

## Evolution of the HREC/IRB

- Institutionally based
- Research, at that time, was largely single centre institute initiated.
- Subsequently: large Cooperative Group & Big Pharma/Biotech multisite studies, complicated by admixture of Ethics and Governance issues

## Study of Problems in Submission to a Multitude of Ethics Committees

- Christie, Internal Med <sup>(1)</sup> 2007
- Trial of Chemo + RT by TROG in 15 centres
- First patient enlisted 12 months after trial “opened”
- Delay due to difficulties with HRECs.

## Study of Problems in Submission to a Multitude of Ethics Committees

- All centres responded to survey <sup>(2)</sup>
- Median time involved in preparing submission was 4 hrs, overall 175 hours.
- 12 centres required to resubmit
- 2 centres required to submit a third time
- All centres ultimately approved, after an average of 70 days (25-186).

## Study of Problems in Submission to a Multitude of Ethics Committees

- 30 comments by the HRECs were received <sup>(3)</sup>
- 21 (70%) limited to adjustment of the PICF
- There were no comments common to any one HREC
- There were no HRECs requiring any significant change in the trial design.

## Comparison of Review of Study Protocols by 3 Separate HREC in Melbourne

- 31 consecutive multicentre projects over 17 month period
- Seven phase I, 12 phase II and 12 phase III
- Most common HREC comment was clarification of the PICF, accounting for more than 50% of all HREC comments
- 16% comments were re protocol clarifications - mostly minor word changes, typos or verification of standard therapies
- No similarity of issues commented on
- Range of approval time 39-149 days

(CTA, Int Med J 2004)

## Review of Costs of HRECs (IRB) in Multicentre Research

- 8 site, observational “Substance Abuse” treatment study
- Study initially approved at Stanford University IRB
- Each of 8 other participating medical centres conduct full IRB review
- Expenditure for the “supplemental IRB activation” estimated at \$US56,000 (2001)
- This consumed 17% of the total research budget
- These supplemental IRB procedures had no discernable impact on human subject protection
- Exchange of over 15,000 pages of material over the 9 sites (Annals Int. Med 2003)

### Ethics Committee Reviews and “Mutual Acceptance” : Pilot Study (CTA)

- HREC at 4 Melbourne teaching hospitals
- 13 month pilot project to evaluate “Mutual Acceptance” model
- 17 consecutive studies submitted
- Stakeholders agreed MA process efficient, effective and reduced duplication
- 27% improvement in approval times

### Multicentre Studies and HREC Institutional Workload

- Work load on committee members
- Administrative work by investigators & trial groups
- Companies in processing applications
- Burden on local research governance units
- Follow up work re amendments, adverse reports and government reports.

### Why Do We Need a Multi-centre Ethics Review System?

Streamlining scientific and ethical review

1. This will reduce:
  - Duplication of resources and effort
  - Delays in approval of applications
  - Lack of coordination
  - Inconsistency of review
2. Standardise application forms and administrative processes
3. Overcome concern regarding international perception of Australian (in)competency in early phase clinical trials

### Prior Resistance to Centralised Ethical Review

- Idiosyncratic changes to PLS
- Individual institutional committee philosophy
- “Holier than thou” complex

### National Statement (2007)

5.1.3 “Institutions may establish their own processes for ethical review of research, or use those of another institution”.

### National Statement on Ethical Conduct (2007) “Minimising Duplication of Ethical Review”

- Research projects conducted at more than one institution
- Each institution has responsibility to adopt a review process eliminating any duplication
- Factors to be considered
  - Any local circumstances to be disclosed
  - Not to duplicate scientific or methodological assessment
  - Establish roles of institution in monitoring the research
  - Adopt administrative procedures avoiding unnecessary duplication of ethical review

(Chap. 5.3)

## Multicentre Studies

- National/International Cooperative groups
- Big Pharma/Biotech
- Predominantly phase III
- Protocols developed by “experts”

## Mutual Acceptance

- Groups of participating institute HREC
- Ethics Assessment by one HREC , on a rotational turn basis
- Acceptance by other participating HREC,s
- Local institute “Governance” processes

## Centralised Ethics Committee



## Victoria

- Centralised review is “moving” forward
- Options will be:  
 Mutual Acceptance Model or  
 Centralised HREC

## It's a Funny World

- The French have about 50 sauces
- The Americans have about as many religions
- In Victoria, we do Ethics Committees