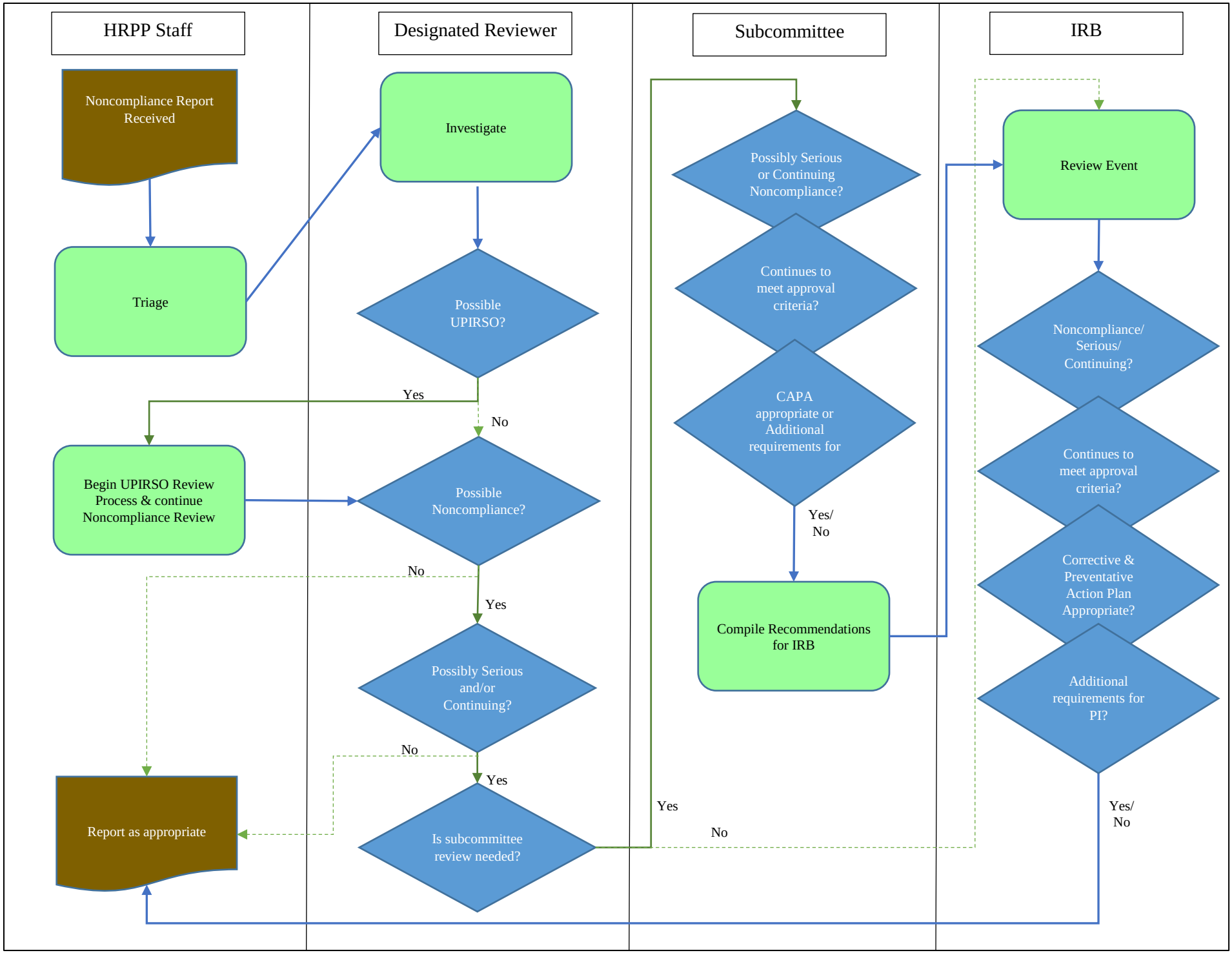
Noncompliance Review Process (HRPP)



Noncompliance Review Process (HRPP)

Report Received – Report may be received in any of the following ways:

- Self-report by PI/Study staff
- Report from HRPP, Compliance, or other monitoring entity

Promptly – Within 5 business days (1 week) of discovery

Designated Reviewer – Director, Associate Director, IRB Chair, HRPP Program Manager (QAM)

HRPP QA/Monitoring Staff – Review/Gather information

Noncompliance - Conducting research in a manner that disregards or violates rules, regulations (state or federal), policies and standards of conduct that govern human subjects research, and/or failure to follow the requirements and determinations of the IRB. Noncompliance may be minor or serious, or it may be sporadic or continuing.

Serious Noncompliance – Noncompliance that may adversely affect subject safety or the safety of others; increase risks to subjects; violate the rights and welfare of participants (any of which may also be an unanticipated problem). Serious noncompliance may affect the subject's willingness to participate in research or may affect the integrity of the data (which may also be scientific misconduct).

Continuing Noncompliance – A persistent failure to adhere to the laws, regulations, or policies governing human research. A pattern of recurring (in one or more protocols simultaneously or over a period of time) or ongoing instances of actions or omissions (Noncompliance) which indicate:

1. an underlying deficiency in knowledge of the regulations and IRB requirements or;
2. a possible inability or unwillingness to comply with them. Instances may or may not constitute Serious Noncompliance.

Subcommittee –

- ~5 members
    - At least 1 MD
    - RN recommended
    - Alternates of the IRB
    - IRB Chairs encouraged to attend (especially if item will be subsequently presented at his/her IRB meeting)
- No formal agenda, minutes, etc.
- Subcommittee reviews:
    - Event
    - Action taken by PI since discovery of event
    - Action/investigation summary from Designated reviewer
    - Corrective and preventative action (CAPA) plan by PI to prevent future occurrence
    - Plans to modify study (if any)
    - Consider if event is also unanticipated problem
    - Consider whether reporting timelines were met (if not, also consider additional possible noncompliance event)
    - Notification plans to Sponsor, FDA, subjects, etc. (if any)

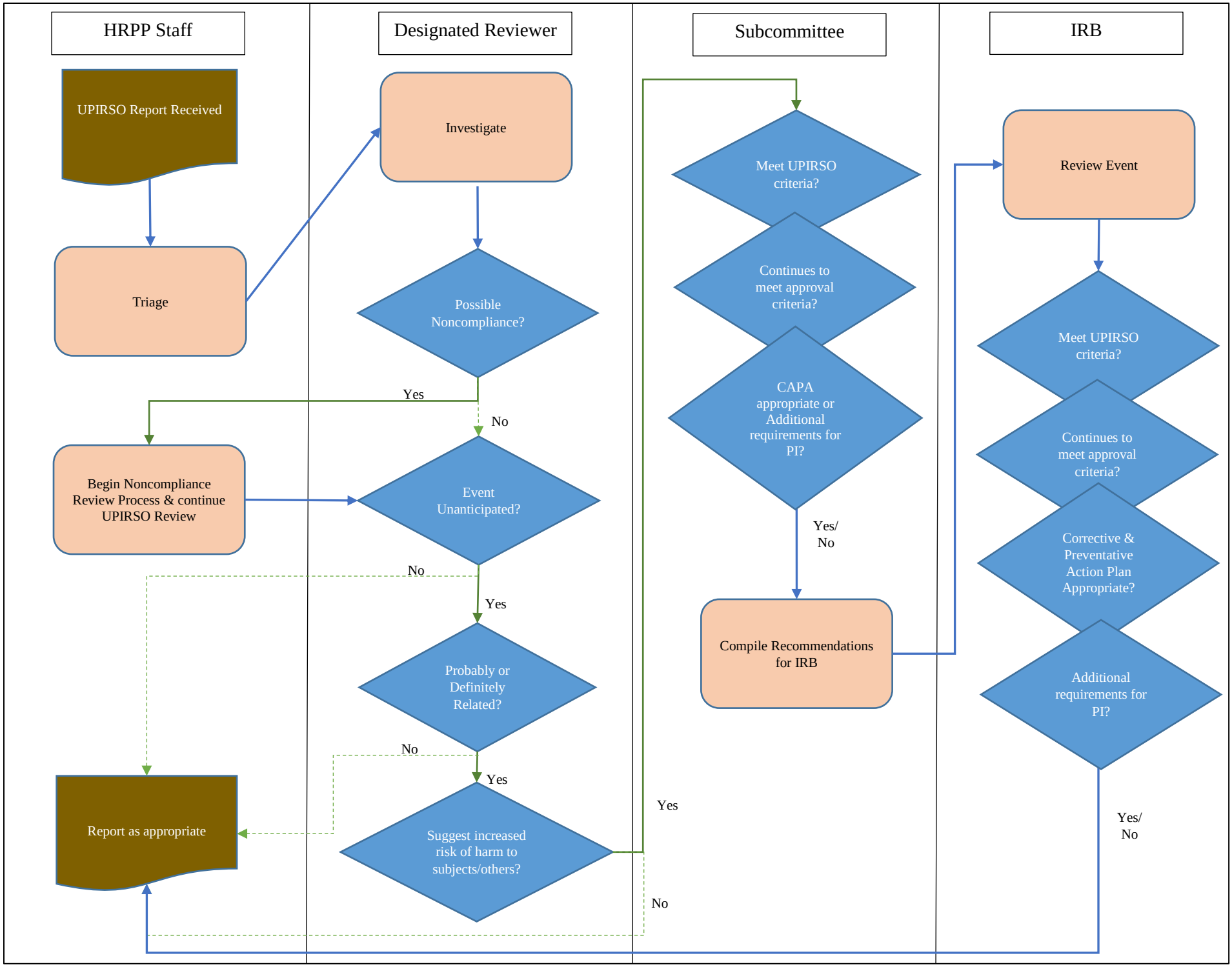
IRB:

- Reviews Subcommittee/Designated Reviewer recommendations including all material presented to subcommittee.
- Makes final determination of whether event is Serious and/or Continuing Noncompliance.
- Considers whether study should be terminated or suspended or if approval criteria continues to be met
- Considers if CAPA is appropriate and if additional actions should be taken by PI or if additional monitoring is needed

Reporting – In addition to the PI, the following internal, external and federal entities will receive a copy of the IRB determination letter(s) as appropriate

- **Internal** - Department Chair, UTSW Institutional Official, IRB Chair, Privacy Officer (if privacy issue), Compliance Officer (if noncompliance), SPA (if funded), and others as appropriate
- **External -** Affiliate institutions research offices. Research offices will distribute as necessary within affiliate institution.
- **Federal**
    - Federal Funding agency - HHS, FDA, VA, DOD, etc.
    - FDA – if FDA regulated (drugs, devices or biologics)

UPIRSO Review Process (HRPP)



UPIRSO Review Process (HRPP)

Report Received – Report may be received in any of the following ways:

- Self-report by PI/Study staff
- Report from HRPP, Compliance, or other monitoring entity

Promptly:

- Within 5 business days (1 week) of discovery

Designated Reviewer –Director, Associate Director, IRB Chair, HRPP Program Manager (QAM)

HRPP QA/Monitoring Staff – Review/Gather information

UPIRSO – any incident, experience or outcome of which **all three** of the following criteria are satisfied:

- Unanticipated in nature, frequency or severity (generally not expected 1) in subjects' underlying condition, or 2) not expected as a risk of the study such as was listed in the consent document or protocol), AND
- Probably or definitely related to the research or participation in the research, AND
- Suggests and increased risk of harm (physical, psychological, social or economic) to subjects or others

RE Subcommittee:

- ~5 members
    - At least 1 MD
    - RN recommended
    - Alternates of the IRB
    - IRB Chairs encouraged to attend (especially if item will be subsequently presented at his/her IRB meeting)
- No formal agenda, minutes, etc.
- Subcommittee review consists of:
    - Event
    - Actions taken by PI since discovery of event
    - Action/investigation summary from Designated reviewer
    - Corrective and preventative action (CAPA) plan by PI to prevent future occurrence
    - Plans to modify study (if any)
    - Consider if event was caused by noncompliance (if so, consider noncompliance criteria – serious and/or continuing)
    - Consider whether reporting timelines were met (if not, also consider as possible noncompliance)
    - Notification plans to Sponsor, FDA, subjects, etc. (if any)

IRB:

- Reviews Subcommittee/Designated Reviewer recommendations including all material presented to subcommittee.
- Makes final determination of whether event is UPIRSO.
- Consider if event was caused by noncompliance (if so, consider noncompliance criteria also)
- Consider whether reporting timelines were met (if not, also consider as noncompliance)
- Considers whether study should be terminated or suspended or if approval criteria continues to be met
- Considers if CAPA is appropriate and if additional actions should be taken by PI or if additional monitoring is needed

Reporting – In addition to the PI, the following internal, external and federal entities will receive a copy of the IRB determination letter(s) as appropriate for internal UPIRSOs

- **Internal** - Department Chair, UTSW Institutional Official, IRB Chair, Privacy Officer (if privacy issue), Compliance Officer (if noncompliance), SPA (if funded), and others as appropriate
- **External -** Affiliate institutions research offices. Research offices will distribute as necessary within affiliate institution.
- **Federal**
    - Federal Funding agency - HHS, FDA, VA, DOD, etc.
    - FDA – if FDA regulated (drugs, devices or biologics)