GUIDELINE FOR INSTITUTIONAL AND REGULATORY REPORTING OF SUSPENSION, TERMINATION, NON-COMPLIANCE, UPIRTSO

Policy 403 RSRB Notification of Review Determinations indicates the requirements for the RSRB to inform an Investigator of review determinations involving a suspension or termination of research activities, as well as findings of non-compliance, when the RSRB is the Reviewing IRB. This guideline outlines the process for additional reporting requirements, when the RSRB is the Reviewing IRB, to the appropriate institutional officials, the Office for Human Research Protection (OHRP) and, as appropriate, the Food and Drug Administration (FDA) and study sponsors for all studies that are suspended or terminated, review determinations of serious or continuing non-compliance, as well as events that are unanticipated, serious, related and involves risks to subjects or others. Additional reporting may also be required when the RSRB is the Relying Institution/IRB and working with an external IRB to report any of the events previously named. These arrangements will be described in the associated Reliance Agreement. Under normal circumstances, the maximum time between an RSRB suspension/termination or RSRB determination of an unanticipated problem involving risks to subjects or other (UPIRTSO), serious or continuing non-compliance and the date of letter to OHRP must not be greater than 30 days. Any concerns about undue delays in reporting may be taken directly to the Institutional Official.

This guideline outlines the Association for the Accreditation for Human Research Protection Programs (AAHRPP) reporting requirements.

A. Administrative Suspension or Termination

(Suspension or termination determined by OHSP or RSRB Director)

Suspension or termination of study approval shall be documented in a written notice to the Investigator with a copy sent to the Investigator's Dean or Department Chair (or equivalent), RSRB Chair, Office of Counsel, and the Institutional Official (IO). When the RSRB is the Reviewing IRB for multi-site research, the Relying Institutions/IRBs will also be notified. The notice must include a statement of the reason(s) for the action, that all research activities must stop, and the requirement that the Investigator confirm adherence to the decision and provide an explanation in response to the incident that caused the suspension or termination. In the response, the Investigator will need to provide a plan for ensuring that the rights and welfare of all currently enrolled or previously enrolled (if appropriate) subjects are protected.

The administrative suspension or termination, including the Investigator's response and plan for enrolled subjects (as applicable) will be reported to the RSRB at the next convened meeting of the board overseeing the research. The RSRB may take further action as appropriate.

These actions must be reported to federal authorities such as OHRP, FDA (if applicable), funding sources/sponsors (i.e., federal granting agencies, foundations, companies), and University administration as per the steps indicated in Section C below.

B. RSRB-Initiated Suspension or Termination of Approval

(Suspension or termination determined at convened meeting of RSRB)

Suspension or termination of approval (e.g., report or event is associated with unexpected serious harm to subjects) shall be documented in a written notice to the Investigator with a copy sent to the Investigator's Dean or Department Chair (or equivalent), RSRB Chair, Office of Counsel, and the IO. When the RSRB is the Reviewing IRB for multi-site research, the Relying Institutions/IRBs will also be notified. The notice must include a statement of the reason(s) for the action, that all research activities must stop, and the requirement that the Investigator confirm adherence to the decision and provide an explanation in response to the incident that caused the suspension or termination. In the response, the Investigator will need to provide a plan for ensuring that the rights and welfare of all currently enrolled or previously enrolled (if appropriate) subjects are protected. These actions must be reported to federal authorities such as OHRP or FDA (if applicable), funding sources/sponsors (i.e., federal granting agencies, foundations, companies), and University administration as per the steps indicated in Section C below.

C. Additional Reporting Requirements for Administrative or RSRB-Initiated Determinations

1. A communication is drafted by the RSRB Director.

    a) Reports of non-compliance will contain the following information, at minimum:
    - Name of the institution (i.e., University of Rochester);
    - Title of the research project and, if applicable, the number of any federal award(s) (grant, contract, or cooperative agreement);
    - Name of the Investigator;
    - The RSRB number of the research project;
    - A detailed description of the noncompliance; and
    - Actions the institution is taking or plans to take to address the non-compliance, including corrective action plan to prevent the situation from occurring again (e.g., educate the investigator, educate all research staff, suspend the protocol, suspend the Investigator, conduct random audits of the Investigator or all Investigators, etc.).

b) Reports of suspension or termination will include the following information, at minimum:
   - Name of the institution (i.e., University of Rochester);
   - Title of the research project and, if applicable, the number of any federal award(s) (grant, contract, or cooperative agreement);
   - Name of the Investigator;
   - The RSRB number of the research project;
   - Date on which the study approval was suspended or terminated;
   - The reason(s) for the suspension or termination;
   - Corrective action plan (including notification of a sponsor or of a cooperative study group, for example); and
   - Whether the suspension or termination should be applied to additional studies, and confirmation that any additional findings and actions will be reported by the Investigator to the RSRB.

c) Reports of UPIRTSO will include the following information, at minimum:
   - Name of the institution (i.e., University of Rochester);
   - Title of the research project and, if applicable, the number of any federal award(s) (grant, contract, or cooperative agreement);
   - Name of the Investigator;
   - The RSRB number of the research project;
   - A detailed description of the event;
   - Whether the event occurred at another institution;
   - Status of enrolled subjects; and
   - Actions the institution is taking or plans to take to address the UPIRTSO, including corrective action plan to prevent the situation from occurring again (e.g., educate the investigator, educate all research staff, suspend the protocol, suspend the Investigator, conduct random audits of the Investigator or all Investigators, etc.).

d) When the RSRB is the Reviewing IRB for multi-site research, all reports noted above may have additional information related to the event and the sites involved in the event, as applicable.

2. Draft communication is forwarded to the RSRB Chair, Director of OHSP and the Office of Counsel for review.
   a) When the RSRB is the Reviewing IRB for a multi-site study, draft communications will be shared as per the signed Reliance Agreement. As a matter of practice, the RSRB will work with the Relying Institutions/IRBs, as appropriate.
   b) In general, the drafted report will be provided to the involved Relying Institutions/IRBs for the opportunity to review and comment on the draft report before

the RSRB sends the report to the external recipients. The RSRB is under no obligation to adopt comments of a Relying Institutions/IRBs, and the Relying Institutions/IRBs may make its own report in addition to any report prepared by the RSRB. If a Relying Institution/IRB elects to submit its own report, the University of Rochester/RSRB will receive a copy of that report.

3. Once the communication is finalized, the original is sent to OHRP and copied to:
    - The Institutional Official
    - Office of Counsel
    - OHSP Director
    - RSRB and RSRB Chair
    - RSRB Specialist
    - UR Department Head (or equivalent) overseeing the Investigator's research
    - FDA (for FDA-regulated research)
    - The study sponsor (for sponsored research)
    - Other federal agencies are copied when the research is subject to those agencies and the agency requires reporting separate from that to OHRP.
    - When the RSRB is the Reviewing IRB for multi-site research, the Relying Institution/IRB will be copied, as applicable.

D. <u>Investigator-Initiated Suspension</u>
(Voluntary suspension by Investigator)

To ensure the RSRB is fulfilling its responsibility to oversee research activities, the Investigator must inform the RSRB promptly of any voluntary suspension in research activities. When an Investigator has decided to voluntarily suspend research activities, an "Investigator-initiated voluntary suspension of research" reportable event should be entered into the online review system. The following information should be included in the report:

- Date of the suspension
- Description of the suspension, including at a minimum:
    1. Reason for the suspension (e.g., to investigate a possible new/changed risk, to develop corrective actions required by audit findings, to revise consent procedures to ensure proper documentation, to assess needs and conduct training for study personnel, etc.)
    2. Extent/scope of the suspension (e.g., stop new enrollments, all activities, etc.)
    3. Current enrollment numbers and whether any subjects remain actively involved in the study
    4. Plans for the future of the study (e.g., restart, change/amend, close).
- Any additional comments from the Investigator (e.g., projected timeline for duration of suspension, list of actions to be taken to resolve suspension, etc.).

- When the RSRB is the Reviewing IRB for multi-site research, the reportable event should be submitted as per the nature of the suspension (e.g., sites affected, how each site is affected).

The RSRB Director and RSRB staff are available for consultation with Investigators considering voluntary suspension of study activities. After submission of the suspension through the online review system, this event will be reviewed by the RSRB Chair, and forwarded to the board for review as applicable. This type of suspension does not require reporting by RSRB to regulatory authorities; however, the Investigator may need to notify the study sponsor if there is a significant delay or change to the research.

E. AAHRPP Reporting Requirements

To ensure the University of Rochester is fulfilling its responsibility to AAHRPP, OHSP will report any of the following situations as soon as possible, but generally within 48 hours, to AAHRPP after OHSP or the Investigator becomes aware:

- Negative actions by a government oversight office, including any of the following, but not limited to:
    1. OHRP Determination Letters,
    2. FDA Warning Letters,
    3. FDA 483 Inspection Reports with official action indicated,
    4. FDA restrictions placed on Investigators,
    5. FDA restrictions placed on the RSRB, and/or
    6. Compliance actions taken under non-US authorities related to human research protections
- Any litigation, arbitration, or settlements initiated related to human research protections
- Any press coverage (including but not limited to radio, TV, newspapers online publications) of a negative nature regarding the University of Rochester's HRPP.

If an Investigator is directly notified, rather than OHSP, the Investigator or the study staff will notify OHSP as soon as possible.