# Al & IRB Administration: A Use Case

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# **COI Disclosure**

# I have no actual or potential conflict of interest in relation to this presentation.



#### **Background – UTA's Institutional Review Board**

- ~700 submissions per year
- 3 FTE Specialists + <sup>1</sup>/<sub>2</sub> FTE Coordinator
- Electronic submission system "Mentis" (homegrown)
- Mix of biomedical and social/behavioral studies including clinical trials, Common Rule, and FDA regulated
- Conducts "flex reviews" for non-federally funded/non-FDA regulated protocols



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### How can we leverage Al for efficiency?

- "Proof of concept" project keep it small and expand later if successful
- Test on *internal* administrative process to minimize disruption to researchers
- Partnered with Microsoft and Infused Innovations, initiated December 2023
- Pulled in UTA IT personnel with understanding of research/IRB to handle technical components (developer access, technical implementation)
- Landed on an idea to combine new automation features with AI capabilities:
  The Workflow

## **UTA IRB's "Workflow"**

- "Workflow" tracking mechanism spreadsheet of pending submissions with protocol details, funding, review status
- Initial protocol entry made by Coordinator (5 10 minutes per entry, average 10 – 20 entries per day)
- Specialists use Workflow spreadsheet to self-assign submissions and keep track of potential Full Board items
- Review category (Exempt, Expedited, Full Board, Flex-MR, Flex-GMR) determined by Specialists during their review



### **UTA IRB's "Workflow"**





# **Project Plan – Proof of Concept**

- 1. <u>Automate entries into the Workflow</u> <u>spreadsheet</u> as protocols are submitted to the electronic system
- Automate AI decision-making by combining data from electronic system + AI scan of protocol to <u>predict the</u> <u>review category</u> (Exempt, Expedited, Full Board, Flex-MR, Flex-GMR)



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# **Potential Benefits / Rationale**

#### **Al Protocol Predictions**

- Efficiency: Specialists can selfassign based on expertise *and* time available
- Planning: earlier identification of potential Full Board items
- Accuracy: may reduce potential for human error

#### Automating Workflow Entries

- Eliminate dependency: entries maintained even if Coordinator is absent or position vacant
- Shorter lead time: entries made in real time, Specialists can act on them sooner
- Significant time savings:
  10 20 submissions/day x
  5 10 minutes/entry =
  50 minutes to 3+ hours of time

saved per day!!



#### **Development Process**

- Provided specific sources and fields to pull data for Workflow auto entries
- Wrote rules/conditions for AI to predict review category

EXAMPLE (AI scans for funding source then predicts based on conditions):

- Regulations: FDA Only = Non-Federal Funded + "IRB Form: Devices in Human Subject Research" and/or "IRB Form: Drugs, Food, Dietary Supplements"
- Review Category: Full Board = If "Greater than Minimal Risk" is checked yes in #4 of Primary Research Application Form + Revised Common Rule, FDA, or Both FDA and Common Rule is the Regulation applied



#### **Challenges from UTA IRB Team's Perspective**

- Limited PoC scope 69% accuracy after three iterations
- Time-consuming translating IRB process for AI development team, writing conditions for AI predictions, testing/assessing multiple iterations, providing feedback after each iteration
- IT components beyond our (IRB) technical expertise
- Cost (both for development and monthly) luckily UTA has a high level of interest in leveraging innovative technology
- How to transition from test environment to real environment
- How to manage future "training" of AI to improve accuracy

#### **Conclusions / Impact**

- Too early to say? As of April 2024, proof of concept project completed; still planning implementation/transition
- Need time to analyze its performance and impact
- Need help from our IT team or other partners for continued AI training



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