6. REPORTING UNANTICIPATED PROBLEMS TO THE CPHS

Federal regulations [45 CFR 46.103(b)(5) and 21 CFR 56.108(b)(1)] require the CPHS to ensure that investigators promptly report “any unanticipated problems involving risk to subjects or others." The CPHS defines unanticipated problems involving risk to subjects as any problem or event which in the opinion of the investigator was unanticipated, serious AND at least possibly related to the research procedures.

These should be reported to the CPHS within 10 working days using the required reporting form.

6.1 What to Report

The following events meet the CPHS’s definition of unanticipated problems involving risk to subjects or others and should be reported within the 10 day time frame:

- a) Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths or other problems) which in the opinion of the investigator was unanticipated, involving risk to subjects or others, and was possibly related to the research procedures.
- b) Any serious accidental or unintentional change to the CPHS-approved protocol that involves risk or has the potential to recur.
- c) Any deviation from the protocol taken without prior CPHS review to eliminate apparent immediate hazard to a research subject.
- d) Any publication in the literature, safety monitoring report (including Data and Safety Monitoring Reports), interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research.
- e) Any breach in confidentiality that may involve risk to the subject or others.
- f) Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.
- g) Any other serious and possibly related event which in the opinion of the investigator constitutes an unanticipated risk.
- h) Any event that requires prompt reporting according to the protocol or the sponsor.
- i) Incarceration of a participant.

Note that issues such as whether the event was on-site or off-site or whether the event involved a death are no longer of primary relevance in determining what should be reported. If the event meets all 3 criteria of the CPHS’s definition of an unanticipated event, it should be reported using the reporting form within the 10 day time frame.

6.2 Definitions

Unanticipated (unexpected) problems/events are those that are not already described as potential risks in the consent form, not listed in the CPHS application or not part of an underlying disease. Anticipated (expected) problems/events do NOT meet the CPHS’s definition of an unanticipated problem involving risk to subjects or others.

Serious problems/events are those which in the opinion of the investigator involve risk to subjects or others. Examples may include death, hospitalization, disability as well as breach of confidentiality. Non-serious problems/events do NOT meet the CPHS’s definition of an unanticipated problem involving risk to subjects or others.

Problems/events that are unanticipated or unexpected and serious should be reported to the CPHS within 10 working days only if in the opinion of the investigator they are possibly, probably or definitely related to the research procedures. Those serious, unanticipated problems/events that the investigator deems
unlikely or not related do NOT meet the CPHS’s definition of an unanticipated problem involving risk to subjects or others.

Follow-up reports on previous events should be reported as an unanticipated problem involving risk to subjects or others if the initial event itself met the CPHS’s definition of an unanticipated problem AND in the investigator’s judgment, this follow-up report adds value to the initial report.

- Reports of off-site events on studies that are closed at this site should be reported as unanticipated problems if the event meets the CPHS’s definition of an unanticipated problem/event AND in the investigator’s opinion, this event may affect the risk to subjects who have completed the study.

6.3 CPHS Review of Unanticipated Problems

The CPHS staff will forward the report to a designated committee member who shall evaluate the report and determine one of the following outcomes:

a) no further action is required,
b) the PI is to submit further information (to be specified by the reviewer),
c) revisions to the informed consent are necessary – requested revision will be specified and may involve re-consenting of participants already enrolled,
d) revisions to the protocol are necessary – requested revision will be specified,
e) suspension of the protocol upon notification to and agreement of the chairperson, or
f) termination of the protocol by the CPHS.

Depending on the severity of the event, the reviewer may ask that the report be presented at the next full committee meeting for discussion and further decision. If referred, the CPHS may require the PI to notify subjects of unanticipated problems. This may be required to be in the form of a letter sent to all subjects and/or as part of a revised consent form to be signed by returning participants. The CPHS may require more active monitoring of a research study, depending on the perceived risk to the research.

All correspondence and decisions will be communicated/document via campus inter-office mail and may in addition be transmitted verbally.