Title: New Information

SOP # HRP-024  Revision # 1  Effective Date 09/19/2014

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1 PURPOSE

1.1 This procedure establishes the process to manage information reported to the HRRC to ensure that information representing Non-Compliance, Unanticipated Problems Involving Risks to Subjects or Others, Suspensions of HRRC Approval, and Terminations of HRRC Approval are managed to protect the rights and welfare of subjects.

1.2 The process begins when the HRRC receives an information item.

1.3 The process ends when the information item is determined not to represent a problem that requires management, is managed administratively, or referred to the convened HRRC or Chair for review.

2 REVISIONS FROM PREVIOUS VERSION

2.1 Correction of spelling and grammatical errors throughout SOP.

2.2 Replaced all references to “IRB” with “HRRC.”

2.3 Included information items that should be reported to the HRRC.

2.4 Updated Policy to allow limited designated review of new information by HRPP Director or designated Human Protections Specialist.

2.5 Updated procedures.

3 POLICY

3.1 Investigators are required to report information items that fall into one or more of the following categories to the HRRC within 5 business days:

3.1.1 Information that indicates a new or increased risk, or a new safety issue, for example:

3.1.1.1 New information (e.g., an interim analysis, safety monitoring report, publication in the literature, sponsor report, or investigator finding) indicates an increase in the frequency or magnitude of a previously known risk, or uncovers a new risk.

3.1.1.2 Protocol violation that harmed subjects or others or that indicates subjects or others might be at increased risk of harm.

3.1.1.3 Complaint of a subject that indicates subjects or others might be at increased risk of harm or at risk of a new harm.

3.1.1.4 An investigator brochure, package insert, or device labeling is revised to indicate an increase in the frequency or magnitude of a previously known risk, or describe a new risk.

3.1.1.5 Withdrawal, restriction, or modification of a marketed approval of a drug, device, or biologic used in a research protocol.
3.1.1.6 Changes significantly affecting the conduct of the clinical trial or increasing the risk to participants

3.1.2 Harm experienced by a subject or other individual, which in the opinion of the investigator are unexpected and related or possibly related to the research procedures.

3.1.2.1 A harm is "unexpected" when its specificity or severity are inconsistent with risk information previously reviewed and approved by the HRRC in terms of nature, severity, frequency, and characteristics of the study population.

3.1.2.2 A harm is "related or possibly related" to the research procedures if, in the opinion of the investigator, the research procedures more likely than not caused the harm.

3.1.3 Non-compliance with the federal regulations governing human research or with the requirements or determinations of the HRRC, or an allegation of such non-compliance

3.1.4 Failure to follow the protocol due to the action or inaction of the investigator or research staff

3.1.5 Change to the protocol taken without prior HRRC review to eliminate an apparent immediate hazard to a subject

3.1.6 Breach of confidentiality

3.1.7 Complaint of a subject that cannot be resolved by the research team

3.1.8 Premature suspension or termination by the sponsor, investigator, or institution

3.1.9 Incarceration of a subject in a study not approved by the HRRC to involve prisoners

3.1.10 Audit, inspection, or inquiry by a federal agency and any resulting reports (e.g., FDA Form 483)

3.1.11 Written reports of study monitors

3.1.12 Unanticipated adverse device effect (any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects)

3.1.13 For Veterans Administration (VA) research all local or internal serious adverse events

3.2 Information that does not fall under any of categories listed above does not require reporting to the HRRC.

3.3 Unanticipated Problems Involving Risks to Subjects or Others should be reported regardless of whether it occurs during the study, after study completion, or after participant withdrawal or completion.

3.4 The organization will promptly notify the federal department or agency funding the research of any for cause investigation of that research by another federal department or agency or national organization.

3.4.1 For Department of Defense (DOD) research the report is sent to the DOD human research protection officer.

3.5 The organization will promptly notify the Department of Defense (DOD) if the HRRC of record changes.
The HRPP Director or designated Human Protections Specialist may act as Designated Reviewer for reportable new information except in the following categories:

3.6.1 Risk: Information that indicates a new or increased risk, or a safety issue.
3.6.2 Harm: Any harm experienced by a subject or other individual that, in the opinion of the investigator, is unexpected and at least probably related to the research procedures.

3.7 New information that would represent Serious Non-Compliance; Continuing Non-Compliance; Suspension of HRRC Approval; Termination of HRRC Approval; or Unanticipated Problem Involving Risks to Subjects or Others must be referred by the Designated Reviewer to the convened HRRC for final determination.

3.8 For Veterans Administration (VA) research:

3.8.1 The determination that Non-Compliance is Serious Non-Compliance or Continuing Non-Compliance rests with the HRRC.

3.8.2 An initial report to the VA Medical Center Director and others of a HRRC determination that Serious Non-Compliance or Continuing Non-Compliance is required, even where the determination is preliminary or disposition of the matter has not been resolved at the time of the report.

3.8.3 The HRRC must reach a determination that Serious Non-Compliance or Continuing Non-Compliance did or did not occur within 30-45 days after receiving a report of apparent non-compliance.

3.8.4 Remedial actions involving a specific study or research team must be completed within 90-120 days after the HRRC’s determination.

3.8.5 Remedial actions involving programmatic Non-Compliance must be completed within 120-180 days after the HRRC’s determination, unless remediation requires substantial renovation, fiscal expenditure, hiring, or legal negotiations.

3.8.6 In the context of a multi-center study, internal adverse events are defined as those experienced by subjects, research staff, or others at the reporting individual’s own Veterans Administration (VA) facility or Veterans Administration (VA) approved research site. The term “local adverse event” is considered to be synonymous with the term “internal adverse event.”

3.8.7 The HRRC must review a report of apparent serious or continuing non-compliance at its next convened meeting.

4 RESPONSIBILITIES

4.1 The HRPO staff members, designated reviewers and the convened HRRC, when applicable, carry out this procedure.

5 PROCEDURE

5.1 The HRPO staff member reviews each item of information and answers the following questions:

5.1.1 Is this an Allegation of Non-Compliance?

5.1.2 Does this new information potentially fall under the definition of a Finding of Non-Compliance?

5.1.3 Is this potentially an Unanticipated Problem Involving Risks to Subjects or Others?

5.1.4 Is there potential for a Suspension of HRRC Approval or Termination of HRRC Approval?

5.2 If unable to answer a question, consult the HRRC Chair or HRPP Director.
5.3 If the HRRC Chair and/or HRPP Director are unable to answer a question, follow “SOP: Investigations (HRP-025).”

5.4 If the answer is "no" to all questions (section 5.1), skip the next section.

5.5 If the answer is "yes" to one or more questions, the HRPO staff member will assign to a designated reviewer. The designated reviewer will follow the corresponding sections below.

5.5.1 Allegations of Non-Compliance: Determine whether each Allegation of Non-Compliance has any basis in fact.
5.5.1.1 If yes, follow the procedures under Findings of Non-Compliance.
5.5.1.2 If no, follow any other corresponding sections.

5.5.2 Findings of Non-Compliance: Determine whether each Finding of Non-Compliance is Serious Non-Compliance or Continuing Non-Compliance.
5.5.2.1 If no, follow the procedures under Non-Serious/Non-Continuing Non-Compliance.
5.5.2.2 If yes, follow the procedures under Serious or Continuing Non-Compliance.

5.5.3 Non-Serious/Non-Continuing Non-Compliance
5.5.3.1 HRPO staff works with the individual or group responsible for the Non-Compliance to develop and implement a suitable corrective action plan.
5.5.3.2 If unable to work with the individual or group responsible for the Non-Compliance to develop and implement a suitable corrective action plan, consider the Non-Compliance to be Continuing Non-Compliance and follow the procedures for Serious or Continuing Non-Compliance.

5.5.4 Serious Non-Compliance; Continuing Non-Compliance; Suspension of HRRC Approval; Termination of HRRC Approval; or Unanticipated Problem Involving Risks to Subjects or Others
5.5.4.1 Confirm your decision with the HRRC chair or HRPP Director.
5.5.4.2 Place on the agenda for the next available convened HRRC meeting as an item of potential Serious Non-Compliance; Continuing Non-Compliance; Suspension of HRRC Approval; Termination of HRRC Approval; or Unanticipated Problem Involving Risks to Subjects or Others. If, in the reviewer's opinion, the rights and welfare of subjects might be adversely affected before the convened HRRC can review the information, contact the HRRC chair or the HRPP Director to consider a Suspension of HRRC Approval following the “SOP: Suspension or Termination (HRP-026).”
5.5.4.3 The convened HRRC will follow procedures as described in SOP HRP-041 HRRC Meeting Conduct.

5.6 If the notification involves a subject becoming a Prisoner in a study not approved by the HRRC to involve Prisoners:
5.6.1 Confirm that the subject is currently a Prisoner.
5.6.1.1 If the subject is currently not a Prisoner, no other action is required.
5.6.2 Consider whether stopping all research interactions and interventions with, and obtaining identifiable private information about, the now-incarcerated subject until the regulatory requirements for research involving Prisoners
are met or until the subject is no longer a **Prisoner** would present risks to the subject.

5.6.2.1 If the subject's involvement in the research cannot be stopped for health or safety reasons, do one of the following:

5.6.2.1.1 Keep the subject enrolled in the study and review the research for involvement of **Prisoners**. If the research is subject to DHHS oversight, notify OHRP.

5.6.2.1.2 Remove the subject from the study and provide the study intervention as clinical care or compassionate use.

5.6.2.2 If the subject's involvement in the research can be stopped, inform the investigator that all research interactions and interventions with, and obtaining identifiable private information about, the now-incarcerated subject must be stopped immediately until the regulatory requirements for research involving **Prisoners** are met or until the subject is no longer a **Prisoner**.

5.6.3 For Department of Defense (DOD) research, promptly report all decisions to the Department of Defense (DOD).

5.6.4 The Department of Defense (DOD) must concur with the HRRC before the subject can continue to participate while a prisoner.

5.7 Take any additional actions required to resolve any concerns or complaints associated with the information.

5.8 For Veterans Administration (VA) research:

5.8.1 If the information represents **Serious Non-Compliance; Continuing Non-Compliance; Suspension of IRB/HRRC Approval; Termination of IRB/HRRC Approval; or Unanticipated Problem Involving Risks to Subjects or Others**, report the determination directly (without intermediaries) in writing to the VA Medical Center Director within 5 business days with simultaneous copies to the Associate Chief of Staff for Research, the Research and Development Committee, and any other relevant research review committee.

5.8.2 The Veterans Administration (VA) medical center director must report this information to the appropriate Office of Research Oversight research officer within 5 business days after receiving such notification.

5.8.3 Within 5 business days have the convened HRRC or a **Designated Reviewer** determine and document whether the reported incident was serious and unanticipated and related to the research.

5.8.4 If the convened HRRC or **Designated Reviewer** determines that the problem or event was serious, unanticipated, and related to the research, a simultaneous determination is required regarding the need for any action (e.g., suspension of activities; notification of subjects) necessary to prevent an immediate hazard to subjects in accordance with VA regulations.

5.8.5 Document all determinations for internal or local unanticipated serious adverse events reported to the HRRC regardless of outcome for reporting to the HRRC at its next convened meeting.

5.9 If the information does not involve a **Serious Non-Compliance; Continuing Non-Compliance; Suspension of HRRC Approval; Termination of HRRC Approval**; or
University of New Mexico Health Sciences Center
Human Research Protections Office

Unanticipated Problem Involving Risks to Subjects or Others and a response is expected, complete and send a "TEMPLATE LETTER: Information Item (HRP-519)" to the person submitting the information.

6 MATERIALS
6.1 SOP: Investigations (HRP-025)
6.2 SOP: Suspension or Termination (HRP-026)
6.3 SOP: HRRC Meeting Conduct (HRP-041)
6.4 TEMPLATE LETTER: Information Item (Electronic - HRP-519)

7 REFERENCES
7.1 21 CFR §56.108(b)
7.2 45 CFR §46.103(b)(5), 45 CFR §46.108(a)
University of New Mexico Health Sciences Center
Human Research Protections Office

7.3 Flowchart

New Information

Ask all four questions

- Allegation of Non-compliance?
  - Yes
    - Does allegation have a basis in fact?
      - Yes
        - Manage Administratively
      - No
        - Unlikely to achieve a collaborative outcome?
          - No
            - Consider interim actions
          - Yes
            - Report to regulatory agencies and appropriate institutional official

- Finding of Non-compliance?
  - Yes
    - Is Non-compliance Serious or Continuing?
      - Yes
        - Review by convened HRRC
      - No
        - Consider interim actions

- Unanticipated Problem Involving Risk to Subjects or Others?
  - Yes
    - Consider interim actions

- Suspension or Termination of HRRC Approval?
  - Yes
    - Consider interim actions

Stop if ALL paths lead to “No” answers