Wayne State University Human Investigation Committee	
Subject	Suspension and Termination of a Research Protocol
Form Date	November, 2008 (Rev. 7/21/10)
Approvals	General Counsel 11/17/06; Steering Committee 12/07/06; Administrative Approval 03/06/07; Administrative Approval 10/29/08; Office of General Counsel 11/07/08, Administrative Approval 9/30/10

Regulatory Requirements

Department of Health and Human Services and Veterans Administration

An IRB shall have authority to suspend or terminate approval of research that is not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of approval shall include a statement of the reasons for the IRB's action and shall be reported promptly to the investigator, appropriate institutional officials, and to the Department or Agency Head. [45 CFR 46.113; 38 CFR 16.113 Suspension or Termination of Research.]

Food and Drug Administration

An IRB shall have authority to suspend or terminate approval of research that is not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects. Any suspension or termination of approval shall include a statement of the reasons for the IRB's action and shall be reported promptly to the investigator, appropriate institutional officials, and the Food and Drug Administration. [45 CFR 56.113 Suspension or Termination of IRB Approval of Research.]

Background

To fulfill the regulatory requirements (as noted above), Wayne State University (WSU) has authorized the Human Investigation Committee (HIC), the HIC Chair, the individual Institutional Review Boards (IRBs) (Committees) and/or the Committee Chairs or the Associate Vice President for Research (AVPR), to suspend or terminate a research project that is not being conducted in accordance with the IRB's requirements and/or that may pose increased risks and/or unacceptable risks to the safety and welfare of human research subjects. Additionally, any of the above entities or individuals can suspend the human research activities of an investigator who has committed serious or continuing non-compliance in order to assess and/or remediate the problem(s). Suspension or termination would occur when there are issues of continuing or serious noncompliance with HIC and federal requirements, when the research is associated

with unexpected serious harm to research participants, or when there are immediate serious issues involving participant safety.

Scope

This Policy and Standard Operating Procedure applies to all activities being conducted by WSU (faculty, staff, and students) and its affiliate institutions that meet the definition of human subject research (see HIC website www.hic.wayne.edu "Definition of Human Subject Research").

Definitions

Committee – Refers to the individual IRBs at Wayne State University.

Designee – A person appointed by the HIC or IRB Chair, acting on his/her behalf.

Confirmed Non-Compliance – Non-compliance (as defined below) that has been verified as a result of a for-cause audit or investigation.

Continuing Non-Compliance – A repeated pattern of non-compliance with all federal regulations, including Veterans regulations and guidance, by an individual investigator or research staff member either on a single protocol or multiple protocols.

Non-Compliance – The failure to comply with all federal regulations, including Veterans Administration regulations and guidance, state and local requirements, WSU Policy and determinations of the IRB.

Serious Non-Compliance – The failure to comply with all federal regulations, including Veteran's Administration regulations and guidance, state and local requirements, WSU Policy and determinations of the IRB that involve one or more of the following:

- Harm to research participants;
- Exposing research participants to a significant risk of substantive harm;
- Comprising the privacy and confidentiality of research participants;
- Damage caused to scientific integrity of the research data that has been collected;
- Willful or knowing non-compliance on the part of the investigator; and
- Adversely impacting ethical principles

(See HIC Policy: "Identifying, Defining, and Managing Non-Compliance in Human Research" for specific examples).

Suspension – A suspension occurs when the IRB Committee, IRB Chair, HIC Chair, or AVPR places a temporary hold on the research that had been previously approved so that no new participants can be accrued, no research interventions may occur (unless necessary for the safety and well-being of the enrolled participants), and no follow-up can be conducted unless it is in the best interest of the participant and approved by the IRB.

Termination of a previously approved protocol – Termination of a previously approved protocol occurs when the IRB Committee, IRB Chair, HIC Chair, or AVPR withdraw approval or stop all research activity

permanently. No new participants may be enrolled and no additional research interventions can occur. However, future follow-up may be conducted with the approval of the IRB to monitor the well being and any potential risk to participants.

Termination of activities that have never received prior review and approval – On the occasion when research activities have occurred that did not receive prior review and approval from the IRB, the HIC shall stop all such activities permanently. None of the data collected in this activity can be used in any future publication or presentation.

Unexpected Problem – An unexpected problem is associated with any aspect of the research study that may involve not only risks to the participant enrolled in a research study, but to other individuals who may or may not be directly associated with the research study. Unexpected problems may occur in non-clinical (behavioral or social science) as well as clinical research studies (see HIC Policy and Procedure "Unexpected Problems Involving Risk to Participants" for an inclusive list of categories).

HIC Procedures

Prior to, or during, the process of suspending or terminating a previously approved research protocol or research activities that have been conducted without prior approval, a for-cause audit will be conducted. The results of this audit will be provided to the AVPR, the HIC Chair, the IRB Chairs and Committee Members as a part of their decision to suspend and/or terminate a research protocol (see HIC Policy and Procedure "For-Cause Audit").

When other administrative groups within the University have suspended a research activity for an issue involving human participants, they are required to notify the HIC within 5 business days. An investigation will be done and an audit may be conducted by the HIC as part of their decision to suspend and/or terminate the research protocol. These results of the above actions may range from corrective or educational measures for the researcher up to and including the termination of all research activities. Further, the IRB may suspend the approval of research projects at any time during an inquiry or investigation to assure the protection of human participants.

<u>Suspension of a Research Protocol</u>

When reviewing an unexpected problem, the IRB or IRB designee may determine that the protocol associated with the unexpected problem should be suspended.

In addition, when there is concern that research is being conducted that is not in compliance with an approved research protocol, the IRB or IRB designee may suspend the research protocol until an internal audit has been completed. The completed audit report will be reviewed by the HIC and/or IRB, to determine whether or not to terminate the IRB approval.

As an alternative to termination, the IRB may impose a suspension and/or remedial actions to bring the research activities into compliance with the IRB requirements and to reduce the risk to participants. When the IRB has determined that all remedial actions have been implemented, the IRB may withdraw the suspension and the research may resume.

Termination of a Research Protocol

A research protocol is terminated:

- when a remedial action plan approved by the IRB has not been implemented; or
- when the IRB determines that it is in the best interest of the research participants.

Due to safety issues and full disclosure (as outlined in the informed consent process), participants in the research must be notified in writing of all terminations. This notification must be approved by the IRB before it is sent to participants. A plan for safe withdrawal of participants from the research is required and should consider their rights and welfare, and must be submitted to the IRB for review and approval. If follow-up of the participants for safety and effectiveness reasons is permitted or required by the IRB, the participants should be informed after obtaining IRB review and approval of the notice. Any unexpected problems or other outcomes identified during follow-up should be reported to the IRB, the research study sponsor, and the FDA, if applicable.

If the investigator wishes to resume a research protocol that has been terminated, it must be submitted as a new protocol.

Terminating Research Activities Prior to IRB Review and Approval

When research activities have occurred without prior review and approval, then all activities must cease immediately and the following process is followed:

- The PI will be required to submit an Unexpected Problem Report/Form regarding the event;
- A for-cause audit of all research documents will be conducted;
- The investigator must verify in writing that none of the data will ever be used for research purposes in the future;
- All paper documents and informed consent forms must be sent to the HIC office to be confiscated;
- All computer files must be destroyed and a signed verification submitted by the PI;
- Mandatory education of the investigator and research team will be conducted;
- Appropriate University, IRB, Agency, and Sponsor entities will be notified.

Reporting of All IRB Suspensions and/or Terminations

The suspension and/or termination of IRB approval of a research protocol will be promptly reported to the investigator by courier within 24 hours and will include a written statement of the reasons for the IRB's actions.

When research has been suspended and/or terminated, the Associate Vice President for Research will report the suspension and/or termination to other appropriate Institutional Officials, Departmental Chairs or Deans and appropriate regulatory agencies (e.g., Offices for Human Research Protection, Food and Drug Administration, Veterans Affairs, Sponsor, etc.) within 60 days of the suspension or termination (see HIC Policy and Procedure "Reporting of Unexpected Problems, Suspensions and Terminations, and Serious and Continuing Non-Compliance and the Institutional Official's Responsibilities"). For VA requirements, in addition to reporting to ORO, the following offices must be notified:

- The Privacy Office, when the report involves unauthorized use, loss, or disclosure of individually identifiable patient information.

- The Information Security Officer when the report involves violations of information security requirements.

PI Recourse

The PI may request a meeting with the AVPR, HIC Chair, IRB Committee or IRB Chair regarding any decision to suspend and/or terminate a protocol. This should be accompanied by a written appeal.

Disciplinary Action

While the IRB shall have the authority to suspend and/or terminate a research protocol, or any of an investigator's human research activities, all disciplinary action taken against an individual for being out of compliance with institutional policies regarding the protection of human participants, shall be the responsibility of the institution. The Associate Vice President for Research shall be responsible for reporting the termination to other institutional officials (Department Chairs, Deans, the Provost, etc., as required) and to assist in taking appropriate institutional disciplinary action.