JOHNS HOPKINS
UNIVERSITY

Center for Clinical Trials

Department of Biostatistics
Department of Epidemiology
Department of International Health

Department of Medicine
Department of Ophthalmology
Oncology Center

(Tue) 9 October 2012

Memorandum

To: Trialists

Fr: Curtis Meinert

Re: When to terminate IRB approvals in trials?

I wrote earlier (21 September 2012) to ask the question above. I received ten replies.

Respondent 1: *We tell our clinical centers to close their IRB protocol once we are fairly certain there will not need to be any further contact with the patient, including distribution of study results. Most IRBs have a "close" option, rather than just letting the approval lapse. As long as there is data analysis ongoing, we need to keep the IRB approval for the coordinating center.*

Respondent 2: *We terminate once the database has been locked so no further site queries are expected and the sites have been closed out.*

Respondent 3: *We terminate when the money stops, when patient contact and data collection stop, or when analysis stops, depending on the local IRB. Regarding the coordinating center, we keep the approval active but stop monitoring what clinics are doing with regard to IRB approvals when the clinic contracts end.*

Respondent 4: *I posed the question to our Institute for Translational and Clinical Research Navigator because we needed to figure out how long to retain records and biospecimens at one site after the end of the study, and we did not know how to define end of study. See the ITCR response below and my interpretation.*

Here is my take on the answers we got.

Question: What is end of study? Answer: When the IRB approval is terminated.

Question: When is IRB approval terminated? Answer: At the end of the study.

Question: How long to retain study records? Answer: Seven years after the last identifiable information is distributed. Until age 23 for children. But may be different depending on circumstances.

Respondent 5: *We ask clinics to maintain their IRB approvals until the trial database is "closed", i.e., all data expected have been received or declared unobtainable, all edit queries have been resolved, final site visits have been completed and reports disseminated, the last DSMC meeting has been held, the key outcome publications have been completed, and all data forms have been microfilmed or imaged for archiving. Then we tell clinic*

personnel that they no longer have to comply with trial/coordinating center requirements and should consult their local IRBs regarding how long they must maintain their records. (Note: I have not been involved in any industry-sponsored trials. They may have different requirements.)

Respondent 6: *We have handled it in two different ways, but we may be different from the CCs you are polling as we do some of our own clinical studies here at the NIH. We have an omnibus data registry intramural program, where data bases are stored. All study data bases, big and small, are put in this registry when the study is complete.*

The second approach has been to put our data in a publicly available data base, such as dbGaP at NIH. In that case individuals need to get their own IRB approval for their data analyses.

Respondent 7: *When the last paper of which we can reasonably conceive is finished. IRBs approvals are required to look at data, even your own patient data.*

Respondent 8: *I would like to stop DCC IRB progress report submissions within a year of primary results publication. Our IRB has not provided uniform guidance regarding when to terminate DCC IRB approvals for trials.*

The clinical centers follow their IRB guidelines after completion of a trial, usually their IRBs terminate approvals beyond 2 years of trial completion.

Respondent 9: *Worry about it mostly; we tend to keep IRB open until at least the primary paper and planned secondary papers are completed, usually at least 18 mos if not longer.*

Respondent 10: *Clinics terminate after we are fully done with any data edits and have closed the dataset; meaning we will have no more queries for the clinics to clarify or provide data.*

For us as a coordinating center; our IRB has a status for a coordinating center as a statistical center. Once the protocol is over and the dataset is closed we end our IRB coverage for the protocol and change the status to be IRB coverage as a statistical center. Our IRB coverage remains in place as long as we are using the data from the protocol to write manuscripts. There is still an annual renewal but it is much simpler than during the trial. Part of the reason for this is that our IRB typically serves as a central IRB for private practices in most of our projects. So the change in status reflects that the IRB is now providing coverage only for a statistical center and not for the protocol itself.

Below are my recommendations relevant to the question and comments and discussion pertaining to the recommendations.

Recommendations

1. The coordinating center should maintain its approval as long as data are being analyzed, even if after cessation of funding
2. The coordinating center should maintain its approval for a minimum of three years after cessation of funding
3. The coordinating center should maintain its approval for a minimum of one year after cessation of analysis activities

4. The coordinating center should instruct clinics to maintain their IRB approvals at least until the primary results manuscripts has been published
5. The coordinating center should instruct clinics to maintain their IRB approvals beyond publication of primary results if other publications are in the works with persons from study clinics named as authors (requirement pertains to all clinics if papers are published under corporate authorship formats)
6. The coordinating center should monitor clinics for maintenance of approvals beyond the cessation of data collection as long as instructed to maintain approvals
7. The coordinating center should inform clinics when they are free to do as they wish regarding their IRB approvals
8. After completion of the data querying and cleaning processes by the coordinating center at the cessation of data collection, the coordinating center should allow clinics to do whatever is allowed by their respective institutions with regard to storage and retention of study forms

Comments and discussion

The recommendations are written assuming the leadership represented in coordinating centers remain intact after funding ends. The assumption is reasonable in operations where personnel are supported by multiple funding sources, but may not be in "one trial" centers. It will be necessary for the parent institution of the coordinating center to identify some other person to maintain and monitor approvals if the director of the coordinating center departs.

Recommendation 1 exists because IRBs require approvals for use of study data for analysis and paper writing.

Recommendation 2 exists because paper writing typically extends beyond the end of funding; sometimes years beyond the end of funding. The recommendation is a reminder to dissociate end of funding and end of IRB approval.

Recommendation 3 exists to prevent directors of coordinating centers with itchy trigger fingers from closing approvals prematurely. You can believe you are done analyzing and paper writing only to discover you were wrong! One year is the minimum dormancy period.

Recommendation 4 and **Recommendation 5** are necessary if people from clinics are involved in paper writing. Journals require assurance of IRB approvals for acceptance of manuscripts for publication. That requirement extends to all persons listed as authors; all study personnel represented in corporate forms of authorship. Reminder: There is less work involved in maintaining approvals then in getting a new approval once one has lapsed or closed.

Recommendation 6 instructions to clinics to maintain approvals are useless without monitoring to ensure the instruction is followed.

Recommendation 7 follows from **Recommendation 6**. Clinics need to know when they are on their own regarding approvals.

Recommendation 8: Institutions have their own rules regarding record storage. Those rules should take precedence when the data querying and cleaning processes of coordinating centers are complete.