Reliance Agreements

Policy

Investigators at Boston Children's Hospital (BCH) often participate in research projects that may involve collaborators and/or human subjects at other institutions. In some instances Boston Children's Hospital is the coordinating center and all activities are coordinated by Boston Children's Hospital. In other instances the Boston Children's Hospital investigator(s) is a collaborator of a study that is being coordinated elsewhere. There are also circumstances when research conducted under the auspices of Children's Hospital involves populations and/or sites that are not under the jurisdiction of another IRB.

In accordance with **45 CFR 46.114** Boston Children's Hospital may enter into a joint review arrangement, rely upon the review of another qualified IRB, or make similar arrangements for avoiding duplication of effort. This is typically done through the use of a reliance agreement (also referred to as an IRB Authorization Agreement) where BCH relies on another institution or another institution relies on BCH.

- The IRB will ensure that all collaborating institutions and investigators engaged in federally supported human subject research operate under an appropriate OHRP or other federally approved Assurance for the protection of human subjects. Assurances, reliance agreements and other appropriate mechanisms to assure appropriate IRB oversight may be used for non federally funded research.
- An institution becomes "engaged" in human subjects research when its employees or agents (i) intervene or interact with living individuals for research purposes; or (ii) obtain individually identifiable private information for research purposes [45 CFR 46.102(d),(f)]. For further assistance in determining whether a non-BCH performance site is "engaged," reference the OHRP guidance document ***http://www.hhs.gov/ohrp/policy/engage08.html***.
- In the conduct of cooperative research projects, the IRB acknowledges that, when applicable, each institution is responsible for safeguarding the rights and welfare of human subjects. If a reliance agreement is signed, the reviewing IRB will ensure that:
  - The review arrangement is approved by the appropriate officials of the institutions involved.
  - The particular characteristics of its local research context are considered.
  - Appropriate state or national laws are considered in the locations where the research is conducted (i.e informed consent, definition of emancipated or mature minors).
  - The responsibilities for each institution are specified within the agreement or other applicable documentation.
- When research covered by this policy takes place at other institutions, the IRB and/or IRB administrative personnel are responsible for assuring that appropriate approval has been obtained from other institutions before any research may begin at other sites. This may involve assuring that a reliance agreement has been signed and

receiving copies of another site's initial and continuing IRB approval. Final approval will not be granted for the site until such documentation is obtained.

Boston Children's Hospital utilizes multiple models of reliance agreements which are described below.

Harvard Clinical and Translational Science Center (Harvard Catalyst)

Harvard Catalyst was founded in May 2008 with a five year, $117.5 million grant from the National Institutes of Health (Clinical and Translational Science Center, CTSC) and $75 million dollars from the Harvard University Science and Engineering Committee, Harvard Medical School, Harvard School of Public Health, Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Boston Children's Hospital, Dana-Farber Cancer Institute and Massachusetts General Hospital.

The Harvard Catalyst Regulatory Knowledge and Support Program and the institutional review boards (IRBs) of Beth Israel Deaconess Medical Center Brigham and Women's Hospital, Children's Hospital Boston, Dana-Farber Cancer Institute, Harvard Medical School, Harvard School of Public Health, Harvard University Faculty of Arts and Sciences, Joslin Diabetes Center and Massachusetts General Hospital have entered into a Common Reciprocal Reliance Agreement, with multiple institutions entering into the Agreement since its initial signing (for current list of participating institutions, see ***http://catalyst.harvard.edu/services/irbcede/participating_institutions.html***This agreement creates a framework whereby investigators who wish to conduct a multi-center clinical study can request that the IRBs of the participating centers rely on the review of one center's IRB. Each participating IRB makes the decision on a protocol-by-protocol basis whether to rely on the review of another IRB (to cede the review) on a study or to conduct its own full review. In order to request ceded review, investigators must complete and submit a Cede Review Form. This form may be found at ***http://catalyst.harvard.edu/services/irbcede/***

Use of a Single IRB and Master Reliance Agreements

When participating in multi-center research, an IRB Reliance Agreement may permit multiple sites to allow one IRB to take responsibility for review at all sites, thereby acting as the 'single IRB'. In such agreements, BCH may act as the single IRB or a relying institution. BCH will consider serving as a single IRB for multi-institutional research on a case by case basis. It will take into consideration such factors as the number and types of sites that will rely on BCH IRB, the nature of the research, resources available and dedicated by the BCH investigators to assume responsibility for IRB review and oversight at BCH for this additional responsibility. Other factors will also be taken into consideration as applicable. In addition investigators may request that BCH cede review to another IRB for an individual study. These requests are considered on an individual basis and also take into consideration, the nature and risks associated with the research.

Master Reliance Agreements may also be utilized among consortiums of collaborating institutions. Master Agreements may be reciprocal in that signatory institutions can act as

the site providing IRB review and oversight or the site relying. BCH's involvement in Master Reliance Agreements may be for single protocol or a series of protocol and are arranged on a case by case basis with the same terms as a standard reliance agreement.

Dana Farber/ Harvard Cancer Center

Boston Children's Hospital is one of the institutions participating with the Dana Farber Harvard Cancer center. As such all Cancer related research will be reviewed through the DFCI IRB. Boston Children's Hospital also shares a scientific review committee for the department of hematology/oncology. This chart summarizes which protocols need to be submitted through the DF/HCC or BCH scientific review and IRB review process.

How to determine which (BCH or DF/HCC) scientific review committee, IRB, and DSMC are appropriate for studies conducted in the Division of Pediatric Hematology/Oncology# (abbreviations defined below)

Type of trial	Scientific review	IRB	Data safety and monitoring responsibility
Pediatric oncology	DF/HCC PSRC	DF/HCC IRB-G	DF/HCC
Adult and Pediatric hematology-oncology	DF/HCC SRC or PSRC	DF/HCC IRB-G	DF/HCC
Transplant protocols: cancer	DF/HCC PSRC	DF/HCC IRB-G	DF/HCC
Transplant protocols: non-cancer	PSRC or Catalyst*	BCH IRB	BCH
Genetic therapies: cancer	DF/HCC PSRC	DF/HCC IRB-G	DF/HCC
Genetic therapies: non- cancer	PSRC or Catalyst*	BCH IRB	BCH
Greater than minimal risk non-malignant hematology – conducted at BCH only	DF/HCC PSRC or Catalyst	BCH IRB	BCH
Non-malignant hematology, multi-site within the DF/HCC institutions	DF/HCC SRC or PSRC	DFCI (non-cancer center)	DF/HCC
Minimal risk non-malignant hematology –conducted at BCH only	Pediatric faculty will forward directly to the Investigator identified by BCH as the reviewer for these protocols (A.Cantor).	BCH IRB	BCH

Any protocol (minimal risk and therapeutic) that is for patients (including oncology patients but not exclusive to oncology patients) that is looking at a non-oncology intervention or endpoint (eg new treatment for fungemia; psychological outcomes after ICU hospitalization)**	Scientific review in department conducting the research	BCH IRB	BCH
Any protocol (minimal risk and therapeutic) for oncology patients *exclusively* that is looking at a non-oncology intervention or endpoint (eg new PET scan process for patients with tumors; surgical outcomes after limb sparing procedures for extremity osteo)	DF/HCC PSRC	DF/HCC IRB-G	DF/HCC
Observational studies in pediatric oncology, including biology studies (when separate from clinical trials), biobanking protocols, chart reviews, genetic studies, surveys, outcomes or health services research.	DF/HCC PSRC	DF/HCC IRB-D	None
Psychosocial or behavioral intervention studies involving pediatric oncology patients only	DF/HCC PSRC	DF/HCC IRB-D	DF/HCC

*If cell manipulation at DFCI GMP facility, requires agreement of reliance by DFCI IRB on BCH IRB review (contact Dr. Jerome Ritz)

**Guideline; consultation with Susan Kornetsky (BCH) and Michele Russell-Einhorn (DFCI) is suggested prior to submission.

DF/HCC=Dana Farber/Harvard Cancer Center

BCH= Boston Children's Hospital

SRC= scientific review committee (adults)

PSRC=pediatric scientific review committee

*PSRC is same committee as DF/HCC PSRC, but does not include DFHCC follow-up (from investigator standpoint, submission is via usual process)

Document Attributes

Title	**Collaborative Research and Reliance Agreements**		
Author	Susan Kornetsky	**Dates**	2/19/15

Reviewed/ Revised by	Susan Kornetsky	**Reviewed/ Revised**	
Copyright	©Boston Children's Hospital, 2015	**Last Modified**	
Approved	Susan Kornetsky, MPH Director of Clinical Research Compliance August Cervini, MBA Vice President for Research Administration		