Creighton UNIVERSITY

Creighton University Institutional Review Board

2500 California Plaza, Omaha, NE 68178 • Phone: 402-280-2126 • Fax: 402-280-4766
Campus Address: Criss I, Room 104
Email: irb@creighton.edu

Guidance

Criteria for Consideration in Risk Assessment

I. Risk level

The IRB can assess risk as ”minimal” or “greater than minimal,” and members should discuss and document that there may be more concern for risk in some projects than in others, including projects that are similar to those under discussion.

The only risk level defined in the federal regulation is **minimal risk.** Therefore, all other projects would be considered **greater than minimal risk**.

***“Minimal risk** means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in **daily life** or during the performance of **routine** physical or psychological examinations or tests.”*

Consider the person when deciding what constitutes their daily life. Is he or she:

- A “normal” or “healthy” or “average” person?
- A sick or dying patient?

What constitutes a “person’s daily life” is determined by the IRB. The key is to be mindful of the reference type you consider relevant when you assess the risk. For example, if you believe an investigational procedure that would be low risk for a healthy person is high risk for a sick person because of his or her special physical or psychological vulnerability to injury/disease/pain/discomfort/death, you should discuss that in the meeting.

Tip: Focus on the difference between the investigational procedure and the standard of care or non-research procedures the subject would undergo. It is this a difference for which you need to assess risk level? For example, is a study high risk or is the study population high risk? Perhaps a drug trial in brain tumor patients is only moderate risk, whereas the patient population itself is at high risk of dying because of the underlying disease.

For prisoner subjects, the regulatory definition of **minimal risk** is slightly different. It requires reference to physical or psychological harm, as opposed to harm or discomfort, to risks normally encountered in the daily lives, or routine medical, dental or psychological examination, of *healthy persons:*

*"**Minimal risk** is the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons."*

Minimal risk and **greater than minimal risk** both involve consideration of:

- Probability of harm
- Magnitude of harm
- The scope of what we can anticipate
- Reference to risks normally found in routine healthcare examination or testing

Some differences:

- For non-prisoners, reference to daily life of an unidentified category of persons
- For prisoners, clear reference to "healthy persons" – ensures a "floor" for the reference point that could be higher than for non-prisoner sick people
- For prisoners, the definition does not contemplate discomfort, only harm

Risk levels for Children. See Subpart D (checklist 116.1) for criteria and categories. You have to be able to match the research with one of four categories in order to approve a study involving children (defined by the laws of the state [Nebraska=19 years] in which the research takes place). The IRB must assess how much more than minimal risk the research poses.

II. Period of approval

Risk level is one factor to consider when deciding on the period of approval for a project, but it is not the only factor. **The maximum period of approval allowed by regulation is one year.** The IRB may grant less than one year.

Besides risk level, *other factors* to consider for setting an approval period may include:

- Rate of subject accrual (e.g., slower than expected?)
- Preference to review subject-by-subject, after the first few, or first dose level
- Safety record in the previous approval periods at local and other sites
- Compliance history of the team
- Phase: whether first in humans
- Animal study data on safety
- Whether first in children
- Whether first time for this indication

So…it is okay to find that a study poses high risk and approve for one year if, for example, the accrual rate is expected to be very slow, or the study has been going on for years with a very favorable safety profile.

Conversely, it is also possible to determine a study to be minimal risk but approve for less than 12 months if the study team has a history of noncompliance and the IRB wants to tighten the oversight with more frequent progress reports.