ROSALIND FRANKLIN UNIVERSITY of MEDICINE AND SCIENCE

Institutional Review Board

Guidelines & Definitions: Expiration, Noncompliance, Suspension, Termination, Voluntary Closure

The following definitions and guidelines are intended for PIs conducting human subject research under IRB approved protocols.

I. Expiration:

Protocol expiration occurs whenever a continuing review/renewal application for an ongoing IRB protocol is **not approved** by the IRB via a formal approval letter to the PI **by the expiration date listed on the protocol**. When this occurs:

- You must halt all studies under that protocol at that time (exceptions would be granted only in limited cases where suspending a study would harm enrolled subjects).
- You will be in noncompliance with IRB policy.
- You will be required to submit an Adverse Event/Problem Report form to the IRB.
- If you continue working with human subjects (recruiting, consenting, collecting data via interactions, etc.) under an expired protocol, this would be serious noncompliance with IRB and federal regulations and be a "reportable incident" to federal agencies.

II. Noncompliance

This term refers to any action or activity associated with the conduct or oversight of research involving human participants that fails to comply with either the protocol approved by the designated IRB, federal regulations, or institutional policies governing human subject research.

Noncompliance may range from minor to serious, be unintentional or willful, and may occur once or several times. Noncompliance includes failure to have your protocols or renewals of protocols reviewed by the IRB as required and protocol deviations, including deviations made in the interest of a single participant such as changing a participant's scheduled study visits. Noncompliance may result from the action of the investigator, research personnel, or a participant, and may or may not impact the rights and welfare of research participants or others, or the integrity of the study.

Complaints or reports of noncompliance from someone other than the Principal Investigator or study team personnel are handled as "allegations of noncompliance" until such time that the report is validated, or found to be invalidated, or dismissed.

A. Minor Noncompliance:

Any behavior, action or omission in the conduct or oversight of research involving human participants that deviates from the approved research plan, federal regulations or institutional policies but, because of its nature, the research project, or subject population, **did not**:

1) harm or pose an increased risk of substantive harm to a research participant;
2) result in a detrimental change to a participant's clinical or emotional condition or status
3) have a substantive effect on the value of the data collected; and
4) result from willful or knowing misconduct on the part of the investigator(s) or study staff.

Examples of minor noncompliance may include, but are not limited to:

- Changing study personnel without notifying the IRB;
- Shortening the duration between planned study visits;
- Implementing minor wording changes in study questionnaires without first obtaining IRB approval;
- Routine lab missed at scheduled visit and re-drawn later.

B. Serious Noncompliance:

Any behavior, action or omission in the conduct or oversight of human research that, in the judgment of a convened IRB, has been determined to:

1) adversely affect the rights and welfare of participants;
2) harm or pose an increased risk of substantive harm to a research participant;
3) result in a detrimental change to a participant's clinical or emotional condition or status;
4) compromise the integrity or validity of the research; or
5) result from willful or knowing misconduct on the part of the investigator(s) or study staff.

Examples of serious noncompliance may include, but are not limited to:

- Conducting non-exempt research that requires direct interaction or interventions with human participants without first obtaining IRB approval;
- Failing to submit a continuing review application to the IRB before study expiration for an ongoing study;
- Enrolling study subjects after the IRB-approval of a study has expired; or
- Enrolling participants who fail to meet the inclusion or exclusion criteria in a protocol that involves greater than minimal risk and that in the opinion of the IRB Chair, designee, or convened IRB, places the participant(s) at greater risk;
- Failing to obtain and/or document a participant's informed consent provided the IRB has not granted a waiver of consent;
- Failing to retain copies of signed informed consent forms;
- Performing a study procedure not approved by the IRB; or failing to perform a required study visit or procedure that, in either case, may affect subject safety or data integrity;
- Failing to follow the safety monitoring plan;
- Failing to report serious adverse events and/or unanticipated problems to the IRB.

C. Continuing Noncompliance:

A pattern of noncompliance that, in the judgment of a convened IRB:

1) indicates a lack of understanding or disregard for the regulations or institutional requirements that protect the rights and welfare of participants and others;
2) compromises the scientific integrity of a study such that important conclusions can no longer be reached;
3) suggests a likelihood that noncompliance will continue without intervention; or
4) involves frequent instances of minor noncompliance, for example, repetitive protocol deviations.

Examples of continuing noncompliance may include, but are not limited to:

- Consistently late submissions of continuing review applications (multiple lapses in IRB approval) or other items that require prompt reporting to the IRB;
- Repeated failure to respond to requests from the IRB to resolve an episode of noncompliance or a pattern of minor noncompliance, such as repetitive protocol deviations;
- Continuing noncompliance may also include failure to respond to a request from the IRB to resolve an episode of noncompliance or a pattern of minor noncompliance.
- Continuing to conduct research after IRB orders a stop due to an issue of noncompliance
- Having a significant number of missing consents (e.g. 10%) on more than one protocol.

III. Protocol Deviation:

Any alteration/modification to an IRB-approved protocol made without prior IRB approval. Whether a protocol deviation qualifies as minor or serious noncompliance depends on the specific facts of the situation. The examples of minor or serious noncompliance provided above are not intended to be an exhaustive list. The key to whether a protocol deviation will qualify as "minor" or "serious" depends upon whether, under the specific circumstances, it may adversely affect the rights and welfare of participants, harm or pose an increased risk of substantive harm to a research participant, have a substantive effect on the value of the data collected, or result from willful or knowing misconduct on the part of the investigator(s) or study staff.

Deviations from the study design and/or procedures that are due to a study participant's non-adherence do not need to be reported to the IRB (e.g. a study participant did not return for a scheduled study visit or participant refused to have blood drawn) unless they impact the participant's safety or well-being, or if a pattern of protocol deviations indicate a need for changes in the protocol and/or informed consent document(s).

IV. Suspension

A temporary cessation of one or more aspects of an IRB-approved study while the research is considered active. The activities to be suspended are determined by the specific concerns raised and the potential risks to participants of continuing, or not continuing, study procedures and must be either determined by or endorsed by the IRB. Suspensions may

apply to some or all protocol activities such as stopping further enrollment of new participants or stopping all protocol-related activities.

V. Termination

In some cases of protocol suspension, the IRB may determine that a study should be terminated. In those cases where IRB approval of a study is revoked, no study procedures may occur other than those identified by the IRB as necessary for the orderly closing of the study.

VI. Voluntary Closure

Voluntary closure of an IRB protocol may be initiated by the PI when studies are complete and no further study procedures will occur. Completion of a Voluntary Protocol Closure form must be submitted to the IRB by the PI for approval. Once closed, PI must attend to requirements for retention of data and other study materials.