

3.0 HSC Relation to Other KUMC Committees

It is the policy of the HSC to work in conjunction with other KUMC Committees to provide protections to research subjects. The HSC coordinates reviews with other institutional committees. None of these committees are a formal part of the KUMC HSC structure, but there is communication between the committees regarding status of review and conditions of approval. Through other institutional committees share the responsibility for following guidelines in the collective effort to protect human subjects, the final authority for participation of human subjects in research falls on the HSC. Researchers are not required to wait for the approval of the other KUMC committees before submitting a proposal to the HSC; however, HSC final approval will be held until documentation of approvals from other institutional review committees has been forwarded to the HSC.

3.1 Conflict of Interest Committee

- I. The Conflict of Interest Committee (COIC) is charged with reviewing potential cases of individuals, research personnel or affiliated institutions with any financial interest that may affect or appear to affect research. The COIC provides management strategy recommendations that may be considered in addressing conflicts which range from no action required other than disclosure to that of disqualification of the investigator, research personnel or affiliated institutions from participating in the project.
- II. Before a proposed study is approved, each member of the research team must have on file a current annual Kansas Board of Regents Conflict of Interest Disclosure.
- III. Additional information about individual conflicts of interest is gathered through the HSC application forms. Protocol applications solicit information about potential conflicts of interest among study team members that are specifically related to the proposed study.
- IV. In addition to individual reports, the COIC receives an annual report of any institutional investments that may create a conflict of interest related to research. Any human research projects associated with an institutional ownership interest are reviewed to determine whether or not a management plan is required.
- V. The HRPP Director maintains a list of investigators who are currently under a conflict of interest management plan and technologies or businesses owned by the university. The list is updated after each meeting of the Conflict of Interest Committee. All new studies are screened against the list prior to HSC review.

- VI. If potential conflicts of interest are identified, either through annual Regents reporting, through disclosure related to an HSC application, or from current information held by the COIC, the proposed study is referred to the COIC for review and management. Final HSC approval is withheld until a management plan is established.
- VII. The Conflict of Interest Committee evaluates reported interests to judge whether they might adversely affect the protection of participants or the credibility of the HRPP. If there may be an adverse effect, the COIC works collaboratively with the individual investigator and institutional officials to manage the conflict.
- VIII. Conflicting interests are managed or eliminated so they no longer adversely affect the protection of participants or the credibility of the HRPP. Management plans are written and documented with the investigator and institutional officials. Management plans will be created on a case-by-case basis, considering the risk level of the research and the extent of previous human studies with the test article.
- IX. Management plans may include divestiture of the interest, modification of the protocol to ensure objectivity, additional auditing and monitoring of the research, or disclosure of the interest to research subjects. Disclosure alone may not be used to manage conflicting interests that adversely affect the protection of subjects. If the study is investigator-initiated by a KUMC investigator who has a conflict of interest, or if the KUMC investigator with a conflict of interest is the lead investigator for a multi-site trial, then additional measures will be taken to ensure non-coercive recruitment, adherence to inclusion/exclusion criteria, and appropriate identification and evaluation of adverse events. Additional measures may include consent monitoring or safety monitoring by a medical monitor, statistician, independent data monitoring committee or a formal data and safety monitoring board. Monitoring will be overseen by the KUMC Data and Safety Monitoring Executive Committee, with regular reports to the COIC as delineated in the management plan.
- X. Approved management plans are forwarded to the HSC by the COIC. Management plans are reviewed at a convened HSC meeting. The convened HSC decides whether the management plan allows the research to be approved. When the management plan includes a disclosure to subject in the consent form, the HSC assures that the disclosure is added to the informed consent document prior to HSC approval.

3.2 Radiation Safety Committee

- I. There are two levels of human research involving use of radiation. Both levels require prior approval from the KUMC Radiation Safety Committee (RSC).

- A. Level I: The use of radiation/radioactive materials is an FDA approved use, however, the subject will be receiving additional tests/scans/procedures that are for research purposes only. Examples of research procedures include x-rays, CT scans, radiation therapy, and nuclear medicine scans such as bone scans, MUGA, gastric emptying. [Studies that only employ dexta scans or a single screening chest x-ray have blanket RSC approval; additional RSC review is not required.]

Example: During the treatment of cancer the patient would routinely receive CT scans every 8 weeks for 6 months resulting in 3 CT scans. If this patient is enrolled in a research study in which the CT scans are done every month, the patient will be exposed to 3 additional CT scans for research purposes only. It is these 3 extra CT scans that require RSC review.

- B. Level II: A PI wants to participate in a research study in which the use of radiation/radioactive materials is not FDA approved. In Level II, the use of the radiation/radioactive material is being researched.

II. Review of Level I Projects

- A. Level I projects do not require a special form for RSC submission. PIs should submit the protocol, the draft consent form, and a cover letter that explains the difference between standard of care and the exposure to radiation that will occur for research purposes. The submission should be sent by email to the University Radiation Safety Officer.
- B. Projects are reviewed by RSC on an individual basis. The risk associated with the radiation exposure differs by the type of procedure and the portion(s) of the body that will be exposed.

III. Review of Level II Projects

- A. Level II submissions should include the Level I paperwork and a "Project Application to Use Radioactive Materials in Humans."
- B. Level II projects are evaluated for risks to subjects as well as the credentials (training and experience) of the PI.

IV. Schedule of Radiation Safety Committee Review

- A. Submissions may be reviewed at monthly meetings of the RSC; alternately, submissions may be distributed to members, discussed and voted on electronically.
- B. Human subjects research involving either Level I or Level II must have review and approval from the KUMC Radiation Safety Committee prior to implementation. The Human Subjects Committee does not grant final project approval until RSC approval is secured.
- C. More information is available from the KUMC Radiation Safety Policies and Procedures posted on the Safety Website.

3.3 KUMC Data and Safety Monitoring Executive Committee

- I. The KUMC Data and Safety Monitoring Executive Committee (DSM-EC) oversees the conduct of studies referred by the Human Subjects Committee, the Conflict of Interest Committee and the Associate Vice Chancellor for Compliance. Oversight by the DSM-EC is particularly appropriate for high-risk research and for studies in which the investigator or the institution may have a potential conflict of interest. In addition to referral, KUMC researchers may request oversight by the KUMC DSM-EC through the Associate Vice Chancellor for Compliance.
- II. The DSM-EC and the principal investigator determine the type of continuing review before the study commences and establish an agreement that stipulates timelines, types of reports that must be provided. The agreement will be based on the risk level of the study, other study-specific characteristics and relevant background information about the disease, test agent or patient population under study.
- III. For each study, the DSM-EC will adopt criteria to terminate the study before the scheduled end date. Stopping rules will be put into effect if significant benefits or risks have developed, if trial management issues prevent successful completion, or if compelling ethical concerns arise. At the time of review, any early stopping rules for toxicity or response analysis described in the statistical section of the clinical trial are also reviewed to determine if a data review point has been reached. The investigator is asked to provide the DSM-EC with an update on the status if accrual has reached that point
- IV. The DSM-EC meets six times yearly. The DSM-EC recommends continuation, modification or termination of the trial to the Human Subjects Committee (HSC) with a copy of the report to the principal investigator following each review. If the referral to the DSM-EC was initiated by the Conflict of Interest Committee or the Associate Vice Chancellor for Compliance, they also would be also copied on the report to the HSC. Any DSM-EC recommendation for termination of a study will also be sent to the Associate Vice Chancellor for Compliance.

3.4 Institutional Research Safety Committee

- I. The Institutional Research Safety Committee (IRSC) provides institutional oversight of recombinant DNA research. It interacts closely with the HSC, for human subject research, and the IACUC, for research in animals, to ensure that such research is conducted in a manner consistent with the biosafety practices outlined in the *NIH Guidelines for Research Involving Recombinant DNA Molecules*.

- II. The IRSC reviews the science, safety and ethics of research involving recombinant DNA. The IRSC also provides oversight of research involving other biohazardous materials, such as carcinogens and infectious agents.
- III. Researchers submitting expedited and full-review proposals to the HSC must include an IRSC form with the application. Forms are screened by Office of Compliance personnel. Low risk projects are reviewed and approved by the IRSC chair. Projects that do not qualify as low risk are referred to the full IRSC.

3.5 Protocol Review and Monitoring Committee

- I. The purpose of the Kansas Masonic Cancer Research Institute's Protocol Review and Monitoring Committee (PRMC) is to scientifically review all human subject cancer or cancer-related protocols and establish their relative priority to the institutional mission. In addition, the PRMC is responsible for reviewing the appropriateness of data and safety monitoring plans, monitoring accrual and patient safety for all cancer or cancer-related studies within the institution.
- II. All human subject cancer or cancer-related protocols (therapeutic/treatment, prevention, ancillary/companion and correlative), must be reviewed, approved, and monitored by the PRMC. Approval must be obtained prior to the principal investigator beginning the submission process to the HSC.
- III. PRMC staff deliver approved proposals to the HSC office, accompanied by the PRMC approval letter and copies of correspondence between the PRMC and the investigator. The HSC reviews the proposal in accordance to review procedures outlined in SOP 2.0.
- IV. PRMC monitoring of the ongoing research will take place after all compliance approvals have been completed. Monitoring intervals are based on the class of the protocol. Monitoring may be the same frequency or more frequent than continuing review by the HSC.
- V. The PRMC receives reports/updates from the HSC and data and safety monitoring entities. The PRMC monitors cancer and cancer-related trials prior to continuing review by the HSC. The PRMC may take appropriate steps to ensure data integrity and subject safety in the trial.
- VI. Prior to continuing review by the HSC, the PRMC reviews the trial and recommends continuation or closure. If continuation is recommended, the trial is submitted to the HSC for continuing review before the expiration date of the study.
- VII. The PRMC may recommend closure of a trial that does not meet adequate safety standards, scientific merit or accrual goals. If the PRMC recommends closure, the principal investigator is notified. The principal investigator may appeal the

PRMC's decision. If the PRMC makes a final determination for closure, the principal investigator files a closure request with the HSC. Upon receipt of the closure request, the HSC closes the trial.

3.6 General Clinical Research Center Advisory Committee

- I. The KUMC General Clinical Research Center (GCRC) is a multidisciplinary research unit which facilitates investigator-initiated clinical studies. It provides a clinical research infrastructure to investigators who receive funding from federal agencies, private foundations, and other peer-reviewed sources. It also supports qualified investigator-initiated unfunded pilot studies that may lead to future NIH support.
- II. Investigators apply to the GCRC Advisory Committee (GAC) for approval to use the GCRC space and resources for their studies. Investigator-initiated studies are reviewed by the GAC for scientific merit, investigator expertise, adequate resources and sound study design that adequately minimizes risks to subjects.
- III. Investigators seeking GCRC space and resources for investigator-initiated proposals should receive GAC approval prior to submission to the HSC, in order to avoid conflicting requirements from simultaneous reviews.
- IV. After GAC approval, the HSC reviews the proposal in accordance to review procedures outlined in SOP 2.0. GCRC personnel are notified when the proposal receives HSC approval.
- V. Investigators of multi-centered, industry-sponsored studies also may apply to the GAC for approval to use the GCRC space and resources for their studies. For these studies, GAC approval is not required prior to HSC submission. Submissions to the GAC and to the HSC may occur simultaneously, or the investigator may seek HSC approval prior to application to the GAC.

References:

45 CFR 46.111

21 CFR 56.111