13.1 Expedited review

An IRB may use an expedited review procedure to review some or all of the research appearing in a list of categories published in the Federal Register (see also below) and found by the reviewer(s) to involve no more than minimal risk or minor changes in previously approved research during the period (of one year or less) for which approval is authorized. Expedited review will be conducted with the same depth and rigor as convened meeting reviews; the only difference is the number of reviewers.

Under an expedited review procedure, the review may be carried out by the IRB Chair or by one or more experienced reviewers designated by the Chair from among members of the IRB. An experienced reviewer is a member who, in the opinion of the Chair, has both the training and experience to review the research in question.

Generally, the relevant IRB Chair will conduct the expedited review, with other members designated as reviewers on a protocol-by-protocol basis. As with convened meeting reviews, IRB members and ad hoc consultants with a conflict of interest should be recused from conducting expedited reviews. The IRB should keep members advised of research proposals that have been approved by expedited review by providing members with the title of the study and the PI. The minutes will include documentation that this information was provided.

For initial or continuing review, the reviewer will determine and document the following:

- The research presents no more than minimal risk to subjects.
- The identification of the subjects or their responses will not reasonably place them at risk of criminal or civil liability or be damaging to their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal.
- The category or categories of research allowing review using the expedited procedure.

For each expedited study review, the IRB files must contain documentation showing the review and action taken by the IRB Chair or designated reviewer and any findings required under 45 CFR 46. The expedited review checklist used by reviewer(s) should be included in the IRB file.

13.2 Types of research eligible for expedited review

A protocol must meet one of the following categories to qualify for an expedited review. However, research matching one of these categories is not guaranteed
to be reviewed via expedited review, e.g., in situations where the reviewer cannot approve the research as it is proposed, with or without modification, or where the investigator will not agree with requested modification.

Category 1  Research on drugs for which an investigational new drug application IND (21 CFR 312) is not required or research on medical devices for which a) an investigational device exemption IDE application (21 CFR 812) is not required or b) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

Category 2  Collection of blood samples by finger stick, heel stick, ear stick or venipuncture as follows: (a) from healthy, nonpregnant adults, who weigh at least 110 pounds. For these subjects, amounts drawn may not exceed 550 ml in an 8-week period and no more than 2 times per week; or (b) from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml/kg in a 8-week period and collection may not occur more frequently than 2 times per week.

Category 3  Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at the time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulate fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.
Category 4  Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject’s privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, the tomography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

Category 5  Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)

Category 6  Collection of data from voice, video, digital, or image recordings made for research purposes.

Category 7  Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Category 8  Continuing review of research previously approved by the convened IRB (a) where the research is permanently closed to the enrollment of new subjects, and all subjects have completed all research-related interventions, and the research remains active only for long-term follow-up of subjects; or (b) where no subjects have been enrolled and no additional risks have been identified; or (c) where the remaining research activities are limited to data analysis and report writing.
Category 9  Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

13.3 Materials available to expedited reviewer

Expedited reviewers will have access to all application materials including, as relevant, completed application including conflict of interest information, consent documents, data collection instruments and recruitment materials.

13.4 Identification of expedited reviewers

IRB records will include completed reviewer checklists which identify the expedited reviewers.

References:
21 CFR 56.110
21 CFR 312
21 CFR 812
45 CFR 46.110
OHRP guidance on the Use of Expedited Review Procedures (August 11, 2003)

63 FR 60364-60367: “Categories of Research that may be reviewed by an Institutional Review Board (IRB) Through an Expedited Review” (November 9, 1998)
OHRP Human Subject Regulation Decision Charts
(http://www.hhs.gov/ohrp/humansubjects/guidance/decisioncharts.htm)