CAMBRIDGE HEALTH ALLIANCE Title: Reporting of Adverse Events to the Institutional Review Board (IRB)	Replaces (supercedes) Title:	Policy Number: **A-COM-0007** Policy Type: **Administrative** Effective Date: 04/13/03
Area of Operation(s): Institutional Review Board (IRB)	Policy Chronicle: Date Original Version of Policy was Effective: 04/13/03 Date of Previous Review/Revision to the Policy: 12/01/06 Date of Most Recent Review/Revision to the Policy: 04/28/10 Signature of Most Recent Reviewer/Reviser: _____ Printed Name of Most Recent Reviewer/Reviser: Glover Taylor	
Regulatory Agency/Standards: JCAHO/IM Dept. of Health & Human Services/IRB (45 CFR §164.514(e)	Approvals: Chair, Institutional Review Board:_____ Lior Givon, MD Chief Executive Officer:_____ Dennis Keefe	
Keyword(s):	Adverse Reaction, Event Reporting, IRB, Interventional	

I. Purpose

To define Cambridge Health Alliance guidelines, policies, and procedures, in accordance with federal and Massachusetts law, regarding any adverse reaction and the reporting procedure to the IRB.

II. Personnel: All Alliance Research Staff

III. Policy

Adverse event reporting to the Institutional Review Board (IRB) and, in some circumstances, Federal agencies, is required by Federal regulation. Both the federal policy (Common Rule) [45 CFR 46.103(b)(5)] and the FDA regulations [21 CFR 56.108(b)(1); 21 CFR 312.66] require the reporting of unanticipated problems involving risks to subjects or others to the IRB and appropriate institutional officials.

Related Attribution Categories **IA denotes Investigational Agent(s)**	
Definite :	The adverse event is clearly related to the IA
Probable :	The adverse event is likely related to the IA
Possible :	The adverse event may be related to the IA
Unlikely :	The adverse event is doubtfully related to the IA
Unrelated:	The adverse event is NOT related to the IA

Definitions:

Adverse Event (AE): Any untoward medical occurrence that may present itself during the conduct of a research study and which may or may not have a causal relationship with the study procedures. An adverse event can therefore be any unfavorable and unintended sign (including an abnormal laboratory finding, for example), symptom, or disease temporally associated with enrollment in a research study, whether or not considered related to the product, device, or treatment being tested.

Moderate Adverse Events: Discomfort severe enough to cause interference with usual activities; persistent or requiring treatment.

Serious Adverse Events: (21 CFR 312.32) are events that result in any of the following outcomes: death; a life threatening experience; inpatient hospitalization or prolongation of existing hospitalization; a persistent or significant disability/incapacity; or a congenital anomaly/birth defect. In addition, events that may not result in death, be life-threatening, or require hospitalization may be considered serious when, based upon appropriate medical judgment, they may jeopardize the subject and may require medical or surgical intervention to prevent one of the outcomes listed above.

Unexpected Adverse Events: (21 CFR 312.32) are defined as any event, the specificity or severity of which is not consistent with the current investigator brochure; or, if an investigator brochure is not required or available, the specificity or severity of which is not consistent with the risk information described in the general investigative plan or elsewhere in the current application, as amended. "Unexpected", as used in this definition, refers to an adverse drug experience that has not been previously observed (e.g., included in the investigator brochure) rather than from the perspective of such experience not being anticipated from the pharmacological properties of the pharmaceutical product. For example, under this definition, hepatic necrosis would be unexpected (by virtue of greater severity) if the investigator brochure only referred to elevated hepatic enzymes or hepatitis. Similarly, cerebral thromboembolism and cerebral vasculitis would be unexpected (by virtue of greater specificity) if the investigator brochure only listed cerebral vascular accidents.

Expected Adverse Events: are defined as any event, the specificity or severity of which is consistent with the current investigator brochure; or, if an investigator brochure is not required or available, the specificity or severity of which is consistent with the risk information described in the general investigative plan or elsewhere in the current application, as amended.

Observational Studies: Observational studies include research that does **not** involve any intervention, alteration in standard clinical care or use in subjects of any invasive or non-invasive procedure. Studies limited to the recording of data on individuals receiving standard medical care, the use of existing specimens or data, or the retrospective review of health information are, for the purposes of this policy, considered observational studies.

Interventional Studies: Interventional studies include research designed to evaluate the safety, effectiveness, or usefulness of therapies (e.g., drugs, diet, exercise, surgical interventions, or medical devices), diagnostic procedures (e.g., CAT scans or prenatal diagnosis through amniocentesis, chorionic villi testing, and fetoscopy, or preventive measures (e.g., vaccines, diet, or fluoridated toothpaste).

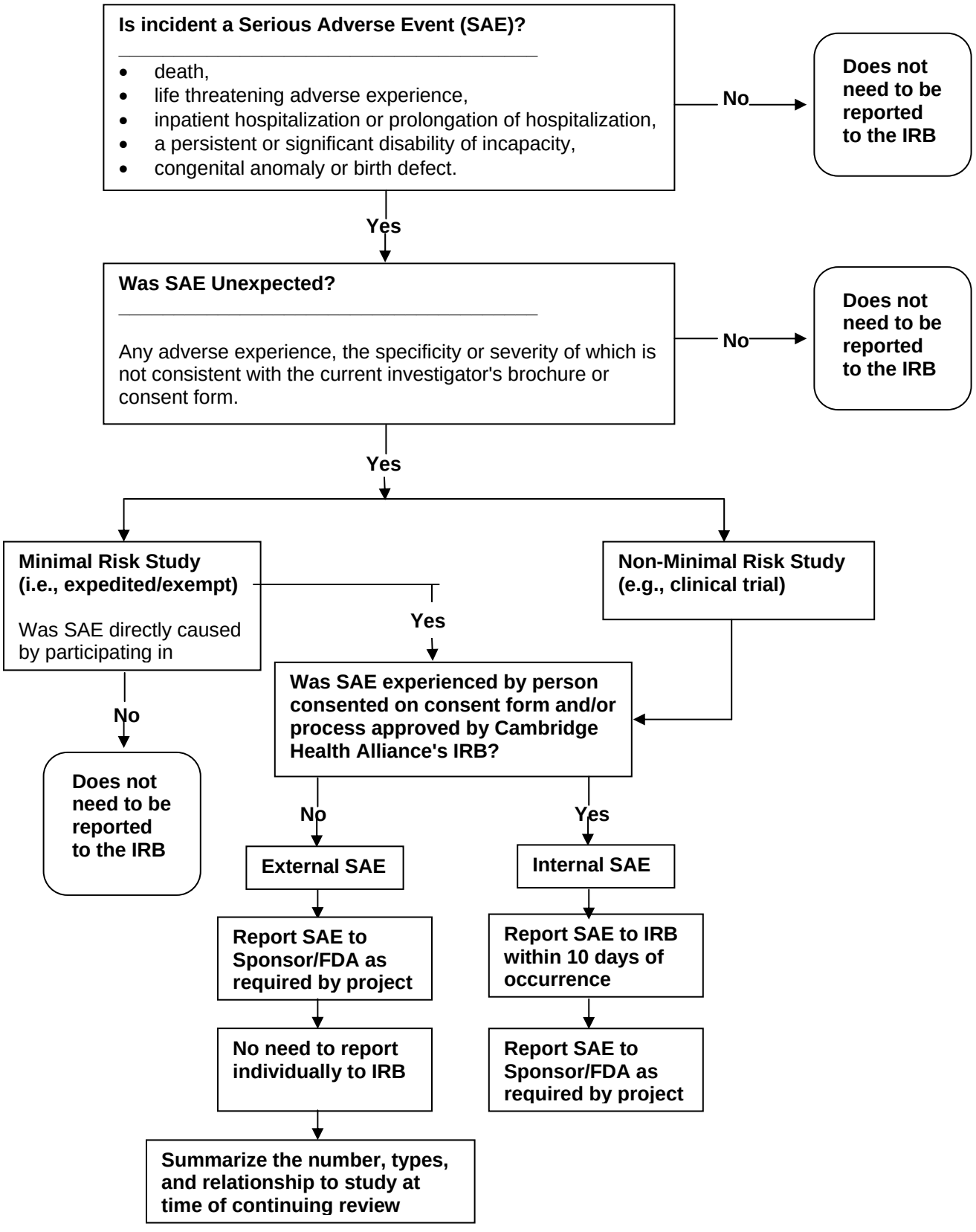
Non-interventional Studies: Studies on normal human functioning and development that involve limited invasive or non-invasive procedures, e.g., blood or urine collection, moderate exercise, fasting, feeding, sleep, learning, responses to mild sensory stimulation, surveys or questionnaires, etc. are, for the purposes of this policy, considered non-interventional studies.

IND Safety Reports: Sponsor generated reports of serious and unexpected adverse events occurring at any participating site that are distributed to all other participating sites.

IV. Procedure

All Serious Adverse Events (internal and external) must follow the algorithm given below:

PROCEDURE: All Serious Adverse Events (internal and external) must follow the algorithm given below:



The SAE form can be found here:

http://staffnet/Resources/Forms/ResearchHandbookForms/RHBAdverseEventReportingForm.doc

The Chairperson of the IRB reviews all reports and determines the relationship of the event to the study drug, device and/or procedures and whether any further action needs to be taken.

If the event is felt to be possibly, probably or definitely related, the Chairperson will determine whether:

- changes to the protocol are needed to minimize risks to subjects;
- changes to the consent form are needed to accurately reflect the nature, frequency or severity of the event;
- subjects should be asked to re-consent to study participation;
- the study should be placed on temporary hold to new enrollment and/or the study procedures should be discontinued because, based on the information available, the risk benefit ratio appears to be unfavorable to the subjects.

Investigators are notified of review and whether any modifications are required to the protocol and/or consent form. When the Chairperson determines that the study be placed on temporary hold pending further review by the Committee, the principal investigator and site responsible investigators are notified immediately by fax or e-mail. A copy of the notification is sent to the department chair and any other departments that may be involved in the study.