PCMC IR-EC SOP 10.0: Management of Full Review

Supersedes:	PCMC IRB-EC SOP 01.0, V. 3.0
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10.0 MANAGEMENT OF FULL REVIEW

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10.1 Policy Statement

The IR-EC shall conduct full review for protocols that entail more than minimal risk and have vulnerability issues.

The initial communication on the initial review shall be released within 28 working days after receipt of the complete protocol package.

10.2 Purpose of the Activity

To ensure protection of participants and credibility of data of protocols that entail more than minimal risk and have vulnerability issues.

10.3 Scope

This SOP includes the procedures for the management of full review that begins from the determination of IR-EC action / type of review and ends with preparation of protocol folder (SOP Management of Active Files).

10.4 Process Flow/Steps for Management of Full Review

NO.	ACTIVITY	PERSON/S RESPONSIBLE
1	Determination of IR-EC action/Type of Review	Chair/Secretary
2	Assignment of Primary Reviewers	Chair/Secretary
3	Distribution of Pertinent Protocol Documents to Primary Reviewers	IR-EC Secretariat
4	Review of Protocol Documents using Assessment Form	Primary Reviewers
5	Submission of Accomplished Assessment Forms to the Secretariat	Primary Reviewers
6	Discussion of Protocol in Full Board Meeting	IR-EC Members
7	Notify PI of IR-EC Decision	IR-EC Secretariat
8	Preparation of Report to Full Board	IR-EC Secretariat
9	Preparation of Protocol Folder (SOP Management of Active Files)	IR-EC Secretariat

10.5 Detailed Instructions

10.5.1 Determination of IR-EC action / Type of Review

10.5.1.1 **For initial review**, the Chair/Secretary shall evaluate whether the protocol qualifies for full review. A study shall be qualified for full review if it presents more than minimal risk to the subject and have vulnerability issues.

10.5.1.2 The following are the types of protocols that shall be reviewed at a convened full board meeting.

Criteria for Full Review

a. clinical trials about investigational new drugs, biologics or device in various phases (Phase 1, 2, 3)
b. phase 4 intervention research involving drugs, biologics or device
c. protocols including questionnaires and social interventions that are confidential in nature (about private behavior, e.g. related to sexual preferences etc.; or about sensitive issues that may cause social stigma) that may cause psychological, legal, economic and other social harm.
d. protocols that involve collection of identifiable biological specimens for research.
e. studies that are PCMC-funded or shall request for funding from PCMC
f. multi-site protocols submitted to SJREB for review

10.5.1.3 **For resubmitted documents**, the IR-EC decision for re-evaluation (major revision) of documents (protocol, ICF, etc.) requires full review of revisions.

10.5.2 Assignment of Primary Reviewers

10.5.2.1 The Chair/Secretary shall designate one (1) PCMC IR-EC medical/scientific member with related expertise to review the protocol as primary reviewer, and a non-medical/non-scientific member to review the informed consent and assent, if needed.

10.5.3 Distribution of Pertinent Protocol Documents to Primary Reviewers

10.5.3.1 The Secretariat shall inform the designated Primary Reviewers, prepare the protocol package and corresponding Assessment Forms and forward them to the designated Primary Reviewers.

10.5.4 Review of Protocol Documents using Assessment Form

10.5.4.1 The Primary Reviewers shall carry out the review on the protocol and related documents. The medical Primary Reviewer shall accomplish both the Protocol Assessment Form and ICF Assessment Forms (Forms 10.1 and 10.2). The non-medical/non-scientific Primary Reviewer shall evaluate the informed consent documents by using the Informed Consent Assessment Form.

10.5.4.2 The following criteria shall be considered during assessment:

a. the protocol manifests scientific validity and contains all the standard sections to ensure scientific soundness
b. the participants are selected equitably especially if no randomization is used
c. there is voluntary non-coercive recruitment of study participants
d. the research plan makes adequate provisions for monitoring the data collected to ensure the safety of participants, where appropriate
e. the research makes adequate plans to minimize risks to participants
f. the appropriate safeguards are included to protect vulnerable participants
g. the risks must be reasonable in relation to anticipated benefits
h. there is clear justification for the use of biological materials and a separate consent form for future use of biological specimens
i. there is provision for reasonable compensation of study participants, as needed: medical/psychosocial support; treatment for study-related injuries; or financial support to cover for expenses and lost wages because of participation
j. there are adequate provisions to protect the privacy of participants and to maintain the confidentiality of data, where appropriate
k. the facilities and infrastructure at study sites can accommodate the study
l. there are appropriate contracts or memoranda of understanding especially in collaborative studies

10.5.4.3 The following criteria shall be considered when performing the review of the Informed Consent / Assent:

a. the procedure for getting the Informed Consent / Assent is clear and unbiased

b. the persons who are responsible for getting the Informed Consent / Assent are named and they introduce themselves to the study participants
c. there is translation of the Informed Consent / Assent into the local dialect, if necessary
d. Informed Consent / Assent is adequate, easy to understand and properly documented
e. the appropriate person to sign the informed consent
f. the Informed Consent is complete and appropriate which includes the following:
    i. adequate description of study procedures and participation of the subject
    ii. risks/discomforts and benefits from participation in the study are clear
    iii. compensation and medical treatment in the event of study-related injury
    iv. termination of a subject's participation
    v. voluntary participation
    vi. privacy and confidentiality of information
    vii. contact persons with address and phone numbers are included in the Informed Consent / Assent
    viii. disclosure or declaration of potential conflicts of interest

10.5.4.4 Check for the Assent Form if the protocol involves children less than 18 years old (minors) as study participants based on NEGHHRR 2017 guidelines:

a. If the child is 15 to under 18 years old, he/she can co-sign on the same ICF document signed by the parents.
b. If the child is 12 to under 15 years old, he/she will be asked to sign a Simplified Assent Form different from the Informed Consent Form which the parents or guardians sign.
c. If the child is 7 to under 12 years, a Verbal Assent Form is required documented by a witness.
d. If the child is less than 7 years old, no assent is needed but a sign of dissent on the part of the child must be respected and documented.

10.5.4.5 For studies done in the community, the reviewer shall examine community involvement and impact for:

a. adequate community consultations
b. benefit to local community (e.g. contribution to development of local capacity for research and treatment)
c. plans set to share study results to the participant / community

10.5.4.6 Check the CV or information about the investigators (including GCP training):
a. Consider whether study and training background of the Principal Investigators are related to the study.
b. Look for disclosure or declaration of potential conflicts of interest.
c. Non-physician PIs should be advised by a physician when necessary.

10.5.4.7 Determine if the facilities and infrastructure at study site are suitable for the study.

10.5.5 Submission of Accomplished Assessment Forms to the Secretariat

10.5.5.1 The Primary Reviewers shall sign, date the Assessment Forms and return them to the Secretariat within 7 working days from receipt of the protocol package.

10.5.5.2 The Secretariat shall check the completeness of the Assessment Forms and forward them to the Chair/Secretary who shall recommend the appropriate IR-EC follow up action.

10.5.6 Discussion on the Protocol during Full Board Meeting

10.5.6.1 The IR-EC shall conduct a full board meeting to discuss and make a decision about the protocol and related documents.
a. The Principal Investigator (PI) shall make himself/herself available for interpolation during the initial review scheduled on full board meeting.
b. For investigator-initiated protocols with Supervising Investigator (SI), the SI is expected to join the PI during the interpolation.
c. In case the SI is not available, the Research Officer (RO) or a designated consultant may substitute.
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10.5.6.2 The medical/scientific Primary Reviewer shall present his/her evaluation on the qualifications of the investigators, the rationale, scientific issues, study site and ethical issues of the protocol. The non-medical member shall present his/her evaluation of on the Informed Consent/Assent.

10.5.6.3 The Independent Consultant shall also be invited to attend, if one has been designated. He/She shall be asked to give his/her evaluation of the protocol. The IR-EC Members may ask the Independent Consultant to expound on some scientific issues. The Independent Consultant shall be requested to leave the meeting room prior to the deliberation of the IR-EC Members.

10.5.6.4 The IR-EC Members shall discuss the issues in the protocol and other pertinent documents in the following sequence: investigator, the study rationale, the scientific issues, study site and ethical issues. The Chair shall be tasked to routinely ask the IR-EC Member with expertise on research (e.g. epidemiologist, statistician) to give his/her opinion on the scientific design of the protocol.

10.5.6.5 In case the IR-EC needs to clarify some points from the PI, the PI shall be asked to enter the IR-EC meeting room. After the interpolation, the PI shall be requested to leave the meeting room.

10.5.6.6 For investigator-initiated protocols with Supervising Investigator (SI), the Supervising Investigator (SI) / Research Officer (RO) / designated consultant is expected to join the PI during the interpolation and leave the meeting room with the PI after the interpolation.

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a. High Risk - if the study can lead to unexpected/unplanned loss of life, or permanent impairment of quality of life, or may lead to serious legal action against the PI and/or Institution. The study risk is greater than a moderate risk study due to the increased probability for generating serious adverse events. There is high probability that an event that is serious and prolonged or permanent may occur as a result of study participation.*

b. Moderate Risk – risks are recognized as being greater than minimal but are not considered high. There is medium to high probability of a moderate-severity event occurring as a result of study participation (e.g. reversible worsening of a non-fatal disease such as seasonal allergy while receiving placebo), but there is adequate surveillance

and protections protection to identify adverse events promptly and to minimize their effects.*

c. Minimal Risk – if the consequences can be dealt with by routine operations and the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical and psychological tests. (*45 CFR 46.102)

10.5.6.8 The Members of the IR-EC attending the full board meeting shall have to approve the:

a. Principal and Co-investigators Investigators and members of the research team
b. Protocol
c. Informed Consent
d. Advertisements or recruitment materials
e. Study site covered by the application
e. Data Collection Forms

10.5.6.9 The Chair/Secretary shall call on the IR IR-EC Members to vote on specific items to arrive at a decision as follows:

a. Approved - Approve the study to start as presented with no modifications.
b. With Minor Revisions - Require minor modifications to items noted during full board meeting such as typographical errors, administrative issues, additional explanations/clarifications, etc. This shall still require re-submission with the necessary corrections/modifications but will not require full board review again and will instead be facilitated as an expedited review with the Primary Reviewer.
c. With Major Revisions - Require major modifications such as revision of study design, objectives, major sections of the protocol or ICF that affect patient safety or credibility of data and there is insufficient information that can help the IR-EC.
d. Disapproved - The study is not approved due to ethical or legal concerns. Reasons for disapproval should be noted in the minutes and communicated to the PI (Refer to SOP 13).

10.5.7 Notify PI of IR-EC Decision

10.5.7.1 The Secretariat shall communicate the Notice of Decision (Forms 27.1) from the IR-EC to the PI.

a. Approval: The IR-EC Secretariat shall prepare the Notice of Research Protocol Approval (Form 10.3) signed by the Chair. The letter shall contain a listing of each document approved, with version numbers and dates, the date set by the IR-EC for continuing review and its frequency, and the post-approval responsibilities of the PI throughout the course of the study. An approval stamp shall be placed on the front page of each consent form approved by the IR-EC.

b. Minor Revisions: The IR-EC Secretariat shall prepare the Decision Letter (Form 27.1) to inform the PI of the required revisions in the protocol, ICF or any related document. The resubmitted documents shall undergo Expedited Review before approval is granted. The Chair/Primary Reviewer shall review and check compliance to recommendations of the resubmitted documents before granting approval.

c. Major Revisions: The IR-EC Secretariat shall prepare the Decision Letter to inform the PI of required revisions in the protocol, the ICF or any related document. The resubmitted documents are referred to Primary Reviewers and undergo a **full review** before approval is granted.

d. Disapproval: The Secretariat shall prepare the Decision Letter and immediately notifies the PI in writing about the decision and the reason.

10.5.7.2 Preliminary communication of the decision shall be done. The Chair shall verbally notify the PI of studies that were Approved or Disapproved through the Secretariat within three (3) working days after the review has taken place.

10.5.7.3 Final communication of the decision shall be done by sending the Decision Letter and/or the Approval Notice of Research Protocol (Forms 27.1 and 10.3) to the PI within seven (7) working days after the IR-EC Meeting.

10.5.7.4 Should the PI require more than 15 days to comply with the revisions, a written communication shall be sent to the IR-EC stating the reasons for non-compliance. If there is no communication submitted beyond 15 days,

the protocol is deemed nullified. If the PI should re-submit the same protocol, the full review process shall be followed.

10.5.8 Preparation of Protocol Folder (SOP Management of Active Files)
Refer to SOP 28.0.

10.6 Forms

Form 10.1 V.2.0 Protocol Assessment Form
Form 10.2 V.2.0 Informed Consent Assessment Form
Form 10.3 V.3.0 Notice of Research Protocol Approval
Form 27.1 V.3.0 Decision Letter of IR-EC

10.7 Glossary

Vulnerable subjects - individuals whose willingness to volunteer in a clinical trial may be unduly influenced by the expectation of benefits associated with the participation or of a retaliatory response in case of refusal, patients with incurable diseases, persons in nursing homes, patients in emergency situations, ethnic minority groups, homeless persons, nomads, refugees, minors and those incapable of giving consent