BRI IRB

BRI INSTITUTIONAL REVIEW BOARD, INC.
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April 2, 2009

Dr. Connie Lewin
Food and Drug Administration
10903 New Hampshire Ave.
Building 51—Room 5354
Silver Springs, MD 20993

Re: BRI IRB response to FDA observations of 12/10/08

Dear Dr. Lewin:

Enclosed in this package are the following:

1) BRI IRB responses to the observations made by the FDA during their audit of our books (12/10/08).

2) Initial Review package for Investigators and Sponsors.

3) Investigator's Brochure.

Should additional information be required, please contact me.

Sincerely,

Carlton F. Hazlewood, Ph.D.
Chairman

Responses to FDA Observations (12/10/2008)

STATEMENT RE: BRI-IRB Process for New Investigative Studies

The BRI IRB is an independent IRB and is on occasion approached by sponsors and investigators who ask it to serve as an IRB for their studies. The BRIIRB has established procedures in these cases and proceeds in a stepwise iterative fashion before it agrees to serve as an IRB (see attachments 1. and 2.). In this process it advises potential investigators of the IRB's role, procedures and requirements – as well as the investigators responsibilities to patients and the IRB. It verifies that the investigators/sponsors have met FDA requirements as well as the IRBs. To meet these requirements, potential investigators generally must modify their plans and associated documentation repeatedly. Only after investigators and sponsors have satisfied FDA and IRB requirements will the IRB agree to serve as an IRB for them. The IRB may record many versions of tentative protocol documents from potential investigators – but the existence of these documents does not imply that they have been accepted by the IRB or that the IRB has even agreed to serve as an IRB for them. Investigators will also be in contact with FDA attempting to clarify the status of their study and satisfy FDA regulations and requirements – such as IND. Only after these parallel processes are virtually complete will the IRB consent to serve as an IRB for the investigators.

However, the BRI IRB has not at any time and will not approve a protocol for human accrual until it is satisfied that all FDA requirements as well as its own are satisfied.

OBSERVATION 1

A clinical investigation requiring prior submission to FDA was initiated without IRB approval.

Response:

If true this is a criticism of the clinical investigators, NOT the IRB.

Specifically:

(1) The IRB gave no consent to any studies prior to the submission of protocol (b) (4) on Feb 1, 2008.

(2) The IRB did not approve this or any other related protocol to begin human accrual; however, investigators were directed to complete adequate animal toxicity studies.

(3) The IRB was informed that the sponsors were in discussions with FDA regarding their IND status. Based on this, the IRB considered its relationship to both sponsors and protocols in abeyance.

OBSERVATION 2
The IRB does not conduct continuing review of research at intervals of not less than once per year.

Response:
The (b) (4) study continues to be under review and has not been approved by the IRB. Protocol (b) (4) has been approved for patient accrual; but, none have been enrolled because of funding problems.

Specifically:

A) Clinical Protocol for (b) (4) was never approved for patient accrual. Process of step-wise IRB evaluation was halted while sponsors were negotiating with FDA regarding IND status. See Explanation 1 above.

B) Clinical Device Protocol (b) (4) after studying the FDA's

Information Sheet Guidance For IRB'S, Clinical Investigators, and Sponsors Significant Risk and Nonsignificant Risk Medical Device Studies

It was concluded that protocol (b) (4) could be approved for human accrual as a NSR device. However, the BRI IRB requested that the device be evaluated by an independent Professional Engineer for electrical and mechanical safety. The Sponsor did, in fact, hire a Professional Engineer, and it was determined that the device met all electrical codes and was deemed to be electrically and mechanically safe. NOTE: No patients have been accrued.

C) We failed to formally request a report or review of progress in these two proposed studies, but did obtain verbal reports from the Investigators and/or Sponsor. This oversight on our part will be corrected. In fact, the BRI IRB Board plans to request such a report in April (2009). Further, we plan to alter our SOP's to require such reports of all protocols with or without patient accrual in the future

OBSERVATION 3
Copies have not been maintained of all research proposals reviewed.

Response:
This deficiency is being corrected.

Specifically:

A) Investigators Brochure for (b) (4) was misfiled at the time of the audit. The Investigators Brochure, however, has been found and is now a part of the file.
B) The description and detailed information regarding the (b) (4) (Protocol #(b) (4) was misfiled at time of audit. The complete file, including the Investigators Brochure, have been found and is now included in the file.

OBSERVATION 4
Documentation has not been maintained of written procedures – No annual review of SOPs.

Response:
This deficiency is being corrected.

Specifically:
The BRI IRB failed to keep a separate record of SOP updates. We are now maintaining a log of changes and historical versions of our SOPs. This log will insure that we review our SOPs annually; not only when the SOPs are modified.