A National Institutional Review Board for Neurodegenerative Diseases

The National Biomedical Research Ethics Council

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pad2020
The Campaign to Prevent Alzheimer's Disease by 2020

NATIONAL BIOMEDICAL RESEARCH ETHICS COUNCIL

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the compassion to care, the leadership to conquer

IRB Blues: Wouldn't you like it if

- You didn't have to negotiate the language in a consent form between the sponsor and your local IRB?
- You dealt with an IRB that understood Alzheimer's and other neurodegenerative conditions and there special issues?
- It didn't take 4 months to obtain IRB approval?
- On-going safety reviews were more meaningful rather than the current version where blinded safety information is thrown at you?

National IRB: an answer to your prayers?

- In principle, a national centralized IRB could:
  - Improve human protection and safety
  - Facilitate protocol approval using a panel of actual experts in the area of Alzheimer's disease and other neurodegenerative diseases
  - Agree on consent language that made sense and was not open to local meddling
  - Facilitate on-going yearly reviews
  - Greatly reduce the amount of work required by each study coordinator and investigator

OHRP's pending rule-change

- July 22, 2011 OHRP provided advanced notice for proposed changes to the "Common Rule"
  - Most extensive since August 14, 1979
  - Changes remain pending
- Among the seven possible regulatory reforms

  "[Use of] single Institutional Review Board review for all domestic sites of multi-site studies"
- Also OHRP on April 30, 2010 responded to a question on central IRBs and clarified that:
  - OHRP fully agrees with the FDA's position of a single central IRB for multicenter research.
  - OHRP may even in the absence of new regulations take steps to address institutions concerns/confusion about relying on external IRBs

A national IRB for Neurodegenerative Diseases (NIRB-ND or simply "NIRB")

- Grew out of several planning sessions
  - Leon Thal Symposia: 2008-2009
  - Alzheimer's Disease Research Summit 2012 Recommendations
- The Challenge Now? **Launch, launch, launch**
  - ~~Develop a "free-standing" IRB for ND supported by advocacy stakeholders and NIA/NIH: a *new non-profit organization:*~~ **DONE**
  - ~~Develop infrastructure to do both facilitated review and independent reviews:~~ **UNDER WAY**
  - Will begin with facilitated reviews, as independent reviews could not start immediately: **AS EARLY AS JUNE 2013**

What are the available models to start a national IRB?

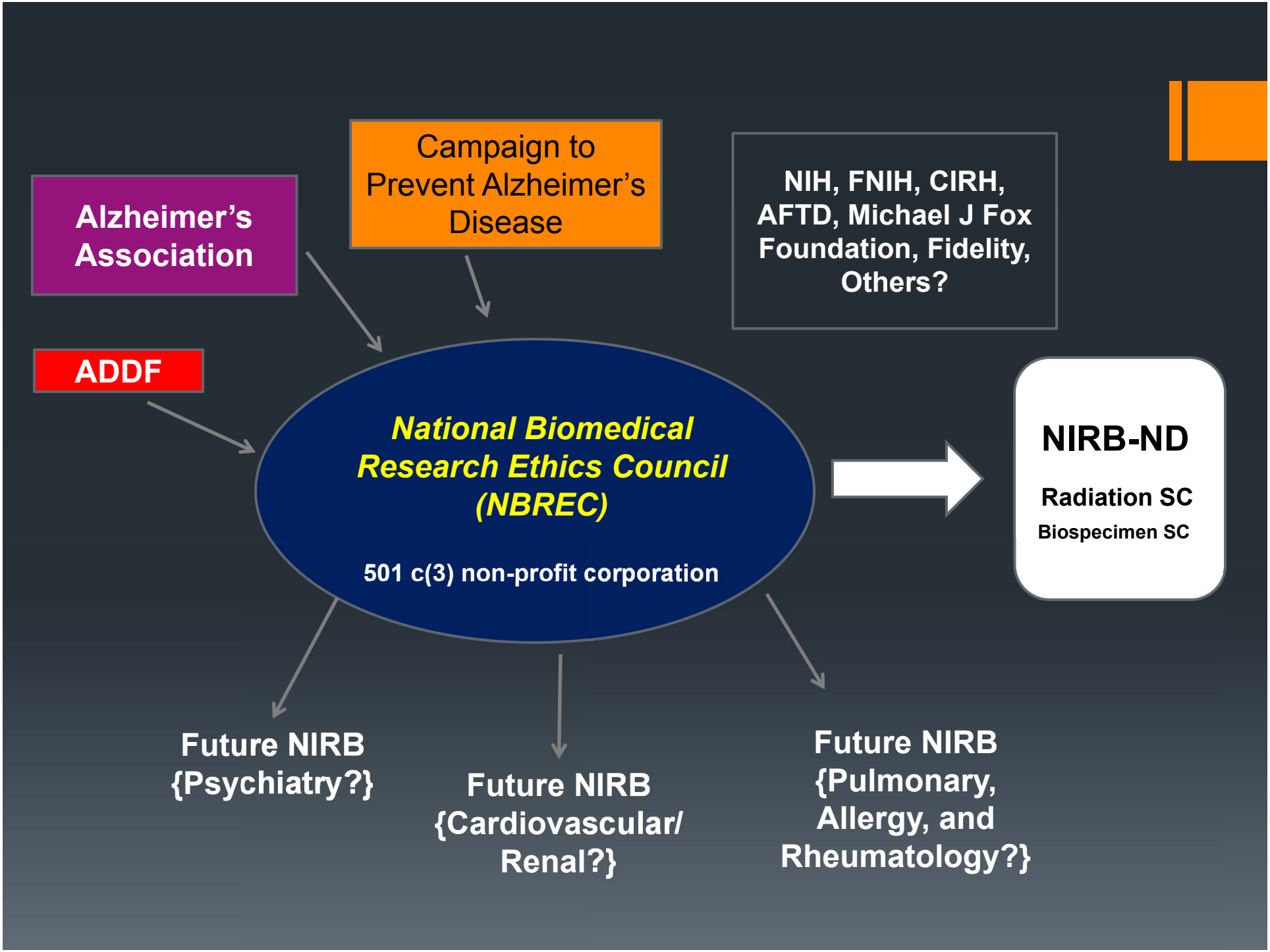
- For profit entities: eg Western IRB
  - Usually not used by academic institutions
  - BRANY: Biomedical Research Alliance of New York
- Veteran's Administration
  - Unique because of high level of central control
- National Cancer Institute
  - Groundbreaking efforts at facilitated central review: presently transitioning to an "independent review-of-record" model
- NeuroNEXT
  - In process of developing a central IRB of record, using a "federated model"

The "NBREC" Model

- Organizational Structure
  - A non-profit corporation, incorporated on August 27, 2012
  - ***National Biomedical Research Ethics Council (NBREC)***
  - Trustees selected from allied non-profit disease advocacy groups
  - A non-profit home or "holding company" for future centralized IRBs

- Administration
  - Executive officers (CEO, CFO, CMO, Legal Counsel)
  - Administrative staff (IRB Administrators)
  - IRB Staff to support IRB members, investigators, sites, sponsors

- Ethics Review Board Administration & Membership
  - IRB Chairs and Vice-Chairs
  - Physicians, psychologists, statisticians, social service professionals, family caregiver, others
  - Subcommittees to handle non-IRB regulated issues (e.g. radiation safety biospecimens)


Alzheimer's Association
Campaign to Prevent Alzheimer's Disease
NIH, FNIH, CIRH, AFTD, Michael J Fox Foundation, Fidelity, Others?
ADDF
National Biomedical Research Ethics Council (NBREC)
501 c(3) non-profit corporation
NIRB-ND
Radiation SC
Biospecimen SC
Future NIRB {Psychiatry?}
Future NIRB {Cardiovascular/ Renal?}
Future NIRB {Pulmonary, Allergy, and Rheumatology?}

How would NIRB work?

1. NIRB receives a completed application, protocol, informed consent form and related materials from sponsor.

2. NIRB conducts initial review and approves the protocol.

3. After the protocol is activated by the Sponsor, all review documents are posted on the website for access by participating institutions.

How would NIRB work?

4. Local investigator at a participating institution decides to enroll subjects in a CIRB-approved study. Either the investigator or local IRB downloads the application packet for facilitated review.

5. Local IRB chair/subcommittee conducts a facilitated review, concentrating on local context issues.

6. Local IRB notifies the CIRB Administrative Office of their facilitated review acceptance via the website.

Initial Authorization/Reliance Agreement

- NIRB and local site will specify division of responsibilities
- NIRB is responsible for continuing review
  - Subsequent amendments
  - Serious adverse events (SAE) as notified by the Sponsor.
- Local IRB is responsible for
  - Review of local SAEs
  - Oversight of local conduct of the study.

Benefits to Investigators

- Virtually no advance preparation for IRB review at your site - just download a complete IRB packet
- No more waiting for the next meeting of the full IRB
- Enroll patients faster

Benefits to Local IRBs

- Carry out local review without convening the full board
- Eliminate preparations for full Board review of NIRB approved studies
- Continuing review, amendments, and adverse events are handled by the NIRB
  - (Again, certain local adverse events remain under local review)

Misconceptions facing the NIRB Concept

- The infrastructure at national level is too expensive for potential users
- Interface of national and local interests intractable
- Some institutions cannot adapt their ~~bureaucracy~~ to new roles and responsibilities
  - Local IRBs refuse to relinquish control
    - *49 out 74 US ADCS site already enrolled in NCI CIRB*
  - Institutions fear loss of control and refuse participation

Some of the contentious local issues

- State laws that govern consent process
  - Who is a legally authorized representative?
  - Other state-specific language or procedures
- Ongoing need for ancillary local approvals – how to manage outside of IRB:
  - Radiation safety: **NOT PART OF IRB REGULATIONS**
  - Biospecimen committees: **NOT PART OF IRB REGULATIONS**
  - CTSA committees: **NOT PART OF IRB REGULATIONS**
  - **NBREC's NIRB TO DEVELOP PROCEDURES TO MANAGE CENTRALLY**
- Indemnification issues
- Conflict of interest issues

Elements needed to move ahead

- Imprimatur of research and advocacy community to jump-start the enterprise
  - Alzheimer's Association, PAD2020, and ADDF
  - AFTD, MJFF, Fidelity?
- Interest and support the pharmaceutical and biotechnology industries
- Existing clinical trials infrastructure
  - ADCS
- ~~Workflow, Information systems, and Personelle~~
  - ~~Interface between IRB, sponsor and local sites~~
  - ~~Staff~~
  - **DONE**
- **Additional Start-Up Funding**

NIRB: Next Steps

- Formalize National Board, send invites
- Seek funding from industry and philanthropy
- Continue discussions with NIH
- Establish formal relationship with ADCS
- Develop Authorization/Reliance agreement spelling out all functions of NIRB and expectations for sites
- Perform first review by June 2013
- Establish Process for Canadian Reviews
- Begin accreditation process

Thank you