Why Do IRBs Exist?

April 20, 2023

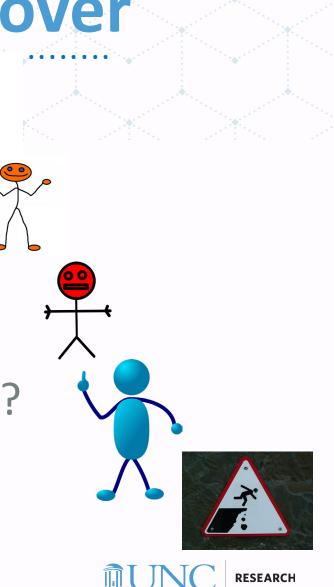


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Today's topics to cover

- Why are there IRBs?
- What do they do?
- How do they do it?
- Do we *really* still need IRBs?
- What can possibly wrong ?



IRB is Often Seen as a Black Hole: a Mysterious, confusing & a bother (at best)

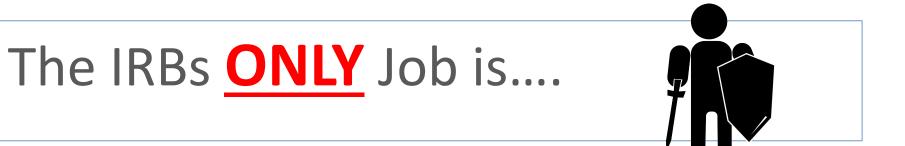




IRB Basics

- Federally Mandated Review Committee
- Only role is to protect the rights & welfare of research subjects
- Have both federal regulations & ethical standards to uphold
- There are very serious consequences for failure to both PI, IRB & the institution





To protect research subjects & minimize study risks. And is based on the honor



system



Ethical Foundations

- Hippocratic Oath (4th century BC)
- Galen (131-201 CE) Roman Physician
- St. Jerome (late 4th Century CE)
- Practical Ethics of the Physician (8th Century CE) Arabic & Islamic Ethics



Belmont Report & 45 CFR 46.111 & 21 CFR 56.111 Whether expedited or full committee review

- 1) Risks minimized
- 2) Favorable risk : benefit ratio
- 3) Equitable selection of subjects
- 4) Informed consent sought
- 5) Informed consent documented
- 6) Monitoring plan for safety
- 7) Privacy & confidentiality protected
- Belmont: Respect for Persons & Beneficence
 Belmont: Justice
 Belmont: Respect for Persons
 Belmont: Respect for Persons
 Belmont: Beneficence
 Belmont: Respect for Persons

Belmont: Respect for Persons & Beneficence

8) Add'I safeguards for vulnerable populations Belmont: Respect for Persons, Beneficence & Justice



IRB Regulations





Risk:Benefit

Risk (not just physical risks)

- *** criminal** or
- **civil liability** or
- financial standing,
- **employability**, or
- reputation

Benefit

- NOT any reimbursement or renumeration
- Direct Benefit

Benefit to advancement of science



What is Risk?

Risk is not harm:

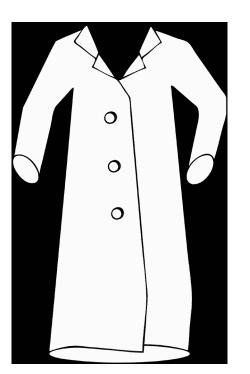
it is the *possibility of harm*, and an analysis of the risks must take into account including both the *magnitude* of the possible harm and the *probability* that the harm may occur.

(The National Commission 1979 and Common Rule)



What **Color** is Your Lab Coat?

• Physician white? Researcher Carolina Blue?







It Depends.....





What Color is Your Lab Coat & Which Parallel Universe are you now in?

- Physician researchers work in the parallel universes of clinical care & clinical research.
- Each universe has separate and distinct ethical & regulatory standards.
- In a typical day as a physician researcher you zig-zag multiple times between these separate universes as you meet with patients & research subjects.



Don't Forget



Is the person you are meeting with a patient or a research subject,

- What color should your lab coat be in this moment & does it match the universe you are now in.
- Think of having magic dust that would switch the color of your lab coat from white to blue to match your current role.



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Bad Behaviors lead to Regulations

Regulations created after a problem exists

Rare that laws, regulations, etc. created proactively

Result:



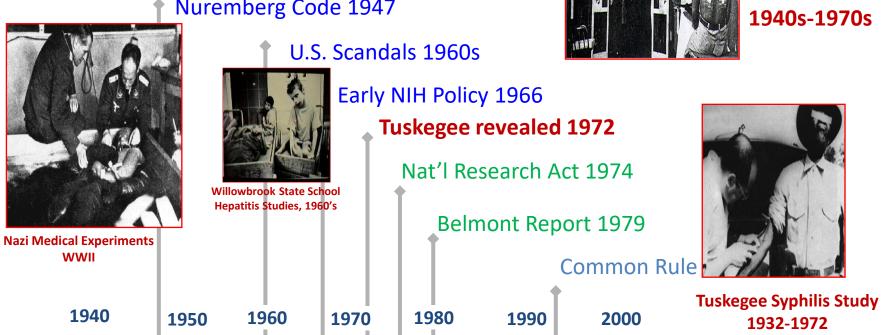
This is why you see the IRB as a Pain





Critical Events in Research Ethics

Nuremberg Code 1947



Slide Courtesy of Jeremy Sugarman & Dan Nelson

*Prison

Research



Public View of Research following events at the end of the 20th Century

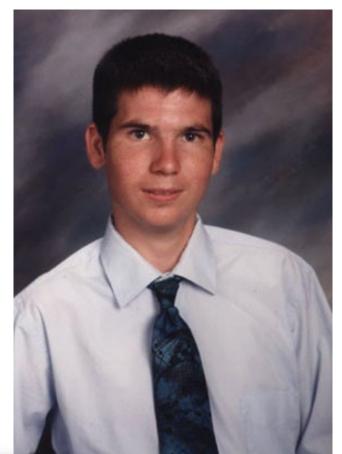




First Gene Therapy Death & birth of COI

Jesse Gelsinger (1999)

18-year-old with mild OTC deficiency





Conflicts of Interest

- Genovo owned patent on the adenovirus vector
- Genovo provided 20% of the annual research budget for Institute for Human Gene Therapy (IHGT) of University of Pennsylvania
- James Wilson (the PI on the OTC trial) was founder and 30% shareholder in Genovo
- Genovo had exclusive rights to develop Wilson's research into commercial products
- University of Pennsylvania held 5% equity in Genovo



James Wilson's Lessons (PI on the Jesse Glesinger study)

"Lessons learned from the gene therapy trial for ornithine transcarbamylase deficiency" Journal of Molecular Genetics & Metabolism 96 (2008) 151-157

#1: The clinical protocol is a contract with the research subjects & regulatory agencies that *must* be strictly & literally adhered to.

#2: If you think about reporting—then do so!

#3: It is very difficult to manage real or perceived financial conflicts of interest in clinical trials.

#4: Informed consent may require objective third-party participation.



Healthy Subject Dies, FDA not consulted or IND obtained

Ellen Roche (2001)

Healthy Subject on an Asthma Study





The Headline of IRB Staff Nightmares!





FDA Audit Findings @ Hopkins

- "... an investigation into the death of a healthy volunteer..."
- "You failed to submit an IND..."
- "You did not supply adequate animal toxicity data"
- "You failed to submit a summary of previous human studies"
- "...you failed to promptly report unanticipated problems..."
- These comments prompted ALL IRBs to ask more questions & require more documentation from researchers.



Bad Behaviors lead to Regulations

Regulations often created *after* a problem exists

Rare that laws, regulations, etc. are created proactively

Result:



This is why you see the IRB as a challenge & we do too.



Welcome to observe a meeting

- IRBs A,B,C &D meet on Mondays @ 1pm
- IRB E meets on the 2nd Tuesday @ 1pm
- IRB F meets on the 4th Thursday @ 1 pm
- IRB meetings are via zoom
- If research is your career path, then join an IRB .



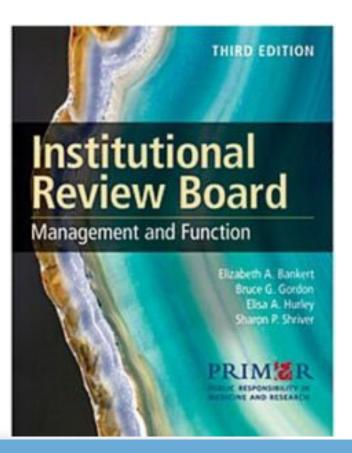
IRB Resources

- IRB Staff (see website for listing: <u>http://research.unc.edu/offices/human-research-ethics/</u>)
- Website: <u>IRB and Office of Human Research Ethics UNC</u>
 <u>Research</u>
- Telephone: **919-966-3113**
- Education Programs
 - http://www.hhs.gov/ohrp/
 - <u>https://www.youtube.com/watch?v=hsUS0k3Ie_g&list=SP5965CB14C2</u> <u>506914&index=8</u>



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Click on the book image to go directly to the library.





OHRE/IRB Contact Information

- Office of Human Research Ethics Website(OHRE): <u>http://research.unc.edu/offices/human-research-ethics/</u>
- E-mail: irb_questions@unc.edu
- **Phone:** 919-966-3113



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