From: Lee, Bonnie on behalf of OC GCP Questions
Sent: Wednesday, August 31, 2005 9:52 AM
To: [Redacted]
Subject: RE: Guidance
Dear [Redacted] ,

In 1981, when the IRB regulations were expanded to include all clinical investigations involved FDA regulated products, not just those involving institutionalized subjects, the expectation was that local medical institutions or others would step forward to review research conducted by physicians not affiliated with an institution with an IRB. Instead, independent IRBs were formed to step into the void. While these independent IRBs (or other central IRBs) may have more difficulty in obtaining knowledge of "such issues as community attitudes," we believe it is certainly doable.

I would note that the implementation of any centralized IRB review process involves addressing a number of issues related to the local community. The requirements for IRB membership in 21 CFR 56.107(a) specify that the membership of an IRB must have sufficient experience, expertise, and diversity to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. This requirement is intended to implement a recommendation of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research that IRB members be "men and women of diverse backgrounds and sufficient maturity, experience, and competence to assure that the Board will be able to discharge its responsibilities and that its determinations will be accorded respect by investigators and the community served by the institution or in which it is located." In addition, IRB membership must "be able to ascertain the acceptability of the proposed research in terms of institutional commitments and regulations, applicable law, and standards or professional conduct and practice" (21 CFR 56.107(a)). Thus, IRB review, through diversity of IRB membership, is intended to provide meaningful consideration of various local factors in assessing research activities, including the cultural backgrounds (e.g., ethnicity, educational level, religious affiliations) of the population from which research subjects will be drawn, community attitudes about the nature of the proposed research, and the capacity of the institution to conduct or support the proposed research. Inter-community differences could influence, among other things, assessments of whether mechanisms of subject selection will be equitable, whether adequate provision is made to minimize risks to vulnerable populations, and the adequacy of the informed consent process. Further, they may impact on the risk/benefit assessment if certain medical equipment or emergency facilities were not available at certain sites to handle medical emergencies that may arise.

The preamble to the 1981 rule indicates that where a centralized IRB review process is used (21 CFR 56.114), the review should consider the ethical standards of the local community. Therefore, a centralized IRB review process should include mechanisms to ensure meaningful consideration of these relevant local factors. Possible mechanisms include:

* Provision of relevant local information to the central IRB in writing by individuals or organizations familiar with the local community, institution, and clinical research
* Participation of consultants with relevant expertise, or IRB members from the institution's own IRB, in the deliberations of the central IRB
* Limited review of a central IRB-reviewed study by the institution's own IRB, with that limited review focusing on issues that are of concern to the local community

Other mechanisms may also be appropriate. IRB meeting minutes or other records should document how relevant community issues were considered in the review.

Guidance issued by OHRP also identifies certain factors that should be considered by central IRBs in assessing the local research context for research supported by DHHS. The factors identified in that guidance may be reasonable factors for all IRBs to consider, to the extent they are relevant to the proposed research, when assessing local community attitudes.

[Redacted], I found your question interesting (how enforceable is the regulation today?) I would hope that would not be the relevant question. Rather, I would ask: is it still important to be sensitive to such issues as community attitudes in reviewing research? My answer would be "yes." It is an important regulatory requirement and principle underlying the purpose of IRB review.

I hope this information is helpful to you.

Sincerely,

Bonnie
Bonnie M. Lee
Associate Director for Human Subject Protection Policy
Good Clinical Practice Program, FDA
This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.
-----Original Message-----
From: [Redacted]
Sent: Wednesday, August 17, 2005 5:20 PM
To: FDA
Subject: Guidance
We would appreciate any guidance regarding methods for independent IRBs to ensure compliance with Title 21, CFR 56.107(a). Specifically, the bolded section of this requirement, "The IRB shall be sufficiently qualified through the experience and expertise of its members, and the diversity of the members, including consideration or race, gender, cultural backgrounds, and sensitivity to such issues as community attitudes...."

Because independent IRBs review investigator and site information throughout the country, any suggestions on how we can comply with this regulation would be greatly appreciated.

It seems to me that at the time the regulation was written IRBs were reviewing research being conducted locally and since this has changed with the inception of independent IRBs, how enforceable is the regulation today?

Client auditors occasionally site us for noncompliance; therefore, your assistance would be greatly appreciated.

Regards,
[Redacted]