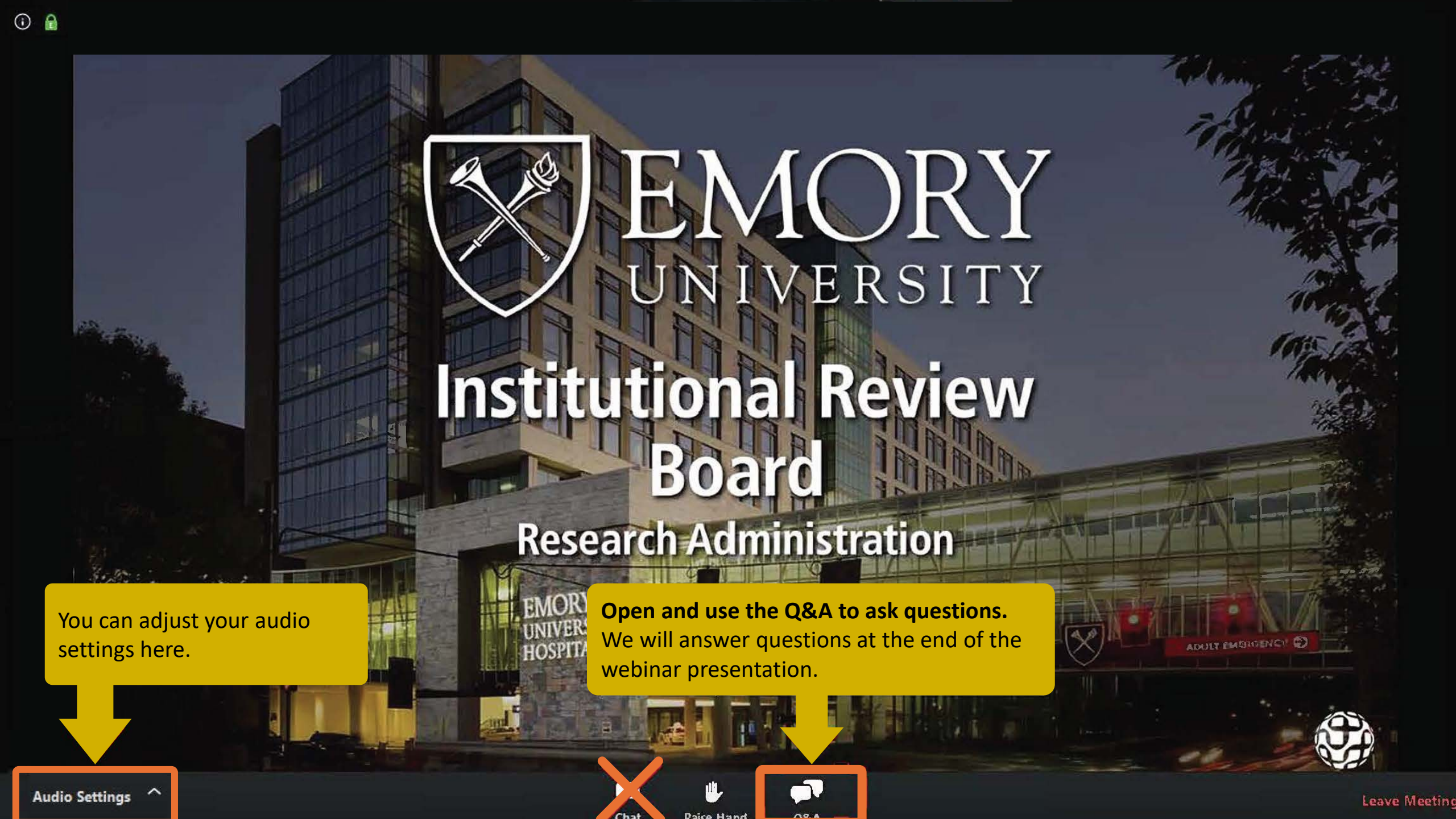
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You can adjust your audio settings here.
Open and use the Q&A to ask questions.
We will answer questions at the end of the webinar presentation.
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Other Events: Reportable Events Guidelines and Process

Briana Rotterman

Education and QA Research Protocol Analyst

Emory IRB Team Q

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Investigator Reporting Obligations

Emory investigators are expected to review and assess protocol deviations and adverse events in order to determine if an event is reportable to the IRB.

The IRB requires that investigators maintain a log of adverse events in order to trend data. It is also important to track deviations, since it may help identify opportunities for training. You can find examples of logs on the https://ctac.emory.edu/resources/trial-tools.html.

If there are questions about reporting related to noncompliance events, we recommend consulting the Education and QA Team for additional guidance. You can find our contact information under the contact section of the Emory IRB website.

Reporting Other Events in studies reviewed by an External IRB

What and How to Report to the External IRB

All events should be reported to the external IRB as your IRB of record. To determine if an event is reportable, please follow the Emory IRB reporting requirements, unless the Reviewing IRB's requirements are *more* stringent. You should also comply with the external IRB's SOP's for *how* to report (either directly, or via the lead study team or coordinating center).

What and How to Report to the Emory IRB

You are required to report the following ***egregious*** events to the Emory IRB promptly via an Other Event submission. These types of events should also be reported to the Emory Office of Compliance and the Emory Risk Management offices:

- Wrong side surgery
- Wrong drug, wrong patient
- Fabrication or falsification of data
- HIPAA privacy matter (report any inadvertent data disclosure and we will help determine further actions)

Create an Other Event submission from within your external IRB study record in Insight. Upload a copy of the report(s) made to the external reviewing IRB, and any correspondence you have already received from the reviewing IRB (but do not delay waiting for their determination).

Definitions

Internal vs. External events: An internal event represents an event that happened to a subject who was enrolled at an Emory site or at a site in which the Emory IRB was the IRB of record. For example, if a subject enrolled at Emory experienced an event at a different medical facility, the event will still be considered an internal event. In addition, if another site relied on the Emory IRB for review (through an IAA), that site will be considered internal. Please remember: this could also include international sites.

> **S-I context**: External events involving an Emory sponsor-investigator (i.e. where Emory investigator holds IND/IDE) - If the event occurred at an external site under the oversight of an Emory sponsor-investigator (S-I), the event should be reported as if it had occurred at an internal site.

Prompt vs. Periodic reporting: Prompt reporting is reporting done with an Other Event form that should occur within 10 business days of event occurrence, or from when the PI first learned about the event. Periodic reporting is reporting done at the time of continuing review.

Unanticipated Problems (internal and external)

Unanticipated Problems (UPs): events (adverse events or not) that are assessed by the PI as:

- **Unexpected**: not described in the study documents, or if described before, it is now presenting with increased severity, duration, or frequency.
- **related to study participation**: probably or possibly related to study participation, due to drug/device effect, or as a consequence of a study procedure (even if the procedure is considered standard of care). If an event could be explained by the underlying medical condition, it is not considered related.
- **involving risk for participants or others**. Even if the event did not result in harm, if the subject could have been affected by the event (safety, rights, welfare), the event is reportable.

UPs are promptly reportable via an Other Event submission

Other unanticipated information that changes the risk-benefit ratio, or that indicates participants or others might be at greater risk of harm than was previously known may also be considered a UP.

Examples:

- Any change to the protocol taken without prior IRB approval in order to eliminate apparent immediate hazards to participants
- Any publication in the literature, DSMB report, or interim result that indicated an unexpected change to the potential risks of the study

Participant Deaths

Internal: Even if an internal death is considered anticipated, it should be reported promptly to the IRB **if also considered related to study participation**. Deaths assessed as not related should be reported periodically (at continuing review).

External: External deaths are not reportable to the IRB unless also considered a UP, or unless at a site under the oversight of an Emory S-I.

Protocol Deviations

All studies may have minor protocol deviations. These deviations may result from human error, subject non-compliance, or confusing and/or ambiguous details.

Reportable protocol deviations are deviations that are considered substantive and adversely affecting one of the following:

- Rights or welfare of subjects
- Safety of subjects
- Willingness of subjects to continue with study participation
- Integrity of the research data

If a protocol deviation is not considered substantive and/or affecting any of the above-mentioned areas by the PI, the protocol deviation is minor and doesn't need to be reported to the Emory IRB. If a protocol deviation is assessed as not reportable, it is not reportable at any time, not even at continuing review.

Reportable protocol deviations are promptly reportable.

Protocol Deviations - Continued

If the protocol deviation/protocol non-compliance concerns study **documentation associated with an FDA-regulated study** or was a protocol **deviation undertaken to prevent immediate hazard to a human subject**, then the PI should report the protocol deviation/protocol non-compliance to the Emory IRB.

In addition, it is important to log protocol deviations to identify possible trends that may indicate a substantive problem. It is the responsibility of the principal investigator to analyze whether this information may indicate unanticipated problems or noncompliance.

External events are not reportable to the IRB, unless considered a UP, or unless the study is under the oversight of an Emory sponsor-investigator. An example of a possible reportable external UP would be a device malfunction, which happened at an external site and may affect subjects at Emory.

Deviations - Continued

Regardless of PI assessment, the following internal deviations are always reportable to the IRB:

- Deviations involving errors during eligibility process that caused the enrollment of an ineligible subject
- Missed protocol-required labs or procedures indicated before study intervention, including pregnancy tests (even if harm did not occur)
- REMS requirements deviations
- Drug dosing errors **involving safety concerns** (for example, if a subject was dosed incorrectly at a lower or higher dose, or if the drug was not stored per manufacturer indications)
- Consent process errors (for example, when subjects did not receive an adequate explanation of study, or consent documentation issues)
- Noncompliance is always promptly reportable, but feel free to check with the IRB if unsure whether your situation meets the definition of noncompliance

Serious adverse events that are related, but not UPs

Internal: Internal serious adverse events (SAEs) that were assessed as related but **not** unanticipated are reportable at continuing review.

External: External adverse events that are considered related, but not unanticipated are not reportable to the IRB, unless the study is under the oversight of an Emory sponsor-investigator.

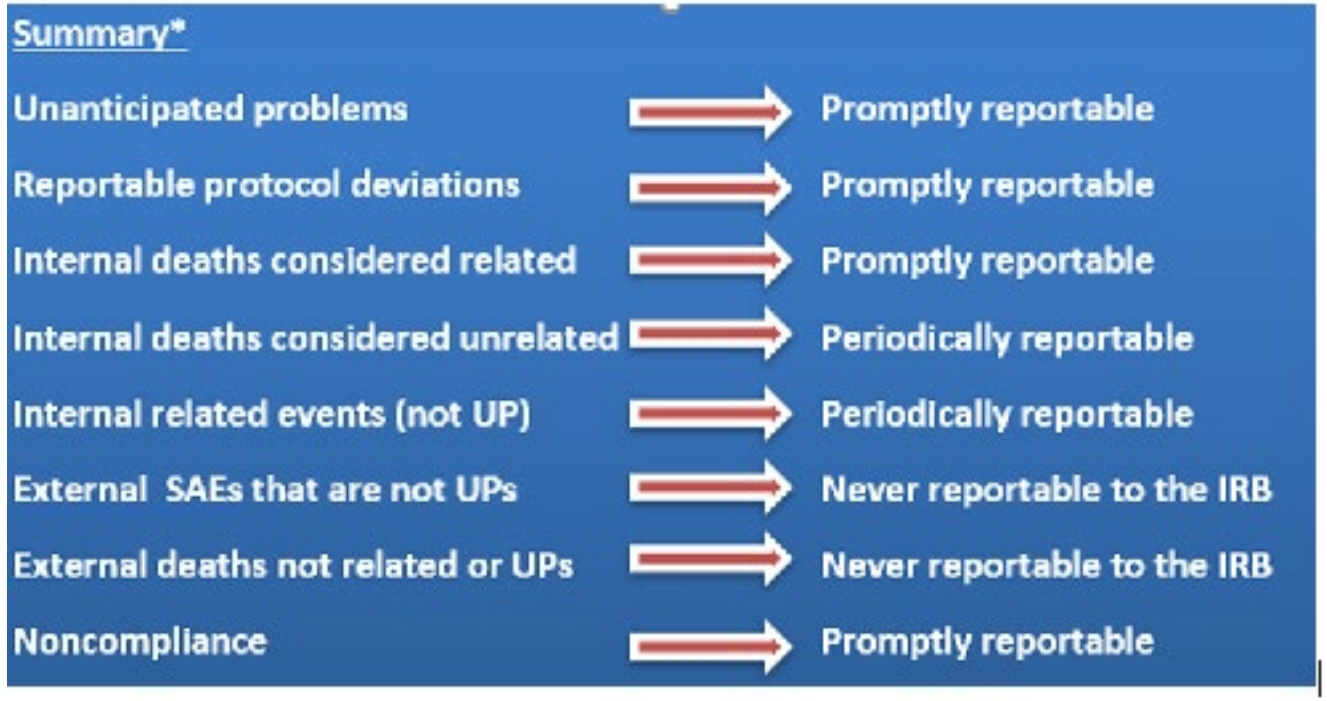
Noncompliance

- Noncompliance is defined as the failure to comply with laws, regulations or Emory IRB Policies and Procedures or failure to follow the requirements or determinations of the IRB.
- We recommend contacting the Emory IRB Education and QA Team for advice and guidance on these matters, since there is often confusion about what constitutes noncompliance.
- All noncompliance is promptly reportable to the IRB.
- Noncompliance involving documentation required by the federal regulations is reportable to the IRB. For example, if a Form FDA 1572 is not completed or completed incorrectly, even if this is assessed as not adversely affecting rights, welfare or safety of subjects, willingness to participate or data integrity , this noncompliance with regulations should be reported to the IRB.

Sponsor Reporting Obligations

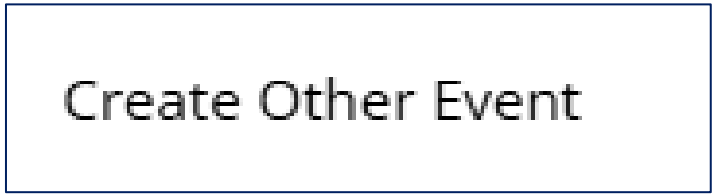
Follow your sponsor reporting requirements, as they may differ from the Emory IRB policies and procedures.

If your protocol or contract requires the reporting of issues to the IRB, and the events do not meet the IRB reporting criteria, you should follow your sponsor requirements.



*Remember that external events under the oversight of an Emory S-I should be assessed as internal events.

How to Report to the IRB



- Promptly reportable events should be reported using an Insight Other Event form.
- If the event is reportable periodically, it should be reported at Continuing Review. The continuing review form includes questions about the previously reported event/s (e.g. UPs), and related adverse events as explained before. The information should be provided with the continuing review application, and not as a separate Other Event.
- If the team is working on the Continuing Review submission and discovers that an event should have been reported promptly, the event should be reported separately with an Other Event form.
- *Reminder*: If an event is promptly reportable, it should be reported using the Other Event form under the study. You may find the form under the study main page on the left by clicking, “Create Other Event”

Other Events Submission:
Please see our reportable information guidance here.
For questions, please reach out to the Education and Quality Assurance Team.
Do not include any participant identifiers in this Other Event submission.
Please upload all relevant attachments in the main attachment space of the study. Utilize the label, "Other Event" for attachment type.

Is your study under an external IRB?

◯ Yes ◯ No

Provide a short title to briefly describe and uniquely identify this other event.

Briefly describe the event:

Based on the PI's assessment, which of the following were substantively impacted by the event(s).

- [ ] Participants' Rights
- [ ] Participants' Safety
- [ ] Participants' Welfare
- [ ] Participants' Willingness to Continue Study Participation
- [ ] Integrity of the Research Data
- [ ] None

Indicate if this event is internal or external. Check all that apply.

- **Internal**: An internal event represents an event that happened to a subject who was enrolled at an Emory site or at a site in which the Emory IRB was the IRB of record. For
  example, if a subject enrolled at Emory experienced an event at a different medical facility, the event will still be considered an internal event. In addition, if another site relied on the Emory IRB for review (through an IAA), that site will be considered internal. Please remember: this could also include international sites. NOTE: External events involving an Emory sponsor-investigator (i.e. where Emory investigator holds IND/IDE) - If the event occurred at an external site under the oversight of an Emory sponsor-investigator (S-I), the event should be reported as if it had occurred at an internal site.
- **External**: An event involving a participant at a site not affiliated with Emory and not overseen by the Emory IRB is considered "external" for purposes of reporting.

- [ ] Internal
- [ ] External

Select the type of event being reported to the IRB
For reference, see decision charts.

- [ ] Noncompliance with laws, regulations, Emory HRPP policies, procedures, or IRB requirements
- [ ] Unanticipated Problem (Unanticipated, related, suggesting increased risk) including SUSARs, and UADEs
- [ ] Confidentiality Breach
- [ ] ICF/HIPAA Deviations
- [ ] Delayed submission of documents with new or increased risk
- [ ] Use of revised study documents prior to IRB approval
- [ ] Protocol Deviation
- [ ] Human subjects research prior to IRB approval
- [ ] Death related to research
- [ ] New Risk
- [ ] Reportable Audit or Report Findings
- [ ] Participant Complaint
- [ ] Study Suspension
- [ ] Incarceration of a research participant
- [ ] Other

Should currently enrolled participants be notified of this event?

◯ Yes ◯ No

For **compliance issues**, describe the corrective action taken or planned and/or preventive measures developed / implemented to prevent similar problems from occurring in the future:
For **safety events**, describe plans for actions taken or safety monitoring.

How did the study team learn of this issue?

◯ Discovered by study team ◯ Discovered by other

Please note the relevant information from the study documents that relate to this event.

Please succintly explain the root cause of the event(s)

Have you had a similar reportable event in this study previously?

- ○ Yes
- ○ No

Timing

Timing of Report of Internal Protocol Deviations, Serious Adverse Events (SAEs), Deaths, Confidentiality Breaches, Non-Compliance, and External Events for Emory IRB Approved Studies (*)

- **Promptly**: 10 business days from the date the PI first learned about the event
- **Periodically**: at continuing review
- **Unanticipated Problem**: event that is unanticipated, related and involving risk to participant or serious.
- **(*)Studies approved by an External IRB**: See Collaborative Page.

Multiple Events = 1 Other Event Submission

Please **combine multiple events into one Other Event submission**; do not submit multiple Other Event submissions simultaneously

Exception:

- Safety event
- Confidentiality breach
- Drastically different events that may require different review pathways such as safety vs noncompliance

VA Guidance and Forms

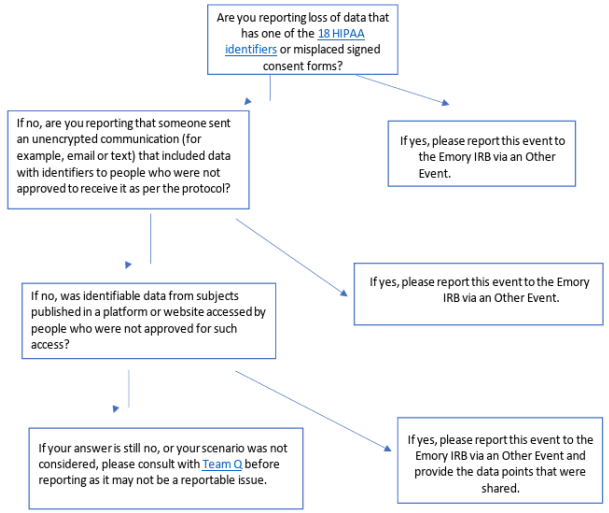
For information about the reporting procedure for studies conducted at the Atlanta VA, please reference this guidance: VA Office of Research & Development Page and Atlanta VA Research Page and Atlanta VA Policy Documents (for those with access).

Additional resources available on our Reportable Events page

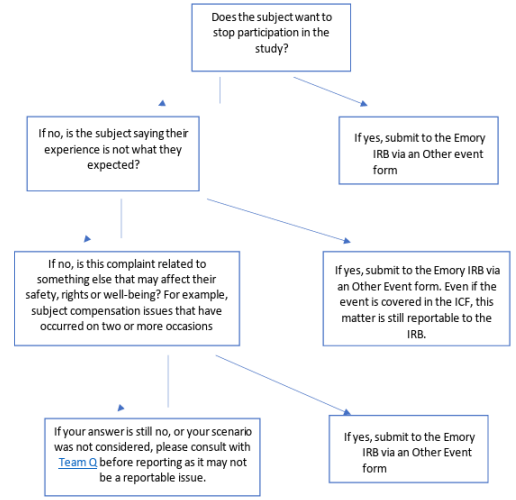
Find out if your event is reportable by using this tool with decision trees - Chart guidance (PDF)

- ASSESSMENT FORM FOR REPORTABLE EVENTS (SAES/UPS)
- ASSESSMENT FORM FOR NON-EMORY SITES UNDER EMORY SPONSOR OVERSIGHT
- ASSESSMENT FORM FOR PROTOCOL DEVIATIONS
- ROOT CAUSE ANALYSIS WORKSHEET
- INVESTIGATOR QUALITY IMPROVEMENT ASSESSMENT
- GUIDANCE ON HOW IRB MAKES DETERMINATIONS OF SERIOUS OR CONTINUING NONCOMPLIANCE AND UPS

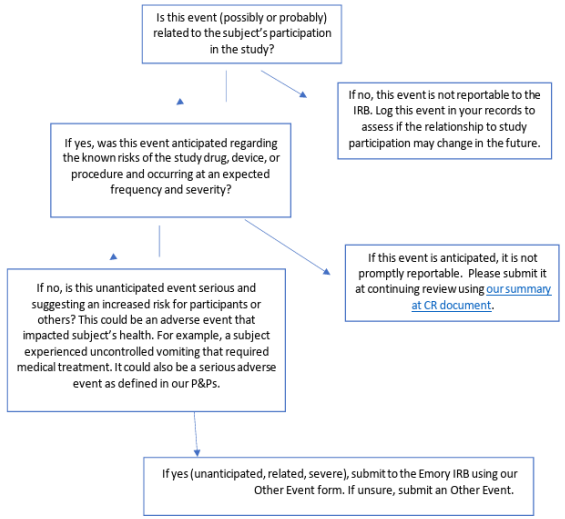
Loss or mismanagement of identifiable information



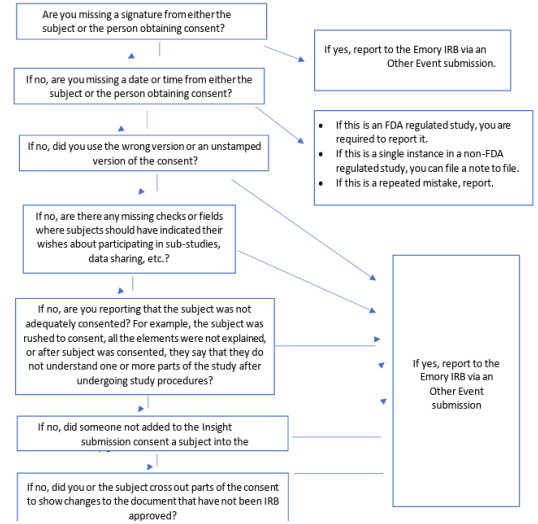
Complaints



Safety event



Consent process errors



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QA and Education Research Protocol Analyst

BRIANA'S BIO

Scenarios

Examples of Other Events

Scenarios

Scenario	Reportable?
A student, who is not on the IRB-approved list of study personnel, consents a subject for enrollment into a study.	This constitutes noncompliance. The study team should plan to report. If there are questions around the need to report, consult the IRB.
A participant comes late to a study visit at the infusion center, and as a result, gets the study medication 2 hours late.	This event constitutes a Protocol Deviation. To determine if the event is reportable, review the IRB reporting requirements to see if meets the threshold for reporting. Remember, it needs to significantly impact rights/welfare, safety, and/or data integrity. Note: Even if the IRB doesn't require reporting, the Sponsor may require.
Study team member emails participants with the intention to copy everyone in the bcc field but accidentally copies everyone in the cc field of the email, so everyone can see everyone else.	This is a breach of confidentiality and should be reported as a potential unanticipated problem.

Scenarios

Scenario	Reportable?
The Sponsor sends you a letter reporting a Serious Adverse Event (SAE). The SAE is being reported as an Unanticipated Problem (UP),but the Emory PI disagrees with the Sponsor.	Remember that the FDA puts the responsibility of assessment on the Sponsor (IND or IDE holder), since they have access to the aggregate data. As a result, the Emory team **should** report the event to the IRB as a potential UP. In the submission, please include the details from the Emory PI's assessment of the event.
The study team realizes one of their participant-facing questionnaire has an error after IRB approval. The study team revises the questionnaire and utilizes it with participants prior to realizing they needed to submit to IRB for approval of the revision.	This would require an other event submission for use of a revised document prior to IRB approval.
A subject experienced a Serious Adverse Event(SAE) . The SAE is described in the study documents as a possible adverse event, but the subject is experiencing a more severe event than anticipated. The PI has assessed as possibly related to the study.	If the event is truly greater in severity, duration or frequency, it could be a UP •Keep AE/SAE logs to evaluate for patterns indicating an increase in severity, frequency or duration beyond what is described in the protocol

Miscellaneous Insight Updates/Reminders

Insight Migration

Not all attachments (documents uploaded from eIRB submissions) have migrated yet.

- Please refer to the guidance on our website about how to manage Amendments and CRs in the meantime. The key takeaway is to use the current attachments from eIRB as the basis for Amendments; but you will need to upload the latest consent forms for CRs so we can stamp them.
- Expiration dates and overall Status may not be correct for some studies, but this will be fixed as soon as possible. This should not stop teams from doing follow-on submissions.
- For Insight training record (CITI) troubleshooting, see the end of the CITI section here: Courses | Emory University | Atlanta GA
- To stay informed about the Insight project across all of Research Administration: the Insight SharePoint page
- Please keep in mind with the move to a new system, the IRB is experiencing a backlog of submissions. Though we will do our best to process submissions promptly, we currently cannot guarantee our typical target turnaround times. Please keep this in consideration when submitting, and we thank you for your patience during this time.

Miscellaneous Insight Updates/Reminders

Cede Review Studies

To avoid delays, review the submission guidance posted on our website. Cede review submissions must include:

- a lay summary
- the currently approved protocol
- the approved master consent template
- a **tracked** version of the site-specific consent
- the external IRB initial study approval letter(s).

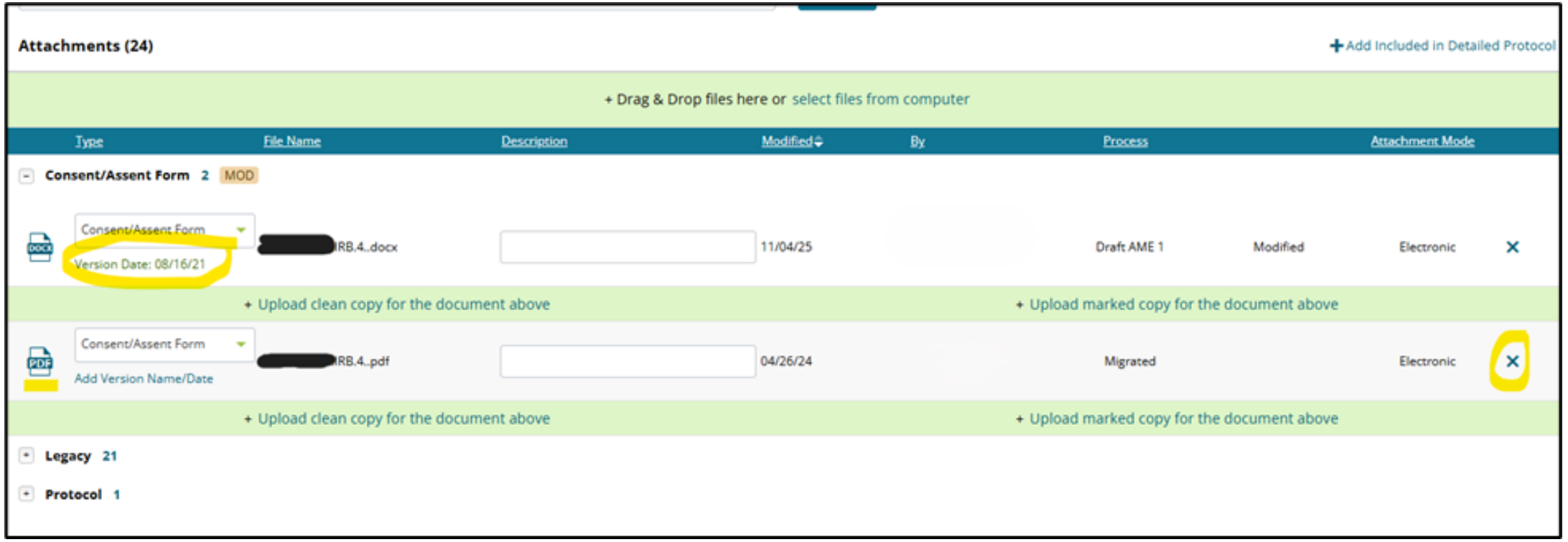
Miscellaneous Insight Updates/Reminders

Grady ROC Ancillary Review

GROC ancillary review in Insight is not a true reflection of the requirement. Soon, the GROC ancillary review in Insight will be turned off because GROC does not want to interface with Insight. In the interim, Carol Corkran is indicating that GROC ancillary review is not required in Insight for studies that indicate Grady sites to push them through the workflow. However, once approval is issued for any studies with Grady sites, GROC approval is required.

Submitting Revised Documents via Amendments in Insight

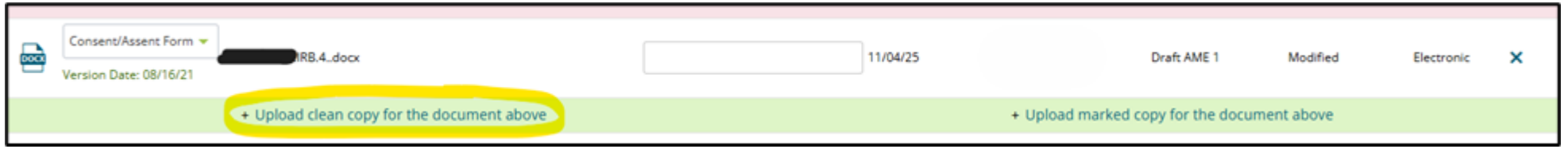
If you are working with a migrated study for the first time, ensure that the latest approved copy(ies) of the documents you want to revise are uploaded, and the consent form(s) have a Version Date. Download the document(s) from eIRB if needed, and upload as a new document in Insight. Delete any outdated documents. Consent forms must be in Microsoft Word document format.

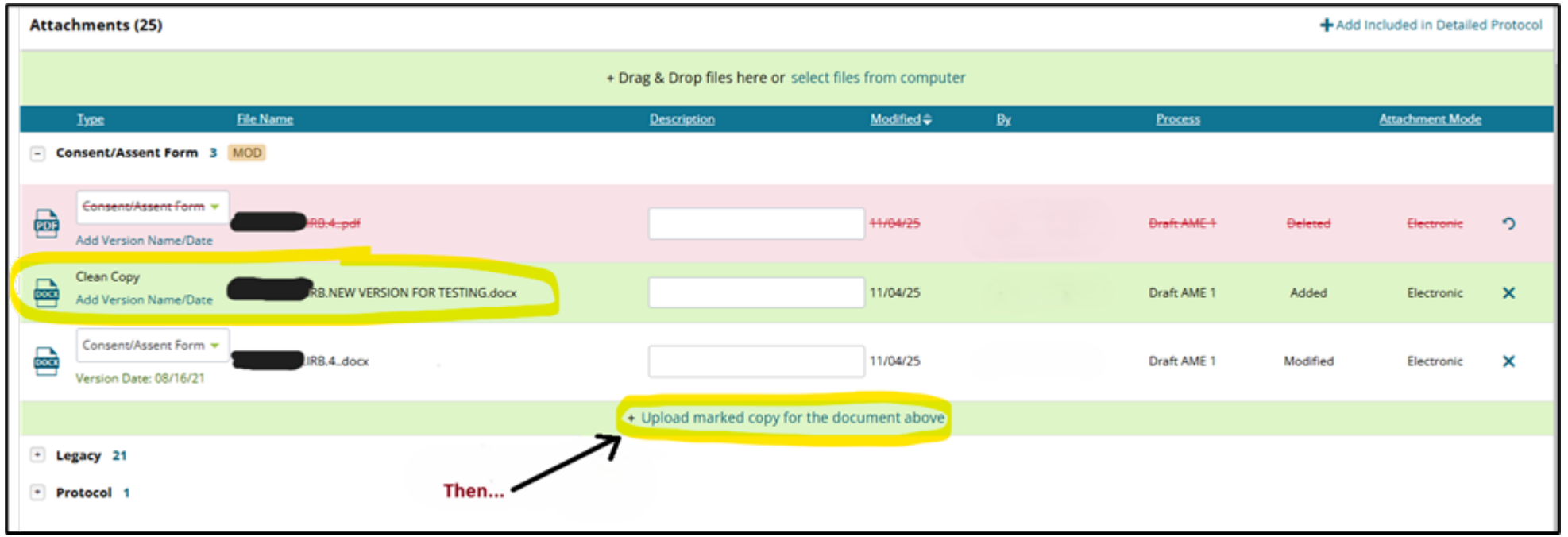


Submitting Revised Documents via Amendments in Insight, cont'd

Once you have confirmed that the previously-approved consent form is present, click “Upload clean copy for the document above.”

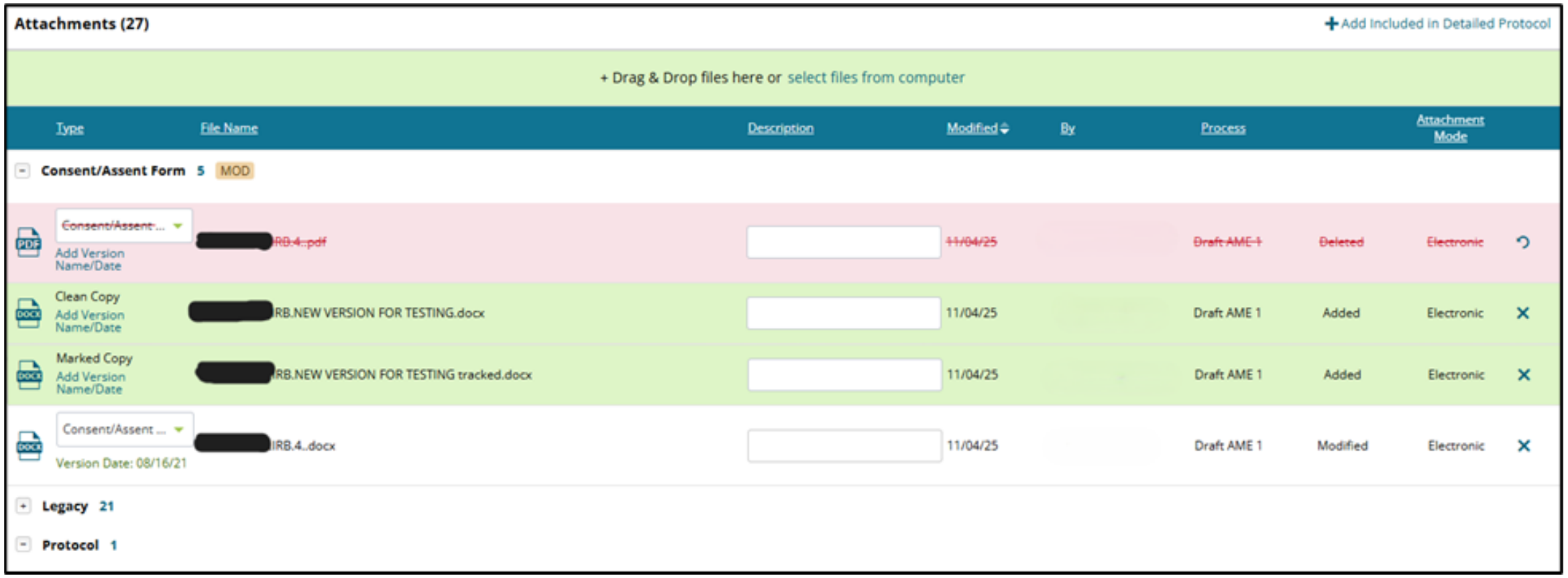
Then, click “Upload Marked copy for the document above” to upload a copy with tracked changes.





Submitting Revised Documents via Amendments in Insight, cont'd

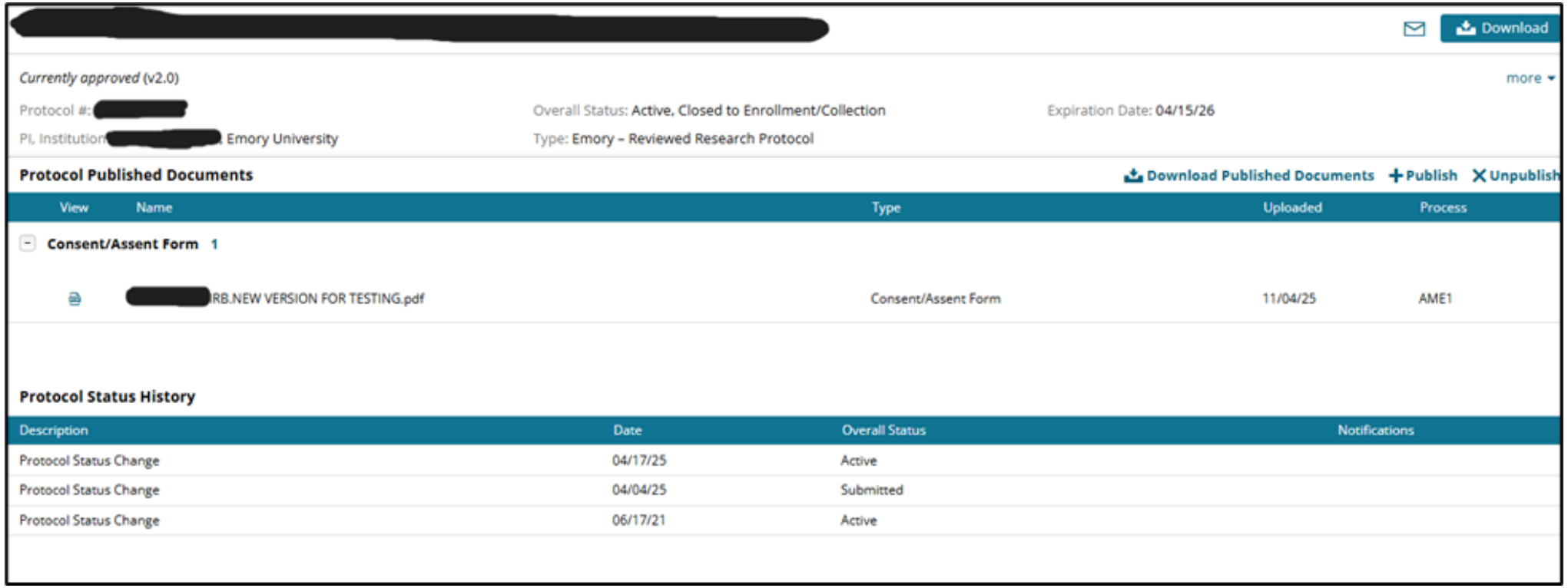
The final product will look something like this:



If you make a mistake in this part of your draft amendment, **you can delete** the any of the copies **by clicking the "x"** at the right of the row, and upload a different document (as shown in the above example).

Submitting Revised Documents via Amendments in Insight, cont'd

If the IRB staff sends the Amendment *back* to you for further revisions to the documents, you will not be able to delete the documents you initially uploaded (the "x" will not appear). Just upload new marked and clean copies, and Insight will know which are the most recent. **Once the amendment is approved**, only the latest clean copy of the revised consent forms will appear in the "Protocol Published Documents" area. See example below:



Questions?

Contact information:

- For general inquiries, send an email to IRB@emory.edu.
- For Education/Outreach questions, Complaints from study participants, Compliance, and Adverse Event issues, contact the Education and Quality Assurance Team.