IRB chair or designee may at their discretion postpone the closure of the study. The Chair must document in writing his or her decision to extend the time to closure. The IRB Assistant Director or Coordinator must ensure that documentation of the above decision is filed appropriately.

V. Research Reviewed by CHAIRb.

A. The lead investigator receives a continuing review reminder approximately 60, 45, 30, and 10 calendar days prior to expiration.

B. The lead investigator is responsible for submitting the continuing review for the entire research protocol. If the continuing review is not approved prior to the expiration date, the research has lapsed in IRB approval.

C. If the research has lapsed in IRB approval, the consequences of lapse in approval as described above are in place. In addition, the research is in non-compliance and the above-stated non-compliance procedures will be followed.

D. If the research is lapsed in IRB approval, the lead investigator, participating site investigators, participating site liaisons, and Steering Committee will be informed of the lapse.

E. Due to the nature of CAPriCORN and the number of participating sites, the Steering Committee will be asked to intervene and put into place appropriate measures to resolve the lapse, which may include replacing the lead investigator or appointing a co-lead investigator, prior to the IRB proceeding with the closure of the research.

REFERENCES:
21 CFR 50.25(b)(5), 21 CFR 56.108(b)(2)
45 CFR 46.103(b)(5)(i), 45 CFR 46.116(b)(5)
OHRP Guidance on Reporting Incidents to OHRP

REVISION LOG:

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<tr>
<td>2.0, 10/05/09</td>
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<td>Significant changes to the time period and general procedures for closing research for lapses in IRB approval. Re-structuring and re-drafting of the procedure portion.</td>
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<td>3.0, 07/28/2015</td>
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<td>Significant changes were made to the policy to limit it to Lapse in IRB Approval. Final Report of IRB Activities for Study Closure. Information regarding withdrawal of research and final report of IRB activities for study closure was removed and added to other policies. Removal of JBVAMC. Inclusion of CHAIRb.</td>
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