Salus IRB

REPORTING GUIDELINES FOR UNANTICIPATED PROBLEMS, DEVIATIONS, AND OTHER SAFETY INFORMATION

If you are not familiar with Salus IRB reporting requirements regarding unanticipated problems (UPs), deviations, and other safety-related information, please read this guideline in its entirety.

Reports that must be submitted are those reports that indicate a new or increased risk of harm to research participants or others. Generally, to be reportable such an event should be unknown to the IRB and requires an action taken to minimize the risk to participants. For example, a safety-related change to the protocol, additional disclosure of risk in the consent form or IB, or other corrective action.

A. UNANTICIPATED PROBLEMS:

An unanticipated problem is defined as any incident, experience, or outcome that meets all of the following criteria:

- Unexpected/unanticipated – (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents (protocol, ICD, product labeling, IB); and (b) the characteristics of the subject population being studied; **and**
- Related or possibly related to the participation in the research (possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the drugs, devices, or procedures involved in the research); **and**
- Suggests that the research places participants or others at a greater risk of harm [new or increased risk (including physical, psychological, economic, or social)] than was previously known or recognized.

ALL 3 CRITERIA ABOVE MUST BE MET. IF "NO" TO ANY OF THE ABOVE, DO NOT REPORT!

UPs may be adverse events (AEs) or events other than adverse events. Refer to Form 300, "Event Determined to Be an Unanticipated Problem," for a list of examples.

If the event is clearly not related to the study drug, device, or research procedures, the event would not indicate a risk to others in the research or a "problem" for the study, and therefore, does not need to be reported.

Salus IRB acknowledges that the sponsor is better positioned to process and analyze adverse event information for the entire study and to assess whether an AE occurrence is both unanticipated and a problem for the study. The Investigator may rely on the sponsor's assessment and provide Salus IRB with a UP report prepared by the sponsor.

Reporting of UPs should occur regardless of whether the event is discovered during or after study completion, after participant withdrawal, or completion of the research.

Use Form 300, "Event Determined to Be an Unanticipated Problem" to report UPs.

In accordance with 21 CFR 56.108(b)(1), 45 CFR 46.103(b)(5)(i), 21 CFR 312.66, 21 CFR 812.150(a)(1) and (4), and ICH 3.3.8, Salus IRB requires reporting of a UP within 10 business days of discovery by the Investigator or Sponsor Representative reporting the event. Further, Salus IRB will report unanticipated problems to the appropriate regulatory agencies and to the institutional official/sponsor, as appropriate.

If you are required by your site or sponsor policy to submit IND Safety, MedWatch, SUSARs, or CIOMS Reports, or other safety information that does not meet the definition of an unanticipated problem and, therefore, does not require reporting to Salus IRB, use Form 320, "Non-Reportable Event Form."

B. PROTOCOL DEVIATIONS:

1. Unplanned Protocol Deviations:

Unplanned protocol deviations are those that have already occurred, may adversely affect the rights, safety or welfare of research participants or others, and that meet the definition of an unanticipated problem (i.e., involves risks to participants or others), for which you did not seek Salus IRB pre-approval.

All unplanned protocol deviations are both related and unexpected. Assess increased risk of harm, which may require an action, to determine whether the deviation is significant and requires reporting.

A significant/major unplanned protocol deviation is defined as an accidental or unintentional change from the IRB-approved protocol that involved a new or increased risk to one or more research participants, adversely affects the rights, safety or welfare of one or more participants, or significantly affects the conduct of the study. Significant/major unplanned protocol deviations are unanticipated problems. Refer to Form 300, "Event Determined to Be an Unanticipated Problem," for a list of examples.

Use Form 300, "Event Determined to Be an Unanticipated Problem," to report unplanned protocol deviations that are significant/major.

A minor unplanned protocol deviation is defined as an accidental or unintentional deviation from the IRB-approved protocol, which does not meet the definition of significant/major unplanned protocol deviation. Refer to Form 320, "Non-Reportable Event Form" for a list of examples.

Salus IRB does not require reporting of minor unplanned protocol deviations. If you are required by your site or sponsor policy to submit minor protocol deviations, use Form 320, "Non-Reportable Event Form."

2. Planned Protocol Deviations:

A planned protocol deviation is a prospective, intentional deviation from the IRB-approved protocol.

FDA and DHHS Regulated Research

Drugs/Biologics

For research conducted under an Federalwide Assurance (FWA), is federally funded, or involves a drug or biologic, Salus IRB policy is in accordance with 21 CFR 56.108(a)(3) and (4), 21 CFR 312.66, 45 CFR 46.103(b)(4)(iii), ICH 3.3.7, and ICH 3.3.8, where all changes in research activity (or planned protocol deviations) must be submitted to Salus IRB for review and approval prior to implementation, except where necessary to eliminate an apparent immediate hazard or when the change(s) involve(s) only logistical issues or other administrative aspects of the study.

Devices

For research involving a device which is not conducted under an FWA or is not federally funded, Salus IRB policy is in accordance with 21 CFR 56.108(a)(3) and (4), 21 CFR 812.150(a)(4), ICH 3.3.7, and ICH 3.3.8, where only those planned protocol deviations that may adversely affect the rights, safety, or welfare of subjects or affect the conduct of the study, must be submitted to Salus IRB for review and approval prior to implementation, except where necessary to eliminate an apparent immediate hazard or when the change(s) involve(s) only logistical issues or other administrative aspects of the study.

Use Form 220, "Modifications to Approved Research," to request IRB approval of planned protocol deviations. Sponsor approval must accompany request.

C. ADDITIONAL CONSIDERATIONS:

Reporting of an Intentional Deviation to Eliminate Immediate Hazard

Use Form 300, "Event Determined to Be an Unanticipated Problem," to report an intentional deviation from the research procedures or protocol, without prior IRB approval, to eliminate apparent immediate harm.

For device research conducted under an IDE, reporting of intentional deviations should be reported as soon as possible, but in no event later than 5 working days of the occurrence (812.150(a)(4)).

Addressing Non-Reportable Cumulative Events

For those events that Salus IRB does not require to be reported, if in the PI's judgment, any adverse events, minor protocol deviations or other events, when considered together indicate that changes to the research plan and/or consent form should be made, then the PI should provide an analysis of the events and any rationale for suggested changes at the time of continuing review, interim review, and/or site closure.

D. ADDITIONAL REPORTING REQUIREMENTS:

In accordance with applicable regulations and federal and international guidance, Salus IRB requires that certain information be reported during the course of a study. Refer to the *Investigator Reporting Responsibilities* and/or *Sponsor Reporting Responsibilities* on the Salus IRB website for additional reporting requirements and guidance on how to report information that must be submitted to Salus IRB. [Click hyperlink(s) above].