Institutional Review Board
Malabar Cancer Centre (IRB, MCC)

Title: Review of Protocol Deviation/Violation/Waiver/Non-Compliance

Edited By : SOPs Development Team, Malabar Cancer Centre

Approved By

Chairperson **Member Secretary**
(Institutional Ethics Committee)

SOP 06/VER1 **Pages: 1 to 7**

6.1 PURPOSE

To provide instructions for taking action and maintaining records, when investigators/ trial sites, fail to –

- follow the procedures written in the approved protocol
- comply with national / international guidelines for the conduct of human research, including those who fail to respond to the IRB, MCC requests

6.2 SCOPE

This SOP applies to all IRB, MCC approved research protocols involving human subjects.

6.3 RESPONSIBILITY

1. The office of IRB is responsible for receiving deviations /violations/waiver reports as per (*ANX1–VER1/SOP06/VER1*) submitted by the PI and placing it on agenda of the meeting. Reporting of deviation/ non-compliance/violation/waiver in any other reporting format will not be accepted.
2. IRB members should review and take action on such reports.

6.4 DETAILED INSTRUCTIONS

6.4.1 Detection of Protocol deviation/ non-compliance/ violation/waiver

6.4.1.(a) The IRB members performing monitoring of the project at trial site can detect protocol deviation/non-compliance /violation, if the project is –

- ➢ not conducted as per protocol / national / international regulations
- ➢ when scrutinizing annual / periodic reports / SAE reports
- ➢ any other communication received from the Investigator / trial site / sponsor / study monitor / CRO

6.4.1 (b) The office of IRB can detect protocol deviation / non-compliance / violation from failure to

- ➢ comply with statutory requirements
- ➢ respond to requests from IRB within reasonable time limit
- ➢ respond to communication made by IRB office, MCC

6.4.1.(c) The PI himself / herself may forward protocol deviation / non- compliance/ violation / waiver reports to inform the IRB.

Protocol Waiver is analogous to a Protocol Deviation, except that prior IRB approval must be obtained before implementing the necessary departures from the protocol. Therefore, Protocol Waivers are anticipatory, while Protocol Deviations are not. e.g. Protocol Waiver means a prospective decision by a sponsor or investigator to permit accrual of a subject who does not satisfy the approved inclusion /exclusion criteria for enrollment.

6.4.1.(d) Communication / complaint / information received from research participant who has been enrolled or any individual who has been approached for enrollment

6.4.1(e) Any report / communication brought to the notice of Member-Secretary / Chairperson of IEC. Communication received from the Director, MCC informing IEC about an alleged protocol violation / non-compliance / protocol deviation.

6.4.2 Noting protocol deviation / non-compliance / violation / waiver by the Secretariat

- The IRB members who have performed monitoring of a particular trial site and detect protocol deviation / non-compliance / violation will inform the Secretariat in writing within 24 hours [one working day].
- Whenever protocol deviation / non-compliance / violation has been observed, the Secretariat will ensure that the issues as well as the details of non-compliance involving research investigators are included in the agenda of the IEC meeting.

The deviations / violations will be scrutinized for gravity and implications in the formal IEC meeting. The IRB decision will be communicated to PI.

6.4.3 Board discussion, Decision and Action

- If the protocol deviation / non-compliance / violation is detected by IRB member during monitoring visit he/she will present the protocol deviation / noncompliance / violation information.
- If detected by Secretariat / forwarded by PI, the in charge of IRB office will present the protocol deviation / non-compliance / violation / waiver information.
- The Chairperson, IEC and/or IEC members will review the information available and take a decision depending on the seriousness of the violation.
- The decision will be taken to ensure that the safety and rights of the research participants are safeguarded. The decision will be taken by consensus and if no consensus is arrived at, voting may be conducted.

The actions taken by IRB could include one or more of the following:

i. Inform the PI that IEC has noted the violation / noncompliance / deviation and inform the PI to ensure that deviations / noncompliance / violations do not occur in future and follow IEC recommendations.
ii. Enlist measures that the PI would undertake to ensure that deviations / noncompliance /violations do not occur in future.
iii. Reprimand the PI
iv. Call for additional information.
v. Suspend the study till additional information is made available and is scrutinized.
vi. Suspend the study till recommendations made by the IEC, MCC are implemented by the PI and found to be satisfactory by the IEC.
vii. Suspend the study for a fixed duration of time.

viii. Inform the Director, MCC.
ix. Revoke approval of the current study.
x. Inform DCGI / Other relevant regulatory authorities.
xi. Keep other research proposals from the PI/ Co-PI under abeyance.
xii. Review and / or inspect other studies undertaken by PI/Co-PI.

6.4.4 Notify the investigator

- The IRB office records the IEC decision Drafts and types a notification letter.
- The Chairperson / Member-Secretary of IEC signs and dates the letter.
- The IRB office makes four copies of the notification letter.
- The IRB office sends the Three copies (One original & Two copies) of the notification to the investigator.
- The Investigator keeps the original with him. He/she will send a copy of the notification to the relevant national authorities and other trial sites, in case of multi-centric trial.
- The Investigator sends the another copy to the sponsor or funding agency of the study.

6.4.5 Records and follow up to be kept by IRB Office

- The office of IRB keeps the last copy of the notification letter in the "non-compliance' file.
- Stores the file on the shelf with an appropriate label.
- Follows up the action after a reasonable time.
- Maintains a file that identifies investigators who are found to be non-compliant with national / international regulations or who fail to follow protocol approval stipulations or fail to respond to the IEC request for information/action.

References

1. World Health Organization, Operational Guidelines for Ethics Committees that Review Biomedical Research, (Geneva 2000) www.who.int/tdr/publications/publications
2. International Conference on Harmonization, Guidance on Good Clinical Practice (ICH GCP) 1996- http://www.ich.org/LOB/media/MEDIA482.pdf

GLOSSARY

***Deviation / on-compliance / Violation*:** The Institutional Ethics Committee (IEC) of IRB, MCC, monitors whether investigators do not perform the study in compliance with the approved protocol, ICH GCP, FDA regulations and/or fail to respond to the IEC request for information/action.

Waiver: Protocol Waiver is analogous to a Protocol Deviation, except that prior IRB approval must be obtained before implementing the necessary departures from the protocol.

ANX1-VER1/SOP06/VER1

WAIVER (W) /VIOLATION (V) /DEVIATION (D) : Reporting Form
Institutional Review Board (IRB)
Malabar Cancer Centre (MCC), Thalassery - 670 103, India

Specify if W/V/D :

Nature:

☐ Minor ☐ Major ☐ Other (Tick whichever applicable)

If other, please specify:……..

Date of Occurrence (DD/MM/YYYY) [***Not applicable in case of waiver***]

No. of similar W/V/D occurred during the same trial:

Patient ID no.

MCC Project No.:

Project Title:

Details of W/V/D:

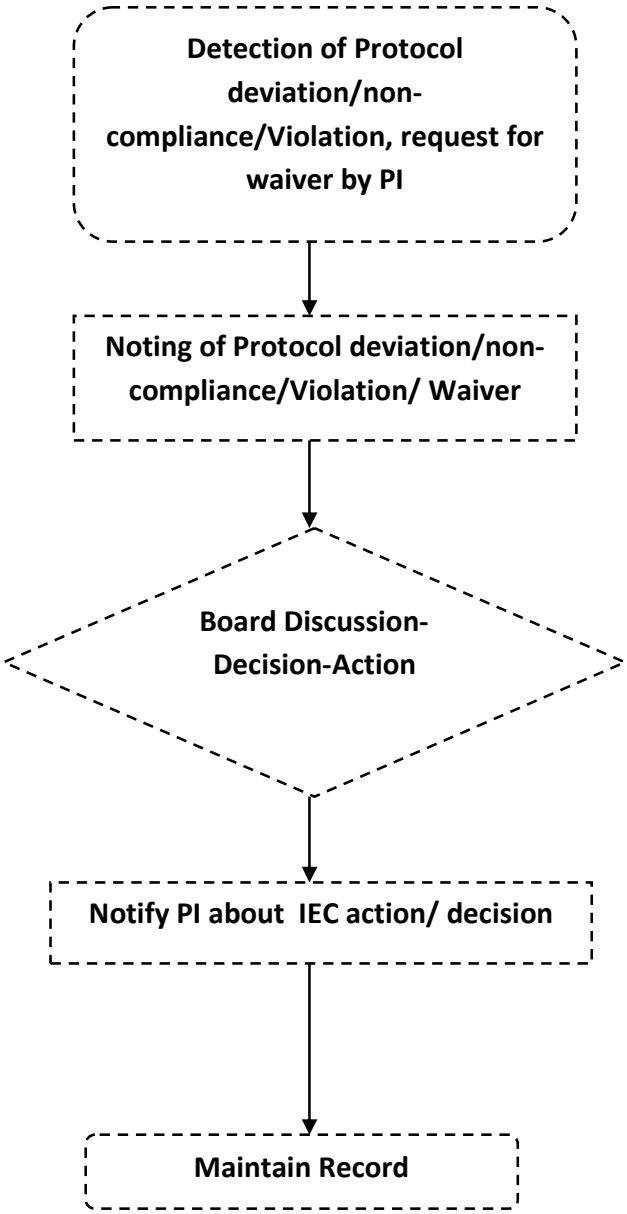
Action taken by PI/Co-PI/Co-I : (***Not applicable in case of Waiver***)

Impact on trial subjects: (***Not applicable in case of Waiver***)

Signature of the PI with date:

Name of the PI:

FLOW CHART


Detection of Protocol deviation/non-compliance/Violation, request for waiver by PI
Noting of Protocol deviation/non-compliance/Violation/ Waiver
Board Discussion-Decision-Action
Notify PI about IEC action/ decision
Maintain Record