Background

UMC investigators are expected to review and assess any incident, experience or outcome in order to determine if it is an event reportable to the IRB. It is highly encouraged that investigators keep track of these events by keeping them in a summary log. You may find examples of logs on the UMC IRB webpage, under the Forms and Documents section.

Definitions

- **Internal:** An internal event represents an event that happened to a subject who was enrolled at an UMC site or at a site in which the UMC IRB was the IRB of record. For example, if a subject enrolled at UMC 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 UMC IRB for review (through an IRB Authorization Agreement), that site will be considered *internal*. Please remember: this could also include international sites.

  NOTE: For studies conducted under the **NCI CIRB Independent Model**, local-occurring reportable events should be reported to the NCI CIRB & UMC IRB according to the **Ongoing Local Compliance Review & Post-Approval Responsibilities** under the NCI CIRB Independent Model section of the UMC IRB Policies & Procedures.
- **External:** An event that was experienced by a subject who is not enrolled at a UMC site or at a site in which the UMC IRB is not the IRB of record.

  NOTE: External events involving an UMC Sponsor-Investigator (i.e. multicenter where UMC investigator holds the IND/IDE) **-** If the event occurred at an external site under the oversight of an UMC Sponsor-Investigator (UMC Sponsor-Investigator), the event should be reported as if it had occurred at an **Internal** site.
- **Prompt reporting:** Prompt reporting is reporting done with a reportable event form that should occur within 5 business days of event occurrence, or from when the Principal Investigator first learned about the event.
- **Periodic reporting:** Periodic reporting is reporting done with a summary at the time of continuing review.

What & When to Report Events to the IRB

Unanticipated Problems[i] (both internal & external)

Unanticipated problems (UPs) that are both internal and external **are Promptly reportable.** Unanticipated problems include any incident, experience or outcome (related or not related to adverse events) that are assessed by the Principal Investigator as unexpected, related to study participation, **and** involving risk to subjects or others. A reportable event that fulfills ALL three of the following criteria is considered an unanticipated problem:

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 participated in the research (possible 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.

Unanticipated Problems represent those that **are Related Adverse Events** and those that **are NOT Related to Adverse Events.**

Upon becoming aware of any other event (Not Related to Adverse Events) that may represent an unanticipated problem, the investigator should assess whether the event represents an unanticipated problem by applying all three criteria listed on page 1 of this guidance document. Events, or other incidents, experience or outcomes (not related to adverse events) that change the risk-benefit ratio or suggests that the research places subjects or others at a greater risk of harm than was previously known or recognized may represent an unanticipated problem.
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

Deaths

- **Internal:** Even if an internal death is considered anticipated and not related to study participation, it should be reported promptly to the IRB.
- **External:** External deaths are not reportable to the IRB unless also considered a UP, ***or unless the event occurred at a site under the oversight of an UMC Sponsor-Investigator.***

Serious Adverse Events that are related, but not UPs

- **Internal:** Internal serious adverse events 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 event occurred at a site under the oversight of an UMC SPONSOR-INVESTIGATOR.***

When to report?		
Internal & External Unanticipated problems	→	Promptly
Internal deaths	→	Promptly
Internal related SAEs (including UPs)	→	At Continuing Review
External SAEs that are not UPs	→	Never
External deaths not related or UPs	→	Never

Sponsor Reporting Obligations

The reporting requirements for UMC IRB may differ from the reporting requirements for the sponsor. Report to the UMC IRB **only** the events that in the opinion of the investigator may **represent Unanticipated Problems involving risks to human subjects or others.**

Please note that unnecessarily reporting problems that do not meet the criteria outlined above may impair the Board's ability to review and respond in a timely manner to actual situations where subjects rights, welfare or safety are threatened. Such reports will be returned to the sender.

How to Report to the IRB

Promptly reportable events should be reported using the *UMC IRB Reportable Event Assessment & Submission Form*.

If the event is reportable periodically, it should be reported at continuing review. The summary at continuing review should include information about the previously reported event/s (e.g. UPs), and related serious adverse events as explained before. See an example on our website. The information should be submitted with the continuing review application, and not as a separate reportable event.

If the study 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 a reportable event form.

Additional resources:

- Reportable Event Assessment & Submission form
- Sample Summary of Events at Continuing Review
- OHRP Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Other and Adverse Events
- FDA Guidance for Clinical Investigators, Sponsors and IRBs Adverse Event Reporting to IRBs – Improving Human Subject Protection

If you have other questions, please contact the IRB.

[i] 45 CFR § 46.103; 21 CFR § 56.108(b)(1); 312.32(a), (c); 312.64 (b) & 812(a)(1); OHRP Guidance, January 15, 2007, "Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events"; FDA Draft Guidance, April 2007, "Guidance for Clinical Investigators, Sponsors, and IRBs: Adverse Event Reporting—Improving Human Subject Protection