



HUMAN SUBJECTS RESEARCH NEWSLETTER COMMITTEES ON HUMAN RESEARCH

SERVING THE UNIVERSITY OF VERMONT
AND FLETCHER ALLEN HEALTH CARE
ISSUE 38, SPRING 2012



Repository Protocol Review and Approval

The use and control of human tissue and medical charts for research is governed and restricted by federal and state laws and local regulations to ensure human protection measures are adequate. Since we released our [Repository Policy in 2009](#), we have approved 15 repositories. Here are a few points for you to consider when contemplating a repository protocol.

- Human tissue and data repositories collect, store, and distribute human tissue materials and data for research purposes. **No research activity should be taking place on a repository protocol.** Banking activities involve three components: (i) collection of the tissue samples or data; (ii) storage of the tissues samples or data; and (iii) future use of stored tissue or data. **(Repositories are also not the appropriate tool for single use data sets that correspond with just one research protocol.)**
- **Initial Repository Approval:** When a UVM/FAHC researcher is contemplating a repository protocol, you must consider your collection procedures, planned storage methods, (e.g., physical security, access, identifiers), and processes for future release of tissues/data not only to others but to yourself.
 - Note that tissues/data from previous research protocols can only be banked if the subject consent from that original protocol indicated that specimens/data would be used in future research or if it meets the federal requirements for a waiver of consent.
- **Subsequent Use Protocol Approval:** Procedures for release must be outlined in the repository protocol. A UVM/FAHC researcher who is responsible for a tissue or data bank cannot release tissues or data to themselves or other researchers (local or not local) until you have received or you have determined that the receiving researchers have obtained IRB approval or determination of exemption from an Institutional Review Board (IRB).
 - It is strongly recommended that the UVM/FAHC researcher who is responsible for the specimen/data bank always de-identify specimens/data to allow for the highest level of protection for the donor-subjects.
- **Change to the Repository Protocol Require Prior Approval:** If you have any changes to the collection, storage or future use processes originally approved, you must submit an amendment to the IRB for review and approval.

Change to the threshold for collection of subjects' social security numbers for reimbursement

Effective immediately, you only need to collect a social security number for any reimbursements totaling greater than \$25. This includes cash, gifts, tokens, and gift certificates. For protocols previously approved without this threshold, submit an amendment and revised consent to make this change.



Sponsor Invoicing and Continuing Review

We are finding it increasingly difficult to invoice for “ongoing” industry sponsored research as the sponsor contact information changes and we are not being informed. To help address this problem, we have added a section to the continuing review form for completion.

This will help us avoid wasting time chasing this information down each year looking for the most current invoicing information.

<small>If industry, provide the Company's billing information below. (please contact the company for this information each year as it changes)</small>	
Name	
Contact Person Name for the Invoice	
Contact Person E-mail address	
Street Address	
City, State, Zip	

Clarification on the Child Consent Policy from last Newsletter

We received a couple of calls in regards to protocols in which minors were enrolled with the parents' permission, for a one-time procedure or set of procedures. In one case, the procedure was minimal and the child was never seen again. The question was: Did the IRB expect the PI to collect consent from the now adult in this case. The answer is No in this scenario.

The researcher should only seek and obtain the legally effective informed consent, as described in 45 CFR 46.116, for the now-adult subject for any ongoing interactions or interventions with the subjects. This is because the prior parental permission and child assent are not equivalent to legally effective informed consent for the now-adult subject.

As long as the participation continues to meet the regulatory definition of "human subjects research" (for example, it involves the continued analysis of specimens or data for which the subject's identity is readily identifiable to the researcher), then it would be necessary for the researcher to seek and obtain legally effective informed consent of the now-adult subjects.

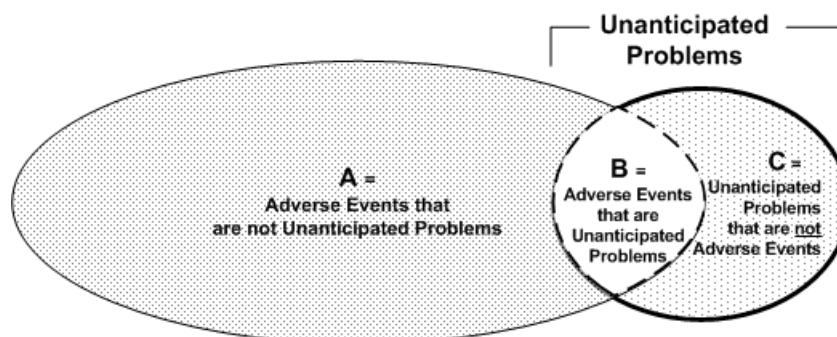
Unanticipated Problems Revisited and Revised 2012

At the national PRIM&R meeting in November, RPO staff attended sessions regarding unanticipated problems (UAPs), protocol deviations/noncompliance, and adverse event reporting. The IRB is required under 45 CFR part 46 to submit to the Office for Human Research Protections (OHRP) any UAPs. OHRP considers UAPs, in general, to include any incident, experience, or outcome that meets all the following criteria:

1. unexpected (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied;
2. related or possibly related to participation in the research (*possibly related* means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
3. suggests 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.

OHRP recognizes that it may be difficult to determine whether a particular incident, experience, or outcome is unexpected and whether it is related or possibly related to participation in the research. OHRP notes that an incident, experience, or outcome that meets the three criteria above generally will **warrant consideration of substantive changes in the research protocol or informed consent process/document or other corrective actions in order to protect the safety, welfare, or rights of subjects or others.**

Diagram of the Relationship between Unanticipated Problems and Adverse Events*



Under 45 CFR part 46: Do not report A; Report B and C.

*Office of Human Subjects Research Protections (2007, January 15). *OHRP Guidance on unanticipated problems and adverse events*. Retrieved April 17, 2007, from Department of Health and Human Services: <http://www.hhs.gov/ohrp/policy/AdvEvtGuid.pdf>

As you can see, the UAPs that are ultimately reportable to OHRP are just a subset ("B"). The IRB wants to see all incidents falling into "B" and "C" and will ultimately make the decision as to whether the unanticipated problem is further reported to OHRP. Over time, we have reduced the number of non-reportable adverse events that are submitted to our office. However, we haven't had a clear way to allow for reporting and documentation of deviations/noncompliance,

Unanticipated Problems Revisited and Revised (continued)

interim findings, or other possible scenarios that may affect risk to subjects ultimately resulting in a change to the protocol procedures or consent form.

To that end, we have consolidated our local adverse event report form and our deviation form into one form. The new form “Unanticipated Problem Potentially Involving Risks to Subjects or Others Report” provides examples of the types of incidents that might occur and for which the IRB would need to be notified.

We have also revised the current “New Safety Information” form to only allow for new safety information that does not negatively affect risk to subjects or others. We continue to want to receive this new information, (which most of the time comes in the form of an updated IDB or DSMB reports), so you will now use the revised form “New Safety Information Not Affecting Risk to Subjects”. Having this information will allow us to have a complete safety picture for a given protocol. Remember, though, if it affects risk, you need to fill out the “Unanticipated Problem Potentially Affecting Risks to Subjects or Others Report.”

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UNANTICIPATED PROBLEM POTENTIALLY INVOLVING RISK TO SUBJECTS OR OTHERS

This new form is a compilation of the following forms: Report of Protocol-Related Problems & Deviations; Local Report for Serious & Non-Serious Adverse Events; and New Safety Information, and should be used for non-compliance issues, interim findings, or events that **have potential to impact risks to subjects or others** (e.g., changes protocol or consent).

CHRMS CHRBS # Principal Investigator

Protocol Title:

1. Problem being reported:
Check the category that applies to the problem or event.

1.a. Death – of research subject thought to be (must check one)
 Related to research study
 Possibly related to research study

1.b. Local Adverse Event (AE) – **both** must apply and be checked in order to be reportable

Unexpected – Any adverse event occurring in one or more subjects participating in a research protocol, the nature, severity, or frequency of which is **not consistent** with either:

- the known foreseeable risk of adverse events associated with the protocol procedures described in the (a) IRB-approved protocol, any drug or device brochure, and the IRB-approved informed consent, and (b) other relevant sources of information, such as product labeling and packing inserts; or
- the expected natural progression of any underlying disease, disorder, or condition of the subject(s) experiencing the adverse event and the subject's predisposing risk factor profile for the adverse

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NEW SAFETY INFORMATION NOT AFFECTING RISK TO SUBJECTS

This form should be used when the findings do not affect the risk to subjects. Such information may present as: 1) Revised Investigator Drug/Device Brochures (IDB), 2) Data and Safety Monitoring Reports/Progress Reports, 3) Literature Reviews.

1. Does the new information impose greater risk of harm to the subjects than previously estimated? (e.g. does the protocol or consent need to be revised)
 Yes No If yes, stop here and submit an Unanticipated Problem form

2. CHRMS CHRBS # PI:
Protocol Title:

3. Check what is being submitted

Investigator Drug/Device Brochure (IDB) Revision
Attach a double-sided copy of the IDB. Include a summary of the specific IDB changes from the previously approved edition including revised sections, page numbers, and a description of specific changes to each section.

Data and Safety Monitoring Report
Attach a copy of the report.

We have updated [Section 9, Unanticipated Problems Reporting](#), of the Research Manual and created a new and improved [power point](#) presentation that resides on our forms page.

This change also necessitated a revision in our current continuing review forms to be in alignment with the UAP form questions. So please be sure to use the most current continuing review forms.

Below are a few additional points to bring to your attention.

- Going forward, RPO will provide acknowledgement of all safety submissions whether changes are required or not. This will help close the loop for you as the investigator and the IRB will be able to formally document the review of these types of submissions.
- Any adverse events that do not meet the criteria for submission to the IRB will be returned to you (this is not different). They will be sent back to the contact via an email PDF and the IRB copy will be discarded.
- Do not submit Study Progress Reports as they do not provide any additional safety information. If your sponsor requires that you submit the progress report, it is more appropriate to be sent along with a continuing review.

This change has been in the works for quite some time. The forms have been vetted by several research coordinators and acknowledgements of receipt have been going back to contacts for a few months now. As always, other changes or tweaks may be necessary as we implement these new forms. Please do not hesitate to contact me at Donna.Silver@uvm.edu or give me a call at 6-5040 with any feedback. **I will present these changes to the VCCR group on April 11 at noon. Please review the materials and bring your questions.**

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