

# - INSTRUCTIONS -

## Continuing Review Form

Section 1: Protocol Status .....	3
Section 2: Subject Enrollment .....	4
Section 3: Summary of Activities .....	7
Section 4: Safety Information .....	8
Section 5: Monitoring .....	11
Section 6: Change in Sponsorship.....	12
Section 7: Disclosure of Financial Interest.....	12
Section 8: Additional Comments.....	13
Section 9: Attachment Tracking .....	13
Section 10: Investigator Signature .....	13

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### Descriptions of initial sections of the Request for Continuing Review form:

- **CHRMS# or CHRBS#:**
- **Review Period:**
- **Protocol Title:**
- **Principal Investigator:**

All four of the above sections need to be completed.

### Principal Investigator Contact Information:

Enter the following contact information for the PI.

**Dept:**

**Phone:**

**E-mail:**

**Campus/Office Address:** Location where the Committee should send correspondence. This could be the PI or the designee for the study.

**Key Personnel:** Any person involved in the treatment, design, conduct, or reporting of research should be included in “Key Personnel.” This includes any individuals who contribute in a substantive way to the scientific development or execution of the project and are identified as such within the proposal as well as any research staff exercising independent judgment over data gathering, monitoring, analysis and interpretation, and especially those involved in the informed consent process with research subjects.

**Must Include:**

- PIs;
- Researchers in contact with subjects;
- Clinical research associates or coordinators;
- Data managers;
- Anyone in contact with personally identifiable research information; and
- Anyone conducting informed consent discussions with subjects.

**Might Include:**

- Other clinicians in the clinic conducting the research; or
- Other laboratory staff in the lab conducting the research.

**Never Includes:**

- Cooperative group or sponsor staff (unless they are directly contacting our locally enrolled subjects).

**Note:** Please do not include people who are only expected to provide cross-coverage unless there is a very high likelihood that they will actually see or contribute to the research data of at least one subject.

If you have any questions as to whether or not someone should be listed as key personnel, please contact the IRB staff.

All staff listed as key personnel must complete the UVM / FAHC Protection of Human Subjects in Research Tutorial before the protocol re-approval will be released.

The names of all persons fitting the above descriptions should be listed in alphabetical order, by last name, if possible. Use an additional sheet if there are more than 12 key personnel.

**Research Coordinator:** The research coordinator is the local data manager/CRA responsible for the protocol. If there is no data manager assigned to the protocol, the research coordinator can be an assigned researcher, an administrator, a research nurse or the principal investigator.

**Faculty Sponsor:** Fellows, residents, post-doctoral fellows, post-doctoral associates, post-doctoral trainees, and students (graduate or undergraduate) cannot conduct human subject research without having a faculty sponsor/instructor who is responsible for overseeing the research activities.

**WHO IS THE PRIMARY CONTACT FOR THIS RESEARCH PROJECT?**

Investigators wishing to appoint a contact for all IRB communications related to this protocol should check “Yes,” and complete the contact information in the sections provided. Often times the **research coordinator** is the person who handles most of the administrative responsibilities of a study, acts as liaison between the principal investigator, the sponsor, if applicable, and the IRB. These responsibilities can be assigned to someone on the study team, an administrator, or the principal investigator but is more often a data manager, clinical research associate, or research nurse. Regardless of the primary contact, the PI is still ultimately responsible for all aspects of the research and IRB submissions.

## Section 1A: Protocol Status

Check on of the following options for the current status of the protocol:

**Work Not Yet Started:** Research was approved previously by the Committee, but there has not been any attempt to recruit subjects, and there are no subjects enrolled on the protocol.

**Active – Work in Progress:** Subjects are being recruited for the research and/or there are subjects actively receiving treatment/intervention. In the event that a protocol is temporarily suspended, check this box (but in Section III, Question 1, state that it is suspended and provide an explanation).

**Follow-Up Only:** Recruitment/enrollment has permanently stopped and all active research treatment/intervention has ceased. Subjects are only being followed.

A research protocol in which no new subjects will be enrolled must still be reviewed annually until such time that it meets the criteria of “Work Completed” as stated below. Closure to further accrual does not change the process for continuing review.

**PLEASE NOTE:** Any research activity that is following the long-term status of subjects cannot be “Work Completed” until such activity has reached conclusion. For example, if a protocol requires follow-up on survival, the research would not be considered “Work Completed” until all subjects are deceased or such survival data is no longer necessary, which is typically stated within the protocol as an endpoint.

**Data Analysis Only:** Recruitment has permanently stopped, all active research treatment/intervention has ceased. There is no further follow-up or contact with subjects; however the data analysis is not yet complete.

**Work Completed – Close Protocol:** A research protocol for which all subject interventions are complete, all follow-up has ceased, and data analysis is complete can be permanently closed. Provide a final summary of study activities. Final summary should include final number of subjects, whether specific aims were met and outcome of research.

**Work Will Not Be Done – Close Protocol:** Any protocol that has been closed without completing the research as stated in the protocol. Please provide an explanation under additional comments.

## **Section 1B: Funding Status**

We are required to review the grant that corresponds with the protocol. If a researcher acquires different funding for a protocol after it has been IRB approved, the researcher must submit a new protocol that corresponds to the newly funded grant for review and approval. The following questions help us track the funding source that is tied to the protocol over time.

**Is this protocol funded by a grant processed through UVM's Pre-Award Services?** If yes, continue with the rest of the questions in this section, if no, skip to Section 2.

**If yes, List Sponsor:** Provide the name of the funding source (e.g., NIH, NIDA, etc)

**And Infoed Proposal #:** The grant administrator in Pre-award Services assigns the Infoed number when a researcher first applies for funding. Researcher should be able to locate their number by looking into the Infoed system. If you cannot locate this number please contact the grants administrator assigned to you at UVM for assistance.

**Grant Project Being and End Date:** Provide the start and end dates for the grant. If funding has ended during the review period, indicate your intentions.

**If the funding ended during this review period, or will end within the next 12 months, how will this research be supported?** As mentioned above, the IRB has to make sure that the protocol matches the grant. Therefore, if new funding has been awarded, the IRB must review a new protocol that corresponds to that new grant. If there is no new funding and the department is now supporting the research, you must amend your protocol to make us aware of this change. This can be done at the time of continuing review on this form.

## **Section 2: Subject Enrollment**

**Question A: Are you still enrolling subjects?**

Select “Yes” if the protocol has not yet permanently closed to accrual and include a clean copy of the current version of the consent without the Committee stamp.

It is appropriate to update the consent form with administrative changes and/or template changes at this time, however these should be highlighted. Therefore include a revised, highlighted version of the consent and a clean copy for IRB approval stamp at the time of continuing review submission.

**Question B: Number of subjects who signed a consent form since study onset.**

Include all those potential subjects who signed consent forms with the intention of participating in the research study. This count includes subjects who decided to further pursue study participation and those subjects who withdrew consent prior to study enrollment and/or screen fail subjects who did not meet all of the criteria for study entry.

**Question C: Number of subjects who actually started the study (i.e. enrolled).**

Record the number of local subjects that were enrolled **since the initiation of the study**. This count includes those subjects that actually started study participation, i.e. randomization into a treatment group, made it through the screening process, etc.

If there has been a previous continuing review form submitted, you will need to review the previously submitted Request for Continuing Review form to confirm that the data being supplied for the current review is accurate.

**Question D: Number of subjects who remain in the study.**

Include those subjects that are currently being followed and treated on this protocol. This includes those subjects that are receiving treatment/intervention and those that are not because either they have not yet started treatment or they are done with treatment and are now in follow-up.

**Question E: Number of subjects who withdrew, discontinued, or died during the study after being enrolled.**

Include those local subjects who:

- withdrew their consent after they were enrolled into the study, therefore do not include screen failures into this count;

- were discontinued from the study for safety reasons;
- are lost to follow up; or
- died during the course of the study.

**Question F: Number of subjects who completed the study.**

To date, account for all of the subjects that have completed study participation, therefore they are no longer being followed for research purposes.

**Question G: The currently approved number of subjects for this research.**

The box to the right will be completed on the Request for Continuing Review form sent from the Committee. This number reflects what has been reviewed and approved as an accrual goal.

**Question H: Verify that  $D + E + F = C$ .**

Calculate the above equation. If there is a discrepancy then provide an explanation.

If the currently approved accrual goal (Box G) is less than the number of subjects that have been enrolled to date (Box C), the protocol is not in compliance. Please explain the differences in the text box provided. If additional subjects are required due to unforeseen abnormalities in the data, or screen failures, a Request for Modification / Amendment to Approved Protocol form must be completed and the protocol must be updated to reflect this new accrual requirement.

If the protocol is a cooperative group protocol, a simple statement explaining why the local goals were exceeded is sufficient.

**Question I: If there were subjects reported in box E above summarize all withdrawals, discontinuations and deaths.**

Explain why subjects withdrew or were discontinued from the study and the cause of death in the box provided.

## **Question J: Current Demographics of Enrolled Subject Population**

For all of those subjects accounted for in Box C above provide gender and ethnicity demographics. Totals must equal 100% for both gender and ethnicity. The option of unknown is provided for studies that do not collect such information, i.e. anonymous surveys.

## **Section 3: Summary of Activities**

**Question A: Provide a brief summary of the research activities and preliminary observations and findings obtained thus far since the last review.**

A summary report on the progress of the research is required. The text box for this section will automatically expand to accommodate length of text. Rather than use an attached page, please keep the summary within the textbox – even if it means expanding the Request for Continuing Review form to five or more pages. The summary should include an assessment of the subjects' experiences, including significant developments or results, problems, and side effects or untoward reactions encountered.

**Question B: Were any amendments to the protocol submitted to the IRB during this review period?**

Select **YES**, if there were amendments reported during this review period (or that are now being reported on an attached Request for Modification / Amendment to Approved Protocol form). If amendments occurred near the last expiration date, please verify they were reported on the previous Request for Continuing Review form. If they were not reported, please record them on this Request for Continuing Review form.

Briefly summarize the amendments that impacted human subjects (e.g., changes that required lay summary/consent form changes). If there were multiple amendments during this review period, please list each amendment and summarize the changes instituted by the amendment(s). ***If protocol amendments were administrative changes only, then state as such.***

**Question C: Are you amending the protocol/consent form at the time of this continuing review?**

Amendments and addenda to a research protocol may be submitted at the time of continuing review. A Request for Modification/Amendment Form describing the changes and all appropriate documentation (revised

consent form, and/or revised protocol as appropriate) must accompany the Continuing Review Form. Amendments, and/or scientific changes, may never be implemented by an investigator prior to the review and approval of the Committee.

If the consent is being revised at this time, submit the two different consent forms:

- consent with changes highlighted, and
- consent without the highlighting, a clean copy for IRB approval stamp

## **Section 4: Safety Information**

### **Question A: Are you aware of any recent literature, findings or other relevant information affecting the risk/benefit ratio of this study?**

Indicate “Yes” if there has been any recent literature (typically published in peer reviewed journals) that may impact this protocol.

Most significant is (1) any literature that suggests additional risks associated with the research and (2) any literature that suggests an effective and proven treatment that would benefit the subject population being studied.

If yes, summarize the questions raised by the literature (especially potential risks), your opinion of the literature’s findings and any changes planned for the protocol based on the literature (if any).

### **Question B: Were there any subject complaints during the review period?**

Reporting subject complaints to the Committee ensures that the subject’s concerns are given an external review plus provides necessary information to support subject calls made to the Committee. Subject complaints include complaints that are made formally or informally to the PI or the study team.

Specific examples that should be reported are complaints about treatment, study design, payment, confidentiality, or consent issues. Any criticism of the research itself should likely be reported. When in doubt about whether a complaint should be reported, call the IRB office.

Significant or serious complaints should be reported as they occur and referred to in this section at the time of continuing review.

Please describe complaints in the box provided.

**Question C. Did this study encounter any local adverse events during this review period that met the criteria for reporting to the IRB?**

Select **YES** if there were any local adverse events (AEs) reported during the review period (or events that should have been reported) based on the IRB's reporting policy. If any AEs occurred near the last continuing review expiration date, please verify that they were reported in the previous Request for Continuing Review form. If the events were not reported, you must report the events at this time.

**If YES, were events reported to the IRB?**

Verify that all local AEs which met reporting criteria were reported to the Committee. If a local AE(s) which met reporting criteria was not reported, check "NO" and attach a completed Local Report for Serious & Non-Serious Adverse Events form with a written explanation as to why the AE was not reported in a timely fashion. This explanation should include a statement regarding efforts to ensure that future AEs are reported promptly.

**Question D: Did this study encounter any unanticipated problems during this review period?**

Unanticipated problems refer to untoward events involving any aspect of the study. These events include subjects, research staff, or others not directly involved in the research, are always unexpected and can occur in clinical as well as non-clinical research. Examples include: investigator loses laptop that contains confidential information, participants in a group session become unexpectedly violent, a mailing is sent to the wrong participants.

**If YES, were these unanticipated problems reported to the IRB?**

Verify that all unanticipated problems were reported to the Committee. If an unanticipated problem was not reported, check "NO" and attach a completed "Report of Protocol-Related Problems & Deviations" form with a written explanation as to why the unanticipated problem was not reported in a timely fashion. This explanation should include a statement regarding efforts to ensure that future unanticipated problems are reported promptly.

**Question E: Were there any updates to the Investigational Drug/Device Brochure during this review period?**

**If “Yes,” was the revised brochure submitted to the IRB?**

If it has not been submitted, attach to the continuing review form a completed “New Safety Information Form”.

**Question F: Were there any toxicity reports or sponsor action letters received during this review period?**

**If “Yes,” was the report or letter submitted to the IRB?**

If it has not been submitted, attach to the continuing review form a completed “New Safety Information Form”.

**Question G: Data Safety and Monitoring Plan**

- i. Were there any significant findings during the data and safety monitoring review (according to the Data and Safety and Monitoring Plan submitted at the time of initial review) that affected the risk/benefit ratio or the confidentiality and integrity of the data for this study?**

All protocols should have systems in place to continually identify, evaluate and report:

- 1) adverse events which may be physical, psychological or economical;
- 2) other safety information that may be found in literature reviews, drug/device brochure updates, IND safety reports, etc.;
- 3) unanticipated problems to subjects or others;
- 4) protocol deviations; **and**
- 5) the confidentiality and integrity of the study data.

If the PI and/or the research team came across new information that affected the risk/benefit ratio or confidentiality and integrity of the data for this study then provide a summary of the findings in the space provided.

- ii. Does this study have a Data and Safety Monitoring Board in place?**

A **Data Safety and Monitoring Board (DSMB)** or **Data and Safety Monitoring Committee (DSMC)** is an external, independent committee of scientists, physicians, statisticians, and others that collects and analyzes data during the course of a study to monitor for adverse effects and other trends (such as an indication that one treatment is significantly better than another) that would warrant

modification or termination of the study or notification to study subjects about new information that might affect their willingness to continue participation in the study. Typically, protocols that are industry-sponsored and accrue subjects at multiple sites are required to have the appropriate resources to capture and report issues of safety.

**If Yes, were all DSMB reports forwarded to the IRB during this review period?**

If no, complete a “New Safety Information Form” and submit with this continuing review.

**Question H: Did any protocol deviations potentially affecting risk to subjects occur during this review period?**

**If “yes”, was the deviation(s) reported to the IRB?**

Check appropriate box. If **YES**, no further action is required. If **NO**, attach to the continuing review form a completed “Report of Protocol-Related Problems & Deviations” form.

**List or attach a list of all other protocol deviations not affecting risk to subjects that occurred during this review period.**

List protocol deviations that **did not** affect risk to subjects during the review period in the space provided. Deviations not affecting risk to subjects may include that a subject was seen outside a target window date, etc. For industry-sponsored studies you may attach a protocol deviation log.

**Question I: Were any unexpected benefits to subjects discovered during this review period?**

Include any potential benefit to subjects that were unanticipated at the onset of the study.

## **Section 5: Monitoring**

**Question A: Is this study currently monitored by an outside sponsor?**

Select **YES** if the study has a sponsor (or cooperative group) who sends someone to monitor or audit the local research records. A Data and Safety Monitoring Board (DSMB) does not count as monitoring for this question.

**Provide the date of the last sponsor site visit.**

Provide the date of the last site visit, or enter "None Yet" if there has not yet been a site visit for this protocol.

Cooperative groups frequently audit multiple protocols at a single site visit. Enter the date of the last site visit by the cooperative group monitors.

**Does the sponsor provide written documentation of the visit findings?**

Check "Yes" if the sponsor provided a written copy of the monitoring visit and attach a copy of the documentation, which could be in the form of a report, memo or letter.

Check "No" if the sponsor has not, or has not yet, provided written documentation for the last site visit. If documentation is pending, attach a copy of the most recent report. If the sponsor does not generate formal documentation of the site visit, request they provide us with informal documentation of the site visit outcome. Any problems in acquiring copies of the site visit documentation should be reported to the IRB.

**Section 6: Change in Sponsorship**

**Question A: Has there been a change in source of support (new source or a change in original sponsor) since the initial application or last continuing review?**

Select "Yes" or "No" as applicable. Contact the RPO office for further instructions when the sponsor has been changed.

**Section 7: Disclosure of Financial Interest**

If the results of the study provide any financial gain or there is a financial interest for the PI or for key personnel, you must document that conflict here and in the consent form.

**Question A: Has your relationship with the sponsor changed such that the results of the study may provide a potential financial gain to you, your immediate family members, or any of the co-investigators (key personnel), or their immediate family members, that may give the appearance of a potential conflict of interest?**

Select "Yes" or "No" as applicable. See the Office of Sponsored Programs website for guidance regarding potential conflicts of interest.

**If yes, fully describe the nature of the relationship.**

**Is this disclosed in the consent form?** Select “Yes” or “No” as applicable. If **NO**, provide justification for not including this information in the space provide.

### **Section 8: Additional Comments**

Use the Comment text box for any additional information that the IRB should be aware of that may impact the safety of subjects involved in this research.

### **Section 9: Attachment Tracking**

This section is required and has been included to assist in document tracking and organization of records.

### **Section 10: Investigator Signature**

By signing the Continuing Review Form, the Principal Investigator assures the IRB that the information contained on the form is true and accurate.