Harvard Pilgrim Health Care, Inc.
Harvard Pilgrim Health Care Institute, LLC
Office of Sponsored Programs

Policy and Procedure

TITLE: Termination or Suspension of IRB Approval

PURPOSE:

To describe the policies and procedures for the Institutional Review Board (IRB) to:

- suspend or terminate its approval of research, if warranted; and
- report its action, when appropriate, to the investigator, institutional officials, and regulatory authorities.

PERSONS AFFECTED:

This policy & procedure (P/P) applies to all Harvard Pilgrim Health Care, Inc. (HPHC) and Harvard Pilgrim Health Care Institute, LLC (HPHCI) (collectively, HPHC/I) personnel engaged in research, teaching or research administration activities in support of the charitable and educational mission of HPHC, including the IRB.

POLICY:

The IRB has the authority to suspend or terminate IRB approval of research:

- that is not being conducted in accordance with applicable statutes, regulations, codes and guidance, or IRB requirements;
- that has been associated with unexpected serious harm to subjects; or
- where suspension or termination has been initiated by a sponsor or other entity.

The IRB's action shall consider the rights and welfare of research subjects. Any suspension or termination of IRB approval of research shall:

- include a statement of the reason(s) for the IRB's action; and

- be reported promptly to the investigator, appropriate institutional officials, and the appropriate regulatory authorities (e.g., for federally-funded research, to the Office for Human Research Protection (OHRP) or the Food and Drug Administration (FDA.

In addition to the IRB, the study Data and Safety Monitoring Board (DSMB) and the Institutional Official (IO) may suspend or terminate research. If a study has been suspended or terminated by the IRB for any reason, the principal investigator (PI) shall not submit any research proposals for IRB review until the suspension/termination has been remedied.

DEFINITIONS:
For the purposes of this policy:

Suspension of IRB approval
An action initiated by the IRB to temporarily halt some or all research activities, including the enrollment of new subjects and activities involving previously enrolled subjects, until the IRB determines whether the research may continue or whether it shall be terminated. Studies which have been suspended require submission of a written correction plan by the investigator and approval by the IRB before any research can resume and shall require ongoing continuing review by the IRB.

Termination of IRB approval
An action initiated by the IRB to permanently stop all research and related activities.

PROCEDURE:

1. The IRB follows written procedures for ensuring prompt reporting by investigators to the IRB, as well as by the IRB, investigators, and any other interested party, to appropriate institutional officials, OHRP and the FDA of:
    a. any unanticipated problems involving risks to human subjects or others;
    b. any instance of serious or continuing noncompliance with these regulations or the requirements or determinations of the IRB; or
    c. any suspension or termination of IRB approval.

2. <u>Investigator Responsibilities:</u>
The investigator shall:
    a. cease research activities as specified in the IRB suspension notification until notified that the IRB has granted approval for resumption of the research activities, or in the case of termination, cease all research activities;
    b. notify all subjects of the suspension or termination as directed by the IRB;

c. report to the IRB any adverse event or unanticipated problems involving risk to subjects or others that occur while the research activities are suspended;
d. comply with all corrective action(s) as directed by the IRB;
e. consider actions to protect the rights and welfare of study subjects, for example transferring subjects to another study.

3. IRB Responsibilities:

The IRB shall:

a. for any research that is not being conducted in accordance with the IRB's requirements or the law, or that has been associated with unexpected serious harm to subjects:
   (1) make suspension and termination determinations on a non-urgent basis; and
   (2) the IRB, IRB Chair, IO and DSMB are authorized to make suspension and termination determinations on an urgent basis.
b. at a convened full IRB meeting or administrative review by IRB Chair, review all information provided and decide whether IRB approval of research activity must be suspended or terminated;
c. review any suspension or termination initiated by the sponsor or other outside entity;
d. notify the investigator that research activities have been suspended or terminated and provide the rationale for this action;
e. if research activities have been terminated, notify IRB staff to initiate the research project's status change within IRBNet;
f. record reviewer determination in IRBNet;
g. direct the investigator to undertake corrective action as appropriate;
h. direct the investigator to notify current subjects of the suspension or termination;
i. when a suspension involves the withdrawal of current subjects from a research protocol, consider alternatives that protect subjects currently enrolled to ensure that harm is not incurred from such withdrawal. (Such considerations may include possible transfer of subjects to another investigator, continuation of some research activities under the supervision of an independent monitor, permitting follow-up of subjects for safety reasons, or requiring reporting of adverse events or outcomes to the IRB and sponsor, if applicable);
j. review reports of unanticipated problems involving risks to subjects or others during the time in which research is suspended for cause;
k. report any suspension for cause or termination for cause to the IO and the Research Integrity & Compliance Officer (RICO);
l. for federally-funded research, report any suspension for cause or termination for cause to OHRP or FDA as appropriate;
m. consider actions to protect the rights and welfare of study subjects.

Additional regulatory authorities may be notified by the RICO or designee if the research is subject to their jurisdiction.

IRB Staff Responsibilities:

1. In preparation for review by the full IRB of a potential suspension or termination, IRB staff will create a *Special Event Package* in IRBNet and schedule for full IRB review according to the *Policy and Procedure on Initial Full Review*.

2. IRB staff will include any relevant materials with the *Special Event Package* for the IRB by uploading them into the *Reviewer Comments* section of the submission.

3. Immediately after IRB review, IRB staff will update IRBNet with the appropriate determination. The following fields will be updated:
   a. *review type, action, effective date,* and *project status*;
   b. *expiration date* if the study is terminated; and
   c. minutes, recorded as appropriate.

4. A *Board Action* notification will automatically be sent to the PI in IRBNet.

5. If the IRB suspends or terminates the approval of a federally funded study due to serious or continuing non-compliance or an unanticipated problem involving risks to subjects or others, the Senior Compliance Manager (SCM) will draft a letter regarding the suspension/termination for submission to the investigator, regulatory authorities and IO.

6. IRB staff will draft a letter reporting the IRB's suspension/termination determination to provide to, as applicable, the investigator, the RICO and any other appropriate institutional officials and the appropriate regulatory agency when the research is overseen by that agency and that agency requires such reporting.

7. According to the determinations made by the IRB, as documented in IRB minutes, the letter shall include:
   a. the circumstances surrounding the suspension or termination;
   b. the findings of the IRB in making its determination according to the IRB minutes;
   c. necessary steps to ensure safety, welfare and rights of subjects; and
   d. action required by investigators including:
      (1) cease research activities as specified in the IRB suspension notification until notified that the IRB has granted approval for resumption of the research activities, or in the case of termination, cease all research activities;
      (2) notify all subjects of the suspension or termination as directed by the IRB;
      (3) report to the IRB any adverse event or unanticipated problems involving risk to subjects or others that occur while the research activities are suspended;
      (4) comply with all corrective action(s) as directed by the IRB;

(5) consider actions to protect the rights and welfare of study subjects, for example transferring subjects to another study.

8. The letter will be published in IRBNet after review by the IRB Chair and the RICO. A copy of the letter shall be sent to the IRB Chair; IO; OSP Director; and any additional IRBs involved in the research.

9. In the event of federally funded or FDA-regulated research, when applicable, a report will also be made promptly to OHRP and FDA (within 30 days). If an investigation or corrective action plan is pending, an initial report will be made with a follow-up or final report and sent by a specific date or when investigation or corrective action plan is complete. The report will include the following information:

a. name of the institution conducting the research;
b. the full title of the research protocol that was suspended/terminated;
c. name(s) of the investigators on the protocol;
d. number of the research project that was suspended/terminated;
e. a detailed description of the reason for the suspension/termination;
f. the actions the institution is taking or plans to take to address the suspension/termination (e.g., revise the protocol, suspend subject enrollment, terminate the research, revise the informed consent document, inform enrolled subjects, increase monitoring of subjects, etc.); and
g. IND or IDE number (if applicable and FDA regulated).

10. These reports may be submitted via e-mail to the following:

a. Reports to OHRP shall be sent in a pdf or MSWord document by the RICO (or designee) to the following email address after review by the IRB Chair and the RICO: IRPT.OS@hhs.gov. For questions on reporting, please contact the Director of the Division of Compliance Oversight, 240-453-6900 or 866-447-4777.

b. Reports to FDA will be submitted by the RICO (or designee) via e-mail or in hard copy by fax or mail. For appropriate contact information see: http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/ReportProblemstoFDA/ucm136102.htm.

For other reporting requirements, including privacy and information security concerns, see *Policy and Procedure on Reporting and Review of Adverse Events, Protocol Deviations, Protocol Violations, and Unanticipated Problems.*

REVISION HISTORY:

Department: OSP - Research Integrity & Compliance	**Title**: Termination or Suspension of IRB Approval
Effective Date: 01/21/19	**Owner:** Senior Compliance Manager, IRB
Replaces P/P Dated: IRB SOP (02/17); Procedure 008.02 (09/08/16)	
Related Documents: Policy and Procedures: *Research Integrity and Compliance Program*; *Reporting and Review of Adverse Events, Protocol Deviations, Protocol Violations, and Unanticipated Problems*	
References: 45 CFR 46.103(b)(5)(ii); 45 CFR 46.113; OHRP Guidance on Reporting Incidents to OHRP; 21 CFR 56.108(b)(3); 21 CFR 56.113; ICH-GCP: 4.12.1, 4.12.2, 4.12.3; AAHRPP Tip Sheets 14, 15, and 21; AAHRPP Element II.2.G.	