POLICIES AND PROCEDURES OF HUMSAFAR IRB

Purpose of the IRB:

1. To protect the dignity, rights and well being of the potential research participants.
2. To ensure that universal ethical values and international scientific standards are expressed in terms of local community values and customs.
3. To assist in the development and the education of a research community responsive to local health care requirements.

Principles that govern the IRB:

The IRB is governed by the principles described in The Belmont Report, Ethical Principles and Guidelines for the Protection of Human Subjects of Research, issued by The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, April 18, 1979, and the World Medical Association Declaration of Helsinki: Recommendations Guiding Medical Doctors in Biomedical Research involving Human Subjects, and the Indian Council of Medical Research 'Ethical Guidelines for Biomedical Research on Human Subjects' (2006).

COMPOSITION:

The IRB should be multidisciplinary and multisectorial in composition. Independence and competence are the two hallmarks of an IRB. The number of persons in an ethics Committee should be kept fairly small (8 - 12 members). It is generally accepted that a minimum of five persons is required to form the quorum without which a decision regarding the research should not be taken. The IRB should appoint from among its members a Chairman who should be from outside the Institution and not head of the same Institution to maintain the independence of the Committee. The Member Secretary should be from the same Institution and should conduct the business of the Committee. Other members should be a mix of medical/ non-medical, scientific and non-scientific persons including lay persons to represent the differed points of view. The composition may be as follows:-

1. Chairperson
2. One - two persons from basic medical science area
3. One - two clinicians from various Institutes
4. One legal expert or retired judge
5. One social scientist/ representative of non-governmental voluntary agency
6. One philosopher/ ethicist/ theologian
7. One lay person from the community
8. Member Secretary

The Institutional Review Board (IRB) can have as its members, individuals from other institutions or communities with adequate representation of age and gender to safeguard the interests and welfare of all sections of the community/society. If required, subject experts could be invited to offer their views. It is desirable to include a member from specific patient groups in the Committee.

Qualification of Members:

The IRB shall be sufficiently qualified through the experience and expertise of its members and the diversity of the members, including consideration of race, gender, cultural background, sexual orientation, and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects. In addition to possessing the professional competence necessary to review the specific research activities, the IRB shall be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. The IRB shall therefore include persons knowledgeable in those areas. If the IRB regularly reviews research that involves a vulnerable population such as linguistic minorities, children, prisoners, pregnant women, or handicapped or mentally disabled persons, consideration shall be given to the inclusion of one or more individuals who are knowledgeable about or experienced in working with those subjects.

TERMS OF REFERENCE:

Every IRB should have its own written SOPs according to which the Committee should function. The SOPs should be updated periodically based on the changing requirements. The term of appointment of members could be extended for another term and a defined percentage of members could be changed on regular basis. It would be preferable to appoint persons trained in bioethics or persons conversant with ethical guidelines and laws of the country. Substitute member may be nominated if meetings have been continuously missed by a member due to illness or other unforeseen circumstances. For this the criteria for number of missed meetings may be defined in the SOP.

THE IRB MEMBERS:

The Chairperson:

The IRB shall select its own chairperson or may have the option of selecting Co-chairpersons. This shall be done by vote of the majority of the IRB members, at a regular IRB meeting. The chair serves at the pleasure of the membership and can be removed by a majority vote of the members.

Following are the duties of the chair:

1. Chair all meetings of the IRB.
2. Communicate with Humsafar staff and investigators.
3. Sign documents on behalf of the full IRB.
4. Consider and respond to interim requests for information or classification from The Humsafar Trust's investigators and staff regarding IRB decisions.
5. Consider requests for expedited approval of brochures, promotional materials, or minor changes in protocol design.
6. Meet with The Humsafar Trust's representatives or designees on behalf of IRB.

Duties of a member of the IRB include, but are not limited to:

1. Ensure that research conducted at The Humsafar Trust is done in compliance with rigorous ethical standards;
2. Thoroughly review all materials, protocols, informed consents, and reports of The Humsafar Trust submitted for review;
3. Attend all scheduled IRB meetings;
4. Participate in discussion of the materials presented to the IRB;
5. Scrutinize the value of the protocols as related to serving the communities.
6. Review safeguards for potential participants, especially as they to informed consent, confidentiality and risk as a direct result of participant in a research project;
7. Propose actions that are seen as necessary for the purpose of safeguarding participants.
8. Oversee the ethical conduct of research at The Humsafar Trust (including how investigators and staff conduct studies);
9. Review and improve consent documents for the benefits of participants.

Any member missing four (4) meetings in a twelve-month period may be removed from the IRB by a majority vote of the other members. Any member may be removed from the IRB for any cause by a two-thirds vote of the other members.

Training of IRB Chair and Members:

New members of the IRB receive an orientation packet containing the following :

1. A copy of the Policies and Procedures of the IRB.
2. FDA information on the history of human subject protection, basics of IRB review, risk/benefit analysis, informed consent review, privacy and confidentiality and consideration of research design.
3. Indian Council of Medical Research Guidelines
4. The Belmont Report.
5. All IRB members are required to complete human subjects training as provided the NIH Office of Extramural Research on-line tutorial Protecting

Human Research Participants (PHRP) (http://phrp.nihtraining.com). A copy of the module is available at the office.

Compensation:

Members of the IRB serve on a voluntary basis and are not compensated for their services. However a small nominal amount Rs. 500/- for conveyance and Rs. 1,500 as sitting charges is offered to the IRB members for attending the meeting. The IRB Coordinator is on the pay rolls of Humsafar Trust and will be compensated for his/her time for IRB in proportion to the existing salary

Liability Coverage:

IRB does not provide liability coverage for members of the IRB.

Use of consultants:

The IRB, at its discretion, may choose to invite individuals with competence in special areas to assist in the review of complex issues which require expertise beyond or in addition to that available on the IRB. These individuals will be on a consultant basis only and will not vote with the IRB. Should the IRB be presented with a protocol that involves a vulnerable population the IRB may choose to have an expert in that field assist in the review of such a proposal on a consultant basis. These consultants make recommendations and provide expertise, but do not vote with the IRB.

Scope of Authority:

The IRB shall review all proposals concerned with research that involves human subjects, to be conducted by or at The Humsafar Trust. Research conducted under the auspices of The Humsafar Trust investigators at any other site must be reviewed and approved by the IRB of that site.

IRB Regulatory Coordinator and Administrative Support:

The function of IRB coordinator is as follows:

1. Coordinate timely submission and distribution of protocols, reports, materials and communication to the IRB from Principal Investigators and members of the Research Department, and others with an interest in the proceedings of the IRB.
2. Communicate with the IRB chair on issues relevant to IRB purview that occur between meetings.
3. Create the agenda for the regular IRB meeting.
4. Record and distribute the minutes of the IRB meeting.
5. Maintain IRB files, records and correspondence.

Resources:

The Humsafar Trust will provide space to the IRB for its regular meetings, files and materials. Further, The Humsafar Trust is responsible for copying and distribution of all IRB materials to the IRB.

Functions of the IRB:

Reporting:

The Humsafar Trust will ensure prompt reporting to the IRB, appropriate institutional officials, and the administration of: (1) Any unanticipated problems involving risks to human subjects or others; (2) any instance of serious or continuing noncompliance with federal regulations or the requirements or determinations of the IRB; (3) any suspension or termination of IRB approval; or (4) changes in research activities.

The IRB shall notify investigators and the institution in writing of its decisions to approve or disapprove the proposed research activity or of modifications required to secure IRB

approval of the research activity within 48 hours of the meeting. If the IRB decides to disapprove a research activity, it shall include in its written notification a statement of the reasons for its decision and give the investigator an opportunity to respond in person or in writing within 48 hours of the decision being made.

Studies requiring review more often than annually:

All studies must be submitted for annual review by the investigator to the IRB. At its discretion, the IRB may require more frequent review than annually. The IRB may require periodic or scheduled written or in-person updates and/or reports from investigators on the status of studies that may present unknown risk to participants as new information or interim results become available. The IRB has the authority to observe or have a third party observe the consent process and the research.

Operations of the IRB:

Scheduling of Meetings:

The IRB meetings may be scheduled on quarterly basis to review research studies or to attend to other IRB business. In no event shall the IRB meet fewer than four (4) times a year. Meetings are held at a convenient place.

Pre-meeting Distribution to Members:

The IRB Regulatory Coordinator prepares a packet of materials for review prior to each meeting. This packet includes:

1. Meeting agenda
2. Minutes from the last meeting
3. Study documentation, protocols, amendments, reports of adverse events, revised materials, announcements, and other materials slated for IRB review.

The IRB packet is sent out via courier to all Board members one week prior to the meeting, thus giving seven days for review.

The Review Process:

The IRB is legally responsible for conducting initial and continuing reviews of research involving human subjects that is conducted at or by The Humsafar Trust and reporting in writing its findings, recommendations, and actions to the investigator and the Institution. The research will be evaluated for protection of participants and compliance with Federal regulations. Review of research includes but is not limited to methodology, compliance with standards of professional practice, ethical guidelines and applicable law and protection of confidentiality.

The IRB will reach a decision on every protocol. Decisions of the IRB will be by consensus. If the IRB is unable after a good faith effort to reach consensus after a reasonable amount of time and discussion, a decision may be made by vote of a simple majority. This decision may include but is not limited to:

a. Approved as presented
b. Approved, subject to modifications
c. Disapproved
d. Defer action
e. Take no action pending evaluation of additional information.

Criteria for IRB approval:

The IRB must determine that all of the following requirements, contained in federal regulations codified as 21 CFR 56.111, are satisfied prior to approval of any research.

1. The risk to subjects are minimized:
    i. By using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk.

ii. Whenever appropriate, by using procedures already being performed on the subject for diagnostic or treatment purposes.

2. Risks to subjects are reasonable in relation to anticipated benefits, if any, to subject and the importance of the knowledge that may be expected to result. In evaluating risks and benefits, the IRB should consider only those risks and benefits of therapies that subjects would receive even if not participating in the research). The IRB should not consider possible long-range effects of applying knowledge gained in the research (for example, the possible effects of the research on public policy) as among those research risks that fall within the purview of its responsibility.
3. Selection of subjects is equitable. In making this assessment the IRB should take into account the purpose of the research and the setting in which the research will be conducted and should be particularly cognizant of the special problems of research involving vulnerable population, such as children, prisoners, pregnant woman, handicapped, or mentally disabled persons, or economically or educationally disadvantaged persons.
4. Informed consent will be sought from each prospective subject or the subject's legally authorized representative, in accordance with and to the extent required by part 50 of the Federal regulations.
5. Informed consent will be appropriately documented, in accordance with and Where appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.
6. Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of data.

The IRB must also assure that additional safeguards have been included in the study to protect the rights and welfare of sexual minorities and shield them from coercion or undue influence.

Voting Requirements:

A majority of the members of the IRB, but no fewer than five (5) voting members, will constitute a quorum for the transaction of business. The quorum should represent the diversity of the IRB. At least one member of the quorum must be a medical provider when the IRB is reviewing studies of IRB regulated articles. At least one member of the quorum must be a non-scientific representative to the IRB. A quorum of voting members is sufficient to approve or disapprove a protocol or study. All members of the IRB are full voting members. The IRB will allow no voting via written or telephone proxy. No member shall engage in the initial or continuing review of any protocol in which said member or his/her family, spouse, or partner has any fiscal or professional interest. If the protocol under discussion is the member's own clinical investigation, the member may provide information as requested by the IRB. No member with any fiscal or professional interest in a protocol shall be present during final deliberations and vote of the IRB on said protocol.

On certain occasions when a research project has had no action taken on it during a regular IRB meeting pending evaluation of additional information, a quorum of IRB members may take the action of approving or disapproving the research via teleconference. This method of decision-making is limited to protocols that have been reviewed in the previous IRB meeting and the additional information to be discussed is not a significant part of the research where participant safety would be of concern, but rather a clarification on minor points within the protocol.

Communication from the IRB:

At the request of the IRB, the coordinator will contact the investigator in writing in a timely manner with requests for additional information regarding aspects of the research under discussion. The investigator will in turn address his answers to the IRB through the coordinator if said investigator chooses to respond in writing. Alternatively, the investigator may contact the IRB Coordinator to request time at the next IRB meeting.

The IRB will communicate IRB decisions to investigators, the institution or the sponsor of the research through the IRB & Regulatory Coordinator. It is the responsibility of this

coordinator to notify, in writing, the appropriate parties of IRB decisions in a prompt and timely manner. All such communication will contain text from the minutes of the IRB meeting pertaining to the IRB's decision. The IRB & Regulatory Coordinator will maintain files of copies of all correspondence between the IRB and investigators.

Appeal of IRB Decisions:

Disapproval of research may be appealed by the investigator either in person or in writing to the IRB. Pursuant to an appeal, the IRB will consider new information or clarifications in reviewing its decision, or make requests for modifications to the investigator. The IRB will also entertain the views of the Community Advisory Board (CAB) on matters of approval/disapproval. The override of IRB disapproval by external bodies or officials is prohibited.

Written Procedures and Guidelines:

The IRB follows written procedures and guidelines set down in the IRB Bylaws and Policies and Procedures.

Minutes of Meetings:

Minutes of the IRB meetings will be in sufficient details to show attendance at the meeting; actions taken by the IRB; the vote on these actions, including the number of members voting for, against, and abstaining (decision making is done by consensus whenever possible; vote counts are taken only when consensus cannot be obtained); the basis for requiring changes in or disapproving research; and a written summary of the discussion of controversial issues and their resolution. Records of continuing reviews are also noted in the minutes of the meeting and shared with the person who has undertaken and signed as Assurance for the IRB. The meeting minutes should be shared with respective PI and the head of the organization.

Retention of protocols reviewed and approved consent documents:

The IRB will retain copies of all research proposals reviewed, scientific evaluations, if any, that accompany the proposal, approved sample consent forms, progress reports

submitted by investigators and reports of injury to subjects for the duration of the research and additionally to comply with the Federal regulations for the retention of records.

Communication to and from the IRB:

The IRB will retain all communications to and from the IRB with the other retained documents of the study in question.

Adverse reactions reports and documentation that the IRB reviews such reports:

The minutes of the IRB meeting will detail documentation of all reports of adverse events presented to and reviewed by the IRB. Copies of correspondence between investigators and the IRB will reflect reports presented to the IRB and the documentation that the IRB has reviewed these documents.

Records of Continuing Review:

Records of continuing review will become part of the IRB study/ research file. The presentation of these reports to the IRB shall be reflected in the agenda of the meeting and the minutes of the meetings. All correspondence documenting the presentation of these reports to the IRB and the IRB's response to these documents shall be retained in the IRB study/research file.

Record Retention Requirements:

The IRB will retain all research related records in compliance with federal regulations. For all FDA sponsored research, records will be retained for a minimum of three years after the completion of the study.

Budget and accounting records:

The Humsafar Trust Grants and Contracts Manager are responsible for the budget and accounting records for the IRB.

Information the Investigator Provides to the IRB:

The Principal Investigator for a research study under review is responsible for providing the following to the IRB:

A. Evidence of his/her professional qualifications to do the proposed research, including current curriculum vitae for Principal Investigator and any other study personnel. Principal Investigator is also responsible for insuring that all necessary support services and facilities are available for performing the research, and describing them to the IRB at their request.

B. A study protocol which includes/ addresses:
    a. Title of the study
    b. Purpose of the study, including the expected benefits obtained by performing the study
    c. Sponsor of the study
    d. Results of previous related research
    e. Subject inclusion/ exclusion criteria
    f. Justification for use of any special/ vulnerable subject populations
    g. Study design (including as needed, a discussion of the appropriateness of research methods)
    h. Description of procedures to be performed
    i. Provisions for managing adverse reactions
    j. Circumstances surrounding consent procedure, including setting, subject autonomy concerns, potential language difficulties, and vulnerable populations
    k. Procedures for documentation of informed consent, including any procedures for obtaining assent from minors, using witnesses, translators and document storage
    l. Compensation to subjects for their participation
    m. Any compensation for injured research subjects

n. Provisions for protection of subject's privacy
o. Extra costs to subjects for their participation in the study
p. Extra costs to third party payers because of subject's participation

REVIEW PROCEDURES:

The IRB should review every research proposal on human participants before the research is initiated. It should ensure that a scientific evaluation has been completed before ethical review is taken up. The Committee should evaluate the possible risks to the participants with proper justification, the expected benefits and adequacy of documentation for ensuring privacy, confidentiality and the justice issues.

The IRB coordinator shall screen the proposals for their completeness and depending on the risk involved categories them into three types namely, exemption from review, expedited review and full review.

Exempted Review:

Minimal risk would be defined as one which may be anticipated as harm or discomfort not greater than that encountered in routine daily life activities of general population or during the performance of routine physical or psychological examinations or tests. However, in some cases like surgery, chemotherapy or radiation therapy, great risk would be inherent in the treatment itself, but this may be within the range of minimal risk for the research participant undergoing these interventions since it would be undertaken as part of current every day life.

An investigator cannot decide that her/his protocol falls in the exempted category without approval from the IRB. All proposals will be scrutinized to decide under which of the following three categories it will be considered:

Exceptions:

i. When research on use of educational tests, survey or interview procedures, or observation of public behavior can identify the human participant directly or through identifiers, and the disclosure of information outside research could Subject the participant to the risk of civil or criminal or financial liability or

Psychosocial harm.

ii .When interviews involve direct approach or access to private papers.

Expedited Review:

The proposals presenting no more than minimal risk to research participants may be subjected to expedited review. The IRB coordinator and the Chairperson of the IRB or designated member of the Committee may do expedited review only if the protocols involve -

1. Minor deviations from originally approved research during the period of approval (usually of one year duration).
2. Revised proposal previously approved through full review by the IRB or continuing review of approved proposals where there is no additional risk or activity is limited to data analysis.

Full Review:

All research presenting with more than minimal risk, proposals/ protocols which do not qualify for exempted or expedited review and projects that involve vulnerable population and special groups shall be subjected to full review by all the members.

DECISION MAKING PROCESS:

The IRB should be able to provide complete and adequate review of the research proposals submitted to them. It should meet periodically at frequent intervals to review new proposals, evaluate annual progress of ongoing ones, review serious adverse event (SAE) reports and assesses final reports of all research activities involving human beings through a previously scheduled agenda, amended wherever appropriate. The following points should be considered while doing so:

1. The decision must be taken by a broad consensus after the quorum requirements are fulfilled to recommend / reject / suggest modification for a repeat review or advice appropriate steps. The Member Secretary should communicate the decision in writing to the PI.

2 .If a member has conflict-of-interest (COI) involving a project then s/he should submit this in writing to the chairperson before the review meeting, and it should also be recorded in the minutes.

3 .If one of the members has her/his own proposal for review or has any COI then s/he should withdraw from the IRB while the project is being discussed

4. A negative decision should always be supported by clearly defined reason

5 .An IRB may decide to reverse its positive decision on a study if it receives information that may adversely affect the risk/ benefit ratio.

6. The discontinuation of study should be ordered if the IRB finds that the goals of the study have already been achieved midway or unequivocal results are obtained.

7. In case of premature termination of study, notification should include the reasons for termination along with the summary of results conducted till date.

8. The following circumstances require the matter to be brought to the attention of IRB:

a. any amendment to the protocol from the originally approved protocol with proper justification;

b. serious and unexpected adverse events and remedial steps taken to tackle them;

c. any new information that may influence the conduct of the study.

9 .If necessary, the applicant/investigator may be invited to present the protocol or offer clarifications in the meeting.

10. Subject experts may be invited to offer their views, but should not take part in the decision making process. However, her / his opinion must be recorded.

11. Meetings are to be minuted which should be approved and signed by the chairperson.

REVIEW PROCESS:

The method of review should be stated in the SOP whether the review should be

done by all reviewers or by primary reviewer(s) in which case a brief summary of the project with informed consent and patient information sheet, advertisements or brochures, if any, should be circulated to all the other members.

The ethical review should be done in formal meetings and IRB should not take decisions through circulation of proposals. The committee should meet at regular intervals and should not keep a decision pending for more than 3 - 6 months, which may be defined in the SOP.

PERIODIC REVIEW

The ongoing research may be reviewed at regular intervals of six months to one year as may be specified in the SOP of the ethics committee.

CONTINUING REVIEW

The IRB has the responsibility to continue reviewing approved projects for continuation, new information, adverse event monitoring, follow-up and later after completion if need be.

INTERIM REVIEW

Each IRBshould decide the special circumstances and the mechanism when an interim review can be resorted to by a sub-committee instead of waiting for the scheduled time of the meeting like re-examination of a proposal already examined by the IRB.

ADMINISTRATION AND MANAGEMENT:

A full time secretariat and space for keeping records is required for a well functioning IRB. The members could be given a reasonable compensation for the time spared for reviewing the proposals. A reasonable fee can be charged to cover the expenses related to review and administrative processes. Every institution should allocate reasonable amount of funds for smooth functioning of the IRB.

SPECIAL CONSIDERATIONS:

While all the above requirements are applicable to biomedical research as a whole irrespective of the specialty of research, there are certain specific concerns pertaining to specialised areas of research which require additional safe guards / protection

and specific considerations for the IRB to take note of any other matter which should be brought to the attention of the IRB. However decisions taken should be brought to the notice of the main committee.

MONITORING:

Once IEC gives a certificate of approval it is the duty of the IRB to monitor the approved studies, therefore an oversight mechanism should be in place. Actual site visits can be made especially in the event of reporting of adverse events or violations of human rights. Additionally, periodic status reports must be asked for at appropriate intervals based on the safety concerns and this should be specified in the SOP of the IRB. SAE reports from the site as well as other sites are reviewed by IRB and appropriate action taken when required.

RECORD KEEPING:

All documentation and communication of an IRB are to be dated, filed and preserved according to written procedures. Strict confidentiality is to be maintained during access and retrieval procedures. The following records should be maintained for the following:

i.The Constitution and composition of the IEC;

ii. Signed and dated copies of the latest the curriculum vitae of all IEC members with records of training if any;

iii. standing operating procedures of the IEC;

iv. national and International guidelines;

v. copies of protocols submitted for review;

vi.all correspondence with IEC members and investigators regarding application, decision and follow up;

vii. agenda of all IEC meetings;

viii. minutes of all IEC meetings with signature of the Chairperson;

ix. copies of decisions communicated to the applicants;

x. record of all notification issued for premature termination of a study with a summary of the reasons;

xi final report of the study including microfilms, CDs and Video

recordings.

It is recommended that all records must be safely maintained after the completion/ termination of the study for a period of 3 years if it is not possible to maintain the same for more than that due to resource crunch and lack of infrastructure.

Name of the Chairperson: The Humsafar Trust IRB	Name of the authorized person: The Humsafar Trust
Dr.Alka Gogate	Vivek Raj Anand - CEO
Signature of the Chairperson with date	Signature of the authorized person with Date
_____	_____