October 26, 2007

To Whom It May Concern:

Effective immediately the BUMC IRB has changed its policy for reporting to the IRB SAEs, AEs, and Unanticipated Problems. The BUMC IRB has made these changes based on the OHRP and FDA Regulations regarding the reporting of Unanticipated Problems and Adverse Events and the recent OHRP and FDA Guidances.

In general the BUMC will now only accept reports of individual AEs or SAEs if these events meet the definition of unanticipated problems resulting in risk to subjects or others. All other AEs and SAEs must be reported to the IRB in summary form at the time of the Progress Report.

For a detailed explanation of the revised BUMC procedures please see the October 2007 article in the BUMC research newsletter CR Times at www.bu.edu/crtimes called Reporting Unanticipated Problems to the IRB (Formerly SAE Reporting).

More information regarding this change in policy can also be found on the BUMC IRB website at www.bumc.bu.edu/irb, click on Unanticipated Problems, AE and SAE Reports and Safety Monitors Reports.

Thank you for your attention to this matter.

Regards,

Mary A. Banks

Mary A. Banks RN, BS, BSN
Director
BUMC IRB and Human Subjects Protection

Attachment: Summary of Related Regulations
Attachment - Summary of the Regulations

TITLE 21--FOOD AND DRUGS
CHAPTER I--FOOD AND DRUG ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBCHAPTER D--DRUGS FOR HUMAN USE

PART 312 -- INVESTIGATIONAL NEW DRUG APPLICATION

Subpart D--Responsibilities of Sponsors and Investigators

Sec. 312.66 Assurance of IRB review.

An investigator shall assure that an IRB that complies with the requirements set forth in part 56 will be responsible for the initial and continuing review and approval of the proposed clinical study. The investigator shall also assure that he or she will promptly report to the IRB all changes in the research activity and all unanticipated problems involving risk to human subjects or others and that he or she will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.


21 CFR 56.108 ... Each IRB shall
b) Follow written procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, and the Food and Drug Administration of: (1) Any unanticipated problems involving risks to human subjects or others; (2) any instance of serious or continuing noncompliance with these regulations or the requirements

312.66 does NOT say that SAEs have to be reported to the IRB. It only talks about unanticipated problems being reported to the IRB. SAEs and unanticipated problems are NOT the same thing. Also, 312.66 clearly does not say that all SAEs have to be reported to the IRB individually, in real time.

OHRP (45 CFR 46)

HHS regulations for the protection of human subjects (45 CFR part 46) contain five specific requirements relevant to the review and reporting of unanticipated problems and adverse events:

(1) Institutions engaged in human subjects research conducted or supported by HHS must have written procedures for ensuring prompt reporting to the IRB,
appropriate institutional officials, and any supporting department or agency head of any unanticipated problem involving risks to subjects or others (45 CFR 46.103(b)(5)).

(2) For research covered by an assurance approved for federal wide use by OHRP, HHS regulations at 45 CFR 46.103(a) require that institutions promptly report any unanticipated problems to OHRP.

(3) In order to approve research conducted or supported by HHS, the IRB must determine, among other things, that:

(a) Risks to subjects are minimized (i) by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk, and (ii) whenever appropriate, by using procedures already being performed on the subject for diagnostic or treatment purposes (45 CFR 46.111(a)(1)).

(b) Risks to subjects are reasonable in relation to anticipated benefits, if any, to the subjects, and the importance of the knowledge that may reasonably be expected to result (45 CFR 46.111(a)(2)).

(c) When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects (45 CFR 46.111(a)(6)).

(4) An IRB must conduct continuing review of research conducted or supported by HHS at intervals appropriate to the degree of risk, but not less than once per year, and shall have authority to observe or have a third party observe the consent process and the research (45 CFR 46.109(e)).

(5) An IRB must have authority to suspend or terminate approval of research conducted or supported by HHS that is not being conducted in accordance with the IRBs requirements or that has been associated with unexpected serious harm to subjects? Any suspension or termination of approval must include a statement of the reasons for the IRBs action and must be reported promptly to the investigator, appropriate institutional officials, and any supporting department or agency head (45 CFR 46.113).