



IRB Standard Operating Procedures		
<b>SOP#: 10 Revision#:</b>	<b>Title: Reportable New Information</b>	<b>Effective Date: October 13, 2020</b>
<b>Approved By:</b>	<b>Institutional Review Board</b>	<b>Approval Date: October 13, 2020</b>

## PURPOSE

To describe the reporting requirements related to adverse events, serious adverse events, unanticipated problems, and non-compliance.

## DEFINITIONS

**Adverse event** - An unfavorable medical occurrence, which may include abnormal signs (for example, abnormal physical exam or laboratory finding), symptoms, or disease, temporally associated with, but not necessarily considered related to, the subject's participation in the research study. Not all adverse events meet IRB reporting guidelines.

**Continuing non-compliance** - Non-compliance that has been previously reported or a pattern of ongoing non-compliance that, in the judgment of the University IRB, significantly adversely affects the rights and welfare of participants or significantly compromises the quality of the research data (i.e., negatively impacts the ability to draw conclusions from the study data).

**External adverse event** - An adverse event that occurs at a site external to the authority of the University IRB and is reported to the University investigator.

**Human subject** - a living individual about whom an investigator (whether professional or student) conducting research: (i) Obtains information or biospecimens through intervention or interaction with the individual, and uses, studies, or analyzes the information or biospecimens; or (ii) Obtains, uses, studies, analyzes, or generates identifiable private information.

**Internal adverse event** - An adverse event that occurs at a site that falls directly under the authority of the University IRB.

**Investigator** - any individual who is involved in conducting human subjects research studies.

**IRB** - an institutional review board established in accord with and for the purposes expressed in the federal regulations for the protection of human research subjects.

**Non-compliance:** Failure on the part of the investigator or any member of the study team to follow the terms of University IRB approved protocol or to abide by applicable laws or regulations, or University IRB policies. This includes protocol deviations.

Incidents of non-compliance *on the part of research participants which do not involve risk* need not be reported to the IRB.

**Possibly Related to the Research Intervention:** In the opinion of the principal investigator, there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research.

**Probably Related to the Research Intervention:** In the opinion of the principal investigator, the incident, experience or outcome more likely than not was caused by the procedures involved in the research.

**Serious Adverse Event or Suspected Adverse Reaction:** An adverse event or suspected adverse reaction is considered “serious” if, in the view of either the investigator or sponsor, it results in any of the following outcomes: Death, a life threatening adverse event, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions, or a congenital anomaly/ birth defect. Important medical events that may not result in death, be life-threatening, or require hospitalization may be considered serious when, based upon appropriate medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition. Examples of such medical events include allergic bronchospasm requiring intensive treatment in an emergency room or at home, blood dyscrasias or convulsions that do not result in inpatient hospitalization, or the development of drug dependency or drug abuse.

**Serious non-compliance:** Non-compliance that, in the judgment of the University IRB, significantly adversely affects the rights or welfare of participants, or significantly compromises the quality of the research data. Examples of non-compliance that are considered to meet the definition of serious non-compliance include, but are not limited to:

1. performing non-exempt human subject research without obtaining prospective University IRB approval
2. implementing substantial modifications to a research study without obtaining prospective University IRB approval
3. failing to systematically obtain research subjects' informed consent as required by the IRB approved protocol
4. failing to comply with federal regulations governing human subject protections (this includes activities of the University IRB and/or University IRB Office staff)

**Unanticipated:** Unforeseeable at the time of its occurrence.

**Unanticipated Problem Involving Risks to Human Subjects or Others:** Any accident, experience, or outcome that meets all of the following criteria:

1. Unexpected in terms of nature, severity, or frequency;
2. Related, or possibly related, to a subject's participation in the research;
3. Places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

**Unanticipated Adverse Device Effect:** Any serious adverse effect on health, safety or any life-

threatening problem or death caused by, or associated with, a device, if that effect, or 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.

**Unexpected Adverse Event:** Not identified by nature, severity or frequency in the investigator's brochure, sponsor protocol or current University IRB-approved research protocol or informed consent document, taking into account the characteristics of the subject population being studied.

## **POLICY**

### **General Reporting Requirements for Adverse Events That Are Unanticipated Problems Involving Risk To Subjects Or Others**

Outlined below are the requirements for reporting to the IRB. Note that investigators may have additional reporting obligations as specified by the study sponsor or oversight agency. Investigators who serve as sponsor-investigators of an IND or IDE also have additional reporting obligations to the FDA. Sponsor-investigators must also maintain a log of adverse events. Maintenance of an adverse event log is a best practice for all clinical investigators.

Unless subject to different IRB reporting requirements by a federal agency, investigators must report to the IRB:

1. **Internal Adverse Events** that are (i) Unexpected, (ii) **Related or Possibly Related to the Research Intervention**, and (iii) serious or otherwise suggests that the research places the subject or others at a greater risk of harm (including physical, psychological, economic or social harm) than was previously known or recognized.
2. **External Adverse Events** that are (i) Unexpected; (ii) **Related** to the Research Intervention and (iii) Serious or otherwise suggests that the research places subjects or others at greater risk than was previously recognized.

Please note that the vast majority of Adverse Events will not meet the definition of an Unanticipated Problem Involving Risk to Subjects or Others and need not be reported to the IRB. Expected Adverse Events or Adverse Events which are determined by the investigator to be unrelated to the Research Intervention will not be reviewed by the IRB.

Adverse Events that meet the University IRB's reporting requirements must be reported to the IRB office as follows:

#### **Internal Adverse Events**

- Internal Adverse Events which are unexpected, fatal or life-threatening, and related or possibly Related to the Research Intervention must be reported to the IRB within 24 hours of learning of the event. (*Note: It is recognized that the information available during this 24-hour period may not be sufficient to permit accurate completion of the required adverse event reporting forms. However, the IRB should, at a minimum, be notified of the fatal or life-threatening internal adverse event during this time frame, with subsequent follow-up submission of a more detailed written report.*)
- All other internal Adverse Events will be reported to the IRB within 5 working days of the investigator learning of the event.

## External Adverse Events

- External Adverse Events which are Unexpected, Serious AND suggest that the research places subjects or others at greater risk than was previously recognized and Related to the Research Intervention will be reported to the University IRB within 5 working days of their receipt by the University or the investigator.
- Ideally, adverse events occurring in subjects enrolled in a multicenter study should be submitted to a monitoring entity for review and analysis.
- The report of the adverse event to the University IRB should include confirmation as to whether the external site reported the event to their IRB and to a monitoring entity.
- The University IRB may act with regard to the local study in response to the external adverse event (e.g., suspend the local study enrollment, but will not report the event to a federal agency or sponsor, unless required by the local action).

## General Reporting Requirements for Unanticipated Problems Involving Risk to Subjects or Others and Non-compliance

1. **Unanticipated problems** which meet the following definition of “any accident, experience or outcome” that meets *all three* of the following criteria must be reported:
  - unexpected in terms of nature, severity, or frequency;
  - related, or possibly related, to a subject’s participation in the research;
  - places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

Examples of types of unanticipated problems that must be reported to the IRB include:

- any accidental or intentional deviation from the IRB-approved protocol that involves risks (e.g., missed safety labs, incorrect dosing or labeling);
- any deviation from the protocol taken without prior IRB review to eliminate apparent immediate hazard to a given research subject;
- any publication in the literature, safety monitoring report, interim result, or other finding that indicates an unexpected increase in the risk to benefit ratio of the research;
- any complaint of a subject that indicates an unanticipated risk or which cannot be resolved by the research staff;
- any other untoward event that affects the welfare or the privacy, confidentiality or other rights of research subjects or members of their family (e.g. lost or stolen research data);
- any other untoward event that presents a risk to investigators and research staff involved in the conduct of the research.

2. Incidents of **non-compliance**, which meet the following must be reported:

- Failure on the part of the investigator or any member of the study team to follow the terms of University IRB approved protocol or to abide by applicable laws or regulations, or University IRB policies that:
  - adversely affect that rights and welfare of human subjects, or
  - significantly compromises the quality of the research dataIncidents of non-compliance *on the part of research participants which do not involve risk* need not be reported to the IRB (i.e., failure to turn in a medication diary).

Examples of non-compliance that must be reported to the IRB include (but are not limited to):

- Performing non-exempt human subject research without obtaining prospective University

- IRB approval;
- Implementing protocol modifications without obtaining prospective IRB approval;
- Initiating research activities prior to obtaining consent;
- Altering from the informed consent process as described in the IRB approved protocol
- Having research activities performed by individuals who are not sufficiently trained or credentialed to perform the task;
- Obtaining consent using an outdated consent form, when the new consent form contained new information that may have caused the subject to change their mind about participating;
- Conducting research during a lapse in IRB approval;
- Not adhering to inclusion/exclusion criteria;
- Enrolling more subjects than were approved in the protocol of a greater than minimal risk study;
- Performing research at an unapproved site;
- Failure on the part of IRB staff involved in research review or oversight to abide by applicable laws or regulations, or Northeastern Illinois University IRB policies.

Investigators are to submit all Unanticipated Problems Involving Risks to Human Subjects or Others that are Possibly or Definitely Related to the research and incidents of reportable Non-compliance within 5 working days of the investigator becoming aware of the reportable event/reportable new information.

## **RESPONSIBILITIES**

Execution of SOP: Researchers, IRB

For studies approved through the Axiom Mentor electronic submission system, Investigators must use the online Adverse Event submission process in order to submit a report. Investigators can find detailed information regarding the reporting process here. In the case of paper submissions, or in the event that the Axiom Mentor system cannot be used, Investigators are required to submit reports to [irb@neiu.edu](mailto:irb@neiu.edu).

Internal Adverse Events (IAE) and External Adverse Events (EAE) reported to the University IRB will be received and promptly made available to the Research Compliance Coordinator, the IRB Chair and the IRB Vice Chair.

### **Possible NEIU IRB Actions**

The University IRB takes whatever actions are deemed necessary to address the unanticipated problem(s). Examples of actions that might be taken include, but are not limited to:

1. Investigating the Event by:
  - Requesting additional records or information about the event and its outcome;
  - Interviewing the involved investigators, research staff, and/or research subjects;
  - Interviewing other individuals who may have knowledge of the event;
  - Requesting an independent audit of the event/protocol or of other related protocols.
2. Implementing Administrative Actions, such as:
  - Requesting the IRB Chair (or Vice Chair) to meet with the involved investigator and/or research staff, and the appropriate department chair and/or dean to discuss the event/problem;
  - Requesting a corrective plan of action and/or written standard operating procedures from the involved investigator and/or his/her department chair or dean;
  - Requiring members of the research team to participate in pertinent training and

- education programs;
  - Notifying other organizational entities (e.g., legal counsel, institutional risk management, the Authorized Institutional Official, the Research Integrity Officer, the UPMC Clinical Trials Office, UPMC Privacy Officer) as warranted;
  - Suspending the PI's privilege to serve as a PI or requiring a replacement of the PI for the protocol(s) in question.
3. Requiring Modifications of the Associated Protocol, such as:
    - Instructing the investigator to develop an addendum consent form to provide Information concerning the event to subjects currently enrolled in the study;
    - Requiring the investigator to perform additional follow-up or monitoring of the enrolled subjects;
    - Revising the timeframe for continuing University IRB review.
  4. For **multi-center studies** - if the IRB or the local investigator proposes changes to the protocol or informed consent document/process, in addition to those proposed by the study sponsor or the coordinating center, the IRB should request in writing that the local investigator discuss the proposed modifications with the study sponsor or coordinating center and submit a response or necessary modifications for review by the IRB.
  5. Terminating or Suspending University IRB Approval of the Research Study  
 When terminating or suspending some or all research activities, the University IRB will consider what additional actions the principal investigator or institution should take in order to protect the rights and welfare of current human subjects. These additional actions may include but are not limited to:
    - Transferring the human subjects to another research study (i.e., based on equivalent inclusion/exclusion criteria);
    - Making arrangements for clinical care outside the research;
    - Allowing continuation of some research activities under the supervision of an independent monitor;
    - Requiring or permitting follow-up of the human subjects for safety reasons;
    - Requiring adverse events or outcomes to be reported to the University IRB and the sponsor;
    - Notifying current human subjects of the University IRB's decision to terminate or suspend the research study;
    - Notifying former human subjects of the University IRB's decision to terminate or suspend the research study.
  6. Requiring other action as determined to be appropriate by the University IRB committee.
  7. Requiring no further action.

### Regulations

- 45 CFR 46.103(b)(5)
- 21 CFR 56.108(b) (1), 312.53 (c) (vii) and 312.66 – Investigators are required to report promptly to the IRB all unanticipated problems involving risks to human subjects or others
- OHRP - Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events (<https://www.hhs.gov/ohrp/regulations-and-policy/guidance/reviewing-unanticipated-problems/index.html>)
- NIH Biosafety and Recombinant DNA Policy (<https://osp.od.nih.gov/biotechnology/biosafety-and-recombinant-dna-activities/>)
- Standard Operating Procedures for the Education and Compliance Office for Human Subject Research (<http://www.ecohsr.pitt.edu/SOPs/>)

### Author Reference

NEIU IRB  
University of Pittsburgh, *Policies and Procedures*, Chapter 17, "[Reportable New Information](#)."

**Contact Information**

Please direct questions or concerns about this policy to:

<b>Contact</b>	<b>Phone</b>	<b>E-Mail</b>
IRB Office	773-442-4675	<a href="mailto:irb@neiu.edu">irb@neiu.edu</a>
Dean of the College of Graduate Studies and Research	773-442-6012	<a href="mailto:gradstudies@neiu.edu">gradstudies@neiu.edu</a>

**Disclaimer**

The University reserves the right to modify or amend sections of this IRB SOP at any time at its sole discretion. This IRB SOP remains in effect until such time as the Responsible Officer calls for review. Requests for exception to any portion of this policy, but not to the policy statement, must be presented in writing to the Responsible Officer.