Marshfield Clinic

Reporting to IRB, Institutional Officials and Regulatory Bodies

1. SCOPE

1.1. System- Wide

2. DEFINITIONS & EXPLANATIONS OF TERMS

2.1. Institutional Official

- The individual named on the Federal Wide Assurance as Institutional Official.

2.2. Local occurrence

- Includes any of the following:
  - ◊ An unanticipated problem during research conducted by an investigator under the direct jurisdiction of Marshfield Clinic Research Foundation's Institutional Review Board (MCRF IRB);
  - ◊ An issue of serious and/or continuing non-compliance involving an investigator or staff member employed by Marshfield Clinic, or off-site investigators and research staff who have, by written agreement, accepted MCRF IRB as the IRB of record for their research activities; or
  - ◊ Suspension or termination of a study by MCRF IRB.

2.3. Non-compliance

- Failure of investigators or research staff to follow any requirements of federal research regulations, institutional policies, IRB approved applications or protocols
- See the procedure "Non-Compliance with Federal Regulations, Institutional Policies, and IRB Approved Applications and Protocols"

2.4. Serious non-compliance is non-compliance that:

- Adversely affects the rights and welfare of study participants
- Significantly impacts the integrity of research data, or
- Results is any untoward medical occurrence that may result in hospitalization or may be irreversible, long-term or life threatening, fatal, or require medical or surgical intervention to prevent one of those outcomes above
- See the procedure "Non-Compliance with Federal Regulations, Institutional Policies, and IRB Approved Applications and Protocols"

2.5. Continuing non-compliance

- Non-compliance that continues to occur despite previous identification of the problem and subsequent education and/or corrective actions. Continuing non-compliance is an indication of a pattern that, if unaddressed, could jeopardize the rights and welfare of research participants or the integrity of the study data due to non-compliance.

- See the procedure "Non-Compliance with Federal Regulations, Institutional Policies, and IRB Approved Applications and Protocols "

2.6. Suspension

- An official action by the IRB to suspend or temporarily close the conduct of a specific aspect of a study, or an entire study. Suspension does not include protocol-planned suspension (e.g., for interim data analysis).

2.7. Termination

- The permanent closing of all activities related to a study, except the continuation of follow-up activities necessary to protect subject safety.

2.8. Unanticipated Problem

- See the procedure, "Unanticipated Problems, Reporting and Review of"

3. PROCEDURE BODY

This document outlines the procedures for the mandatory reporting of local occurrences that arise during research conducted at Marshfield Clinic, or under the direct jurisdiction of the Marshfield Clinic Research Foundation Institutional Review Board (MCRF IRB). It also includes the reporting requirements for serious or continuing non-compliance by the MCRF IRB. If the occurrence meets the definitions of serious non-compliance, continuing non-compliance, or unanticipated problems, investigators also should refer to the documents "Unanticipated Problems, Reporting and Review of" and "Non-Compliance with Federal Regulations, Institutional Policies, and IRB Approved Applications and Protocols," which outline requirements in addition to reporting.

3.1. Federal Regulations and Agency Requirements

a. DHHS

- DHHS regulations at 45 CFR 46.103(b)(5) require DHHS departments and agencies to obtain assurance from any institution conducting research that is conducted or supported by DHHS that the institution will comply with the requirements of 45 CFR 46. An institution must assure that it has written procedures to ensure prompt reporting to its IRB, to appropriate institutional officials, and to funding departments or agency heads, of:
  - Unanticipated problems involving risks to research subjects or others;
  - Serious or continuing non-compliance with 45 CFR 46, or with the requirements or determinations made by the institution's IRB; and
  - Suspension or termination of IRB approval.
- Marshfield Clinic has filed a Federal-Wide Assurance requiring the institution and MCRF IRB to have written procedures aimed to ensure prompt reporting of local occurrences to MCRF IRB, the Institutional Official, DHHS department or agency heads, OHRP, and any applicable regulatory body arising from federally-supported research.
- OHRP issued a document "Guidance on Reporting Incidents to OHRP" (June 2011) which outlines when incidents must be reported, what information should be included in incident reports, time frames for

reporting, where incident reports are to be sent, and OHRP's response to reports. OHRP explained that it focuses on the nature of the corrective actions taken, or planned to be taken, when reviewing incident reports.

b. FDA

- Federal regulations at 21 CFR 56.108(b) require IRBs to have written procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, and the FDA of any of the following:
  - Unanticipated problems involving risks to human subjects or others;
  - Serious or continuing non-compliance with federal regulations, or with the requirements of, or determinations made by, the IRB; or
  - Suspension or termination of IRB approval.

c. Any information regarding local occurrences that are reported to the FDA or OHRP is available to requestors under the Freedom of Information Act.

3.2. Internal Reporting Requirements

a. What Must Be Reported to Whom, by Whom

- The Principal Investigator (PI) must report issues of non-compliance to the Research Compliance Officer for a minor, serious or continuing non-compliance determination, and then to the IRB (see the procedure "Non-Compliance with Federal Regulations, Institutional Policies, and IRB Approved Applications and Protocols. The Principal Investigator (PI) must report unanticipated problems to MCRF IRB Office (see the procedure, "Unanticipated Problems, Reporting and Review of").
- The IRB Office will notify the Institutional Official (IO) of the previously noted local occurrences.

b. Timeframe for Reporting and Contents of the Report

- See the document "Non-Compliance with Federal Regulations, Institutional Policies, and IRB Approved Applications and Protocols" for the required content of non-compliance reports.
- See the document "Unanticipated Problems, Reporting and Review of" for the required content of unanticipated problem reports.

3.3. External Reporting Requirements

a. What Must be Reported to Whom, By Whom

- To NCI CIRB
  - The institution must report to the NCI CIRB occurrences of unanticipated problems or serious or continuing non-compliance, per the NCI CIRB Instruction Manual.
- To the FDA
  - When a local occurrence described above occurs during FDA-regulated research, a report must be made to the FDA. ORIP will file a report with FDA, Division of Scientific Investigation, Office of Medical Policy, CDER.

- To DHHS/OHRP
  - When a local occurrence occurs during DHHS-funded research, two reports must be made to DHHS.

    ORIP must report the occurrence to OHRP's Division of Compliance Oversight.

    The PI must report the occurrence to the head of the funding DHHS department or agency.
  - When a local occurrence happens in research supported by a federal agency which has adopted the Common Rule, but has not approved a separate assurance other than the FWA, the occurrence must also be reported to DHHS.

b. Contents of Report

The following will be included in an incident report submitted to OHRP and/or FDA:

- Name of the institution conducting the research;
- Title of the research project and/or grant proposal in which the problem occurred, or for serious and/or continuing non-compliance of an IRB, the IRB or institution involved;
- Number assigned by the IRB to the project, and any federal award number;
- Name of the PI, if applicable;
- A detailed description of the problem; and
- Actions the institution is taking, or plans to take, to address the problem.

c. Timeframe for Reporting

- Reports must be submitted promptly. The time frame may vary depending on the severity of the occurrence. The maximum time allowed between the recognition of a reportable event and fulfilling reporting requirements is 30 days.
- A preliminary report should be filed for any local occurrence that caused harm to a subject(s) or others, or seriously jeopardized the rights and welfare of subjects, within 5 business days of substantiating the occurrence (investigator) or within 5 business days of receiving the report (IRB/ORIP). For all other local occurrences, a preliminary report should be filed within 10 business days followed by a complete report as soon as reasonably possible but normally not more than 30 days after IRB concurrence. Exceptions may be granted by the applicable federal agency.

d. Maintaining Records of Reports

A copy of any report made by ORIP, and any responses received from officials, will be retained by ORIP in the appropriate IRB study file. Investigators are responsible for maintaining copies of reports that they make.

4. ADDITIONAL RESOURCES

4.1. References:

- *Unanticipated Problems, Reporting and Review of*
- Non-Compliance with Federal Regulations, Institutional Policies, and IRB Approved Applications and Protocols

4.2. Supporting documents available:

- None

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	New Document in Document Control System transferred from Policy & Handbook Library - #682.10. Update title of Non Compliance Procedure.
2.0	Added Hyperlinks to document; Sect 3.2. corrected Non Compliance procedure name
3.0	

6. DOCUMENT PROPERTIES

Primary Author: Scheller, Lori A
Co-Author(s):
Approver(s): This document has been electronically signed and approved by: Ziemba, Steven J PHD on: 4/8/2016 2:16:25 PM