



**OFFICE OF THE VICE CHANCELLOR  
FOR RESEARCH**  
Office for the Protection of Research Subjects  
September 2007 Newsletter



## Table of Contents:

- New [FORMS and POLICIES](#) for researchers
  - Reporting Adverse Events and Other Reportable Incidents
  - Review of Domestic Research Involving Non-UIC Sites, Agencies, Organizations or Institutions
  - Protocol Deviations, Violations, and Exceptions
- New [TOOLS](#) for researchers
  - List of New Forms and Effective Dates
  - Decision Trees: Unanticipated Problems Involving Risks to Subjects or Others (UPIRSOs)
  - UPIRSO Basics
  - Revising the Initial Review Application Form: Basic Instructions for Investigators
- Continuing education [OPPORTUNITIES](#) for investigators
  - Continuing education offerings
- [TIPS](#) for investigators
  - September FAQ



*James H. Fischer*

### A Message from the Director of the Office for the Protection of Research Subjects

This is the third edition of the OPRS newsletter, and one of which I am particularly proud. When I joined OPRS as Interim Director in late January, one of my directives was to improve communication between OPRS and the investigators on campus. Having been with UIC since 1981, and being an investigator myself, I realize how frustrating navigation of the IRB process often is. As always, this office ensures that the protection of the subject is in the center of research practices at UIC, but we also must make sure that the process is comprehensible and efficient for research investigators and coordinators. New policies on adverse events, unanticipated problems and protocol violations or exceptions address this by decreasing adverse events requiring prompt reporting to the IRB and clarifying the reporting process for other types of unanticipated or problem incidents. The September issue covers this subject and other pertinent subjects as well. I hope you find it helpful to your research and IRB submissions.

**POLICY – Unanticipated Problems Involving Risks to Subjects or Others (UPIRSOs) and Other Adverse Events: Investigator Reporting Responsibilities and OPRS/IRB Processing and Reporting**  
Version 1.0 08/10/07

## Change in IRB Policy and Form for Reporting Adverse Events and Other Reportable Incidents.

<http://tigger.uic.edu/depts/ovcr/research/protocolreview/irb/forms/index.shtml>

### OPRS Announces a New Form and Policy for Reporting Adverse Events and Other Reportable Incidents

The Office for the Protection of Research Subjects (OPRS) has revised the policies for reporting adverse events, unanticipated problems, protocol deviations/violations, subject complaints, and other events that require prompt reporting. The *Event Requiring Prompt Reporting to the IRB* form has been created to capture these events. This form replaces the *Adverse Event/Unanticipated Problem* form, which **will no longer be accepted by OPRS after October 1, 2007.**

New UIC IRB policies for prompt reporting, protocol deviations/violations and unanticipated problems involving risks to subjects or others (UPIRSOs) are expected to decrease the required reporting of some events by investigators. These policy changes reflect recent guidance documents issued by the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA). The outcome of these changes is that adverse or other untoward events, including serious adverse events, no longer require prompt reporting by UIC investigators unless the events are determined to represent an UPIRSO. With the new policy, adverse events or other problems only require prompt reporting to the IRB when they fulfill all of the following criteria:

- unexpected in terms of their nature, frequency or severity,
- related or possibly related to the research, and
- suggest that 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 (note: serious adverse events meet this last criterion by definition).

It is expected that most adverse events, including the numerous IND safety reports emanating from multi-center clinical trials, will not meet the criteria of an UPIRSO and will not require prompt reporting to the IRB. Examples of events that do and do not require prompt reporting to the IRB are described in the links below.

- [Examples of events that should be promptly reported to the IRB.](#)
- [Examples of events not requiring prompt reporting to the IRB.](#)

As of October 1, 2007, the UIC OPRS will no longer accept reports of adverse events, including IND safety reports from sponsors, unless determined by the investigator, monitoring entity (i.e., DSMB/DMC), or sponsor to be an UPIRSO. A letter for investigators to download and provide to sponsors describing this new policy is available on the OPRS website.

Differences in reporting exist for research conducted at the Jesse Brown VA Medical Center (JBVAMC), as described in the link below:

- [Prompt reporting timelines for research being conducted at UIC](#)
- [Prompt reporting timelines for research being conducted at JBVAMC](#)

## Change in IRB Policy and Form for Reporting Adverse Events and Other Reportable Incidents (continued)

For further reference, please see the following form and policies:

- [\*Event Requiring Prompt Reporting to the IRB\*](#) form
- [\*Unanticipated Problems Involving Risks to Subjects or Others \(UPIRSOs\) and Other Adverse Events: Investigator Reporting Responsibilities and OPRS/IRB Processing and Reporting\*](#)
- [\*Protocol Deviations, Violations, and Exceptions\*](#)
- [\*Reporting requirements to institutional officials, supporting agency heads, and regulatory agencies for unanticipated problems involving risks to subjects or others, serious or continuing non-compliance, and suspensions or terminations\*](#)

**POLICY – Reporting requirements to institutional officials, supporting agency heads, and regulatory agencies for unanticipated problems involving risks to subjects or others, serious or continuing non-compliance, and suspensions or terminations**

Version 1.0 04/18/07

### IRB Review of Domestic Research Involving Non-UIC Sites, Agencies, Organizations or Institutions

<http://tiger.uic.edu/depts/ovcr/research/protocolreview/irb/forms/index.shtml>

In keeping with the public service mission of UIC and of the OVCR, OPRS is actively engaged in ensuring that protection for human subjects is extended to non-UIC sites that may be working with UIC faculty, staff, and students. UIC investigators initiate research in a wide variety of settings outside of the UIC campus: in community and social service agencies and organizations, in schools and clinics, as leaders in nation-wide research studies, and as partners and faculty sponsors of international research. Many of the sites with which UIC researchers are involved (such as community-based organizations), do not have their own IRBs and must rely on the UIC OPRS to provide the support necessary to protect the rights to which all participants in research are entitled. In other studies, UIC may serve as the leader in national, multi-site research and the UIC OPRS must coordinate IRB approvals from the other universities and research centers engaged in the study. Guidelines regarding how to extend UIC OPRS human subjects protections to the many different types of non-UIC sites involved in UIC-based research have now been gathered into a single policy. As always, OPRS staff and IRB members will be happy to work with investigators to determine how to best protect the rights of all human subjects engaged in each unique UIC research project.

For further reference, please see the following forms and policies:

- [\*UIC IRB Review of Domestic Research Involving Non-UIC Sites, Agencies, Organizations, or Institutions\*](#)
- [\*Appendix L1 - Institutional Review Board \(IRB\)/Independent Ethics Committee \(IEC\) Authorization Agreement\*](#)
- [\*Appendix L2 - Individual Investigator\*](#)

Contributed by Sandra Costello

[Return to [TABLE OF CONTENTS](#)]

**POLICY – Protocol Deviations,  
Violations, and Exceptions**

Version 1.1 08/31/07

**IRB Reporting Requirements for Protocol Deviations, Violations,  
and Exceptions**<http://tigger.uic.edu/depts/ovcr/research/protocolreview/irb/forms/index.shtml>

Investigators often find that, during the conduct of a research study, changes need to be made to the approved protocol. Normally, this is done prospectively by submitting an amendment to the research for IRB approval, in accordance with federal regulations. Other changes, planned or unplanned, may occur during the conduct of the research. These situations, called deviations, violations, and exceptions, have special reporting requirements. UIC policy uses the term “protocol deviation” as a generic description encompassing various changes to the research (described below). This term may be used differently by the FDA, sponsors, or other agents involved in the research.

Deviations to eliminate immediate harm to subjects: These types of protocol changes are allowable under the federal regulations without having prospective IRB approval. When this situation arises, the OPRS should be contacted within 24 hours of the event by calling 312-355-1673. A written report should follow within five working days by submitting the [Event Requiring Prompt Reporting to the IRB](#) form. If a permanent change to the research is needed as a result, an amendment should be submitted as soon as possible.

Protocol exceptions: A protocol exception is a change to the research that only affects one or a small number of subjects, but is not a permanent change to the research. A protocol exception must be IRB-approved prior to implementing, and may also require prior approval by the sponsor and/or the FDA. An example of a protocol exception is the enrollment of a subject that does not meet all of the eligibility criteria. Investigators should submit a [Protocol Exception](#) form to the OPRS for approval of these types of changes. These may be reviewed under expedited or convened procedures, depending upon the overall risk level of the research.

Protocol violations: A protocol violation is a change to the research that does not have prospective approval by the IRB, and can be major or minor in severity. Major violations differ from minor violations in that they can impact subject safety, substantially alter risks to subjects, affect the integrity of study data, and/or affect the subject’s willingness to participate in the study. Examples of what constitutes a major versus minor violation can be found in the OPRS policy document [Protocol Deviations, Violations, and Exceptions](#), posted on the OPRS website. Major protocol violations must be reported to the IRB within five working days by submitting the [Event Requiring Prompt Reporting to the IRB](#) form. These may be reviewed under expedited or convened procedures, generally depending upon the overall risk level of the research. Further reporting may also be required by the research sponsor, funding agency, Jesse Brown VA Medical Center, and other UIC entities (such as the Clinical Research Center or the Institutional Biosafety Committee).

All deviations to eliminate immediate harm to subjects, protocol exceptions, and protocol violations (major and minor) need to be reported in summary at the time of continuing review.

Contributed by Rachel Olech

[\[Return to TABLE OF CONTENTS\]](#)



### New **TOOLS** for investigators

OPRS has developed new tools to enhance communication with investigators.

### **ATTENTION!** NEW FORMS ON OPRS WEBSITE

OPRS has posted several new forms on our website. Please note the date when new forms become effective.

[List of forms and new effective dates](#)

### **Decision Trees: Unanticipated Problems Involving Risk to Subjects or Others (UPIRSOs)**

The *Event Requiring Prompt Reporting* form and the new policies that accompany it may be a bit disconcerting. What is an UPIRSO? What exactly do I need to report? How can a subject death not be reportable?

These three decision trees can help you determine your reporting requirements. The flow charts are simple and step by step.

- [How to determine whether your adverse event is an UPIRSO and requires prompt reporting to the IRB](#)
- [How to determine whether our adverse event for research conducted at the JBVAMC requires prompt reporting to the IRB](#)
- [Reporting the death of a research subject](#)

### **UPIRSO Basics**

Do you think you don't have time to read all of these policies? Created by a research coordinator, the basics of the new UPIRSO policy and the *Event Requiring Prompt Reporting* form are covered in this comprehensive and understandable power point presentation. Combined with the decision trees, you will find it easier to determine your reporting duties as an investigator.

- [UIC OPRS Event Requiring Prompt Reporting to the IRB Power Point Presentation](#)

### **Revising the Initial Review Application Form: Basic Instructions for Investigators**

Losing information when you update an application form? Have an older version of Windows?

Can't follow your changes? [Revising the Initial Review Application Form: Basic Instructions](#) for Investigators can help! This handy guide, compiled by a user of IRB applications, gives a few easy pointers to help ease the frustration of revising the Initial Review Application.



### Continuing education **OPPORTUNITIES** for investigators

OPRS requires that investigators and key research personnel take initial training before conducting research. Training also needs to be updated every two years with two Continuing Education credits.

#### Continuing Education

The FDA audio conference held in August at OPRS (for 2 Continuing Education credits) was well received. The topic was *Adverse Event Compliance in Drug and Biologic Clinical Trials*, especially appropriate with the roll-out of the new UPIRSO policy and the *Event Requiring Prompt Reporting* form.

The audio conference will be presented again this fall for two Continuing Education credits on:

September 18<sup>th</sup>, 12:00 - 2:00pm and  
October 2<sup>nd</sup>, 12:00 - 2:00pm  
OPRS, AOB 203

Space is limited. Call 312-996-1711 to reserve a spot.

Julie Washington, Assistant Director in charge of Adverse Events and part of the committee that designed the new form, will be on hand to answer questions after the presentation.

[See what the FDA says about the presentation](#)

#### Need CE Credit?

- Does your department hold lectures that would be appropriate for Human Subjects Research Education credit?
- Have you heard of a program that you would like to see offered for Human Subjects Research Education credit?
- Will you be attending a conference that would apply to Human Subjects Research?

Please contact Laurie Kennard at 312-413-9175 to see if your program might apply.

[Return to [TABLE OF CONTENTS](#)]

## September FAQ

---

### 1. What is an UPIRSO and why should I report it to the IRB?

Unanticipated problems involving risks to subjects or others (UPIRSOs) are research related incidents that may impact the rights, safety, or welfare of subjects or others. The three criteria which must be present for an adverse event or other problem to be an **UPIRSO** include: 1) it is not expected in terms of either its nature, severity or frequency; 2) it is related or possibly related to participation in the research; and 3) it suggests that the research places subjects or others at greater risk of harm than was previously known or recognized.

An UPIRSO may occur in both biomedical and social/behavioral research, and may impact the overall risk or harm associated with the research by affecting the physical, financial, legal, social, emotional or psychological well being of the subject.

Examples of UPIRSOS include a breach of confidentiality due to the loss of a laptop with individually identifiable subject data, identification of a unique side effect in a clinical trial, occurrence of a known side effect at a higher than expected frequency, a subject complaint when the complaint indicates unexpected risks or cannot be resolved by the investigators, and a research team member experiences harm in the conduct of the study.

Federal Regulations require that all unanticipated problems involving risks to subjects or others be promptly reported to the IRB. UIC policy requires that all UPIRSOs be reported within seven working days of discovery of the incident.

### 2. Should I report the multiple external (i.e., from non-UIC study sites) IND safety reports or serious adverse event reports sent to me by the study sponsor to the IRB using the *Event Requiring Prompt Reporting to the IRB* form?

Generally, no. Under the new UIC policy, IND safety reports and external serious adverse event reports do not require prompt reporting to the IRB, unless the investigator, sponsor or monitoring entity (DSMB, DMC Medical Monitor) has determined that the individual event meets the criteria for an UPIRSO for the specific study and provides written documentation to support that determination. However, per the Federal regulations, you should retain the information in your study files.

### 3. Who can I contact if I have questions or need help in completing the *Event Requiring Prompt Reporting to the IRB* form?

Contact Julie Washington in OPRS at 312-355-1673 for assistance when reporting any UPIRSO that occurs in your research.

### 4. What are other types of events that need to be reported to the IRB promptly?

In addition to UPIRSOs (local or from non UIC sites), events that should be reported promptly include unanticipated adverse device effects, major protocol violations (i.e., those that impact subject safety, compromise integrity of study data, or affect subject's willingness to participate), protocol deviations made to eliminate an apparent immediate hazard to a research participant, breach of confidentiality, complaints made by research participants indicating an unanticipated risk or that cannot be resolved by the research staff, VA reportable events, and non-compliance.

*September FAQ (continued)*

**5. Are there events that require reporting to the IRB, but just not prompt reporting?**

Yes. Minor protocol violations and local serious adverse events that are anticipated do not require prompt reporting, but are reported at the time of continuing review. Additionally, DSMB reports and adverse event summary reports for NIH funded multicenter clinical trials should be submitted with the continuing review applications, but do not require prompt reporting.

**6. My study sponsor is questioning whether or not I need to submit IND safety reports to the IRB. Can you clarify UIC's policy on IND Safety Reports?**

OPRS's reporting policy has been revised to reflect the new federal guidelines on reporting of UPIRSOs, which state that only unanticipated problems involving risks to subjects or others (UPIRSOs) need be reported to the IRB. IND Safety Reports do not need to be submitted to the IRB if they do not clearly meet the definition of an UPIRSO. If the investigator, sponsor or monitoring entity has determined that the individual safety report represents an UPIRSO, then sufficient information about the event must be provided for the IRB to evaluate the event in the context of the local study (e.g., detailed description of the event, incident and the outcome, the basis for determining the event is an UPIRSO, and a description of any changes to the protocol or consent or corrective actions that may need to be taken).

The new policy, reporting form and a letter to send to your study sponsor describing UIC's new policy are available on the [OPRS website](#).

**7. I am receiving a monthly safety statement from the study sponsor's Data Safety Monitoring Board (DSMB) or Data Monitoring Committee (DMC). Do CIOMS reports need to be reported to the IRB?**

CIOMS reports or monthly safety statements do not need to be reported to the IRB if they provide no new information about the research, and/or no additional or increased risks are discovered. DSMB/DMC updates received from the sponsor should be reported using the UIC Amendment Application only if the DSMB requests a change in the research protocol and/or consent document. If the report shows no changes to the research and/or reports no adverse information, the report should be retained in your study files and reported in summary at the time of continuing review.

**8. Do safety results from animal studies need to be submitted to the IRB? If so, how should they be reported?**

Generally, individual IND safety reports reflecting data derived from animal testing do not represent UPIRSOs and would not need to be submitted to the IRB promptly. Results obtained from tests in laboratory animals only need to be reported if the data provides new information or describes new risks that human research subjects and the IRB should be aware of and that is not currently present in the protocol, Investigator's Brochure and/or the informed consent document. If there is new risk information then you may also need to submit an amendment to revise the research protocol, Investigator's Brochure, and/or consent documents. Currently and/or previously enrolled subjects may also need to be informed of this new information.

Contributed by Julie Washington

[Return to [TABLE OF CONTENTS](#)]