

STANDARD OPERATING PROCEDURE EXTERNAL SAFETY REPORTS – NCTN STUDIES	
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1.0 PURPOSE/BACKGROUND

The purpose of this SOP is to define the process for managing external safety reports (e.g., MedWatch, CIOMS, SUSARs, letters requiring action, or other expedited external safety reports) received from the National Clinical Trials Network (NCTN) and how the Medical College of Wisconsin Cancer Center Clinical Trials Office (CCCTO) will report them to the IRB providing study oversight. As stated by the Food and Drug Administration (FDA) in their guidance on the topic, “the increasingly large volumes of individual adverse event reports submitted to IRBs—often lacking in context and detail—are inhibiting, rather than enhancing, the ability of IRBs to protect human subjects”. The FDA considers the local investigator ultimately responsible for reviewing external safety reports. However, in accordance with FDA guidance, the CCCTO delegates the responsibility of clearly identifying Unanticipated Problems to study sponsors. This delegation allows local investigators to fulfill their obligation to submit relevant reports to the IRB of record as required. The CCCTO considers the sponsor accountable for the process of reviewing and analyzing the significance of individual external adverse event information received by the sponsor from study sites in multi-center studies. This information is readily accessible to the sponsor, and it is the sponsor that generally has more experience and expertise with the study drug. The sponsor must make the determination as to whether an adverse event meets the criteria set forth in 21 CFR 312.32(c)(1) and *clearly* communicate this to the study staff, who will then report the event(s) as appropriate to the IRB providing study oversight.

2.0 SCOPE

This SOP applies to all external safety reports detailing individual adverse events occurring in subjects enrolled in multi-center NCTN studies (e.g., MedWatch, CIOMS, SUSARs, letters requiring action, or other expedited external safety reports).

3.0 RESPONSIBILITY

Individuals impacted by this SOP may include:

- NCTN and their designees
- Institutional Review Boards
- Study Staff

4.0 DEFINITIONS

Refer to Glossary of Common Terms and Definitions.

Additional definitions:

Drug: Refers to any investigational article (e.g., drugs, biologics, monoclonal antibodies, vaccines.)

External Safety Reports: Safety reports that originate from any site other than the Froedtert Health Network.

National Clinical Trials Network: A network of researchers, physicians, and health care professionals at public and private institutions across the country (members) that sponsor clinical research studies. These trials are funded primarily by the National Cancer Institute (NCI). (i.e. ECOG-ACRIN, SWOG, NRG, Alliance, etc.)

Unanticipated Problem: An incident, experience, or outcome that is unexpected, related (or possibly related) to the research, and suggests greater risk to the research subjects or others (See Appendix “Identifying ‘Unanticipated Problems’”)

5.0 ROLES AND PROCEDURES

NCTN:

5.1 In partnership with the NCI’s Cancer Therapy Evaluation Program, the affiliated industry sponsor (IND holder) is responsible for reviewing safety reports to determine whether they meet the criteria to be classified as an Unanticipated Problem, which describe experiences or outcomes that meet ALL the following criteria:

- A. Unexpected (in terms of nature, severity, or frequency) given (i) the risks described in the protocol-related documents, such as the investigator’s brochure, the IRB-approved research protocol, and the informed consent document, and (ii) the characteristics of the subject population being studied;
- B. Related or possibly related to the investigational article (*possibly related* means there is a reasonable possibility that the experience or outcome may have been caused by the investigational article); and
- C. Suggests that the clinical trial places subjects or others at a greater risk of harm than was previously known or recognized. This change in the risk-benefit ratio would typically result in a change to the protocol, consent form, or other study documents.

A list of the types of adverse experiences that the FDA believes should be considered *unanticipated problems* is appended to this policy.

The report must include a detailed explanation of the event or series of events determined to meet the above-mentioned criteria, and *clearly* state that immediate action is required.

- 5.2** If a report qualifies as an Unanticipated Problem, the Lead Protocol Organization (LPO) notifies participating sites through official communication channels, such as email alerts from the Cancer Trials Support Unit (CTSU), protocol updates, or investigator letters. Upon receipt, the site is responsible for ensuring the report is reviewed by the IRB of record as necessary.
- 5.3** If NCI CIRB is the IRB of record, these reports shall be submitted by the sponsor on MCW CCCTO's behalf. The action required by the sponsor as a result of the event will be followed (e.g., reconsenting subjects, placing study on hold, notifying participants).
- 5.4** A copy of the updated protocol, consent, investigator brochure(s), and/or pertinent study memos regarding direction to be taken by the sites for this safety report must be made available to the CCCTO Primary Site Contact and Study Principal Investigator.

Study Staff:

- 5.5** The CCCTO will review reports provided by the sponsor for all events that meet the above criteria (section 5.1) and will take the appropriate action(s) as required by the sponsor and the IRB providing study oversight.
- 5.5.1** When the MCW IRB is the IRB of record, a reportable event application will be submitted to the IRB in accordance with IRB's reporting policy, and will detail the study team's action plan.
- 5.6.** No action will be taken with these reports that don't qualify for immediate IRB reporting. The reports themselves will not be submitted to the IRB, nor will the reports be acknowledged, stored, or housed by the CCCTO. Copies of individual reports must be available from the sponsor upon CCCTO and/or IRB request.

6.0 REFERENCES

- 1.) FDA Regulation: 21 CFR 312.32 (c)(1)
- 2.) *Guidance for Clinical Investigators, Sponsors, and IRBs: Adverse Event Reporting to IRBs — Improving Human Subject Protection*, U.S. Department of Health and Human Services, Food and Drug Administration, Office of the Commissioner (OC), January 2009
- 3.) MCW IRB SOP on Requirements for Reporting to the IRB
- 4.) MCW IRB SOP on Continuing Progress Reports

7.0 APPENDICES

Identifying “Unanticipated Problems”

For clinical investigations of drug and biological products conducted under an investigational new drug (IND) application, FDA regulations state that:

- Investigators are required to report promptly “to the IRB... all *unanticipated problems* involving risks to human subjects or others,” including adverse events that should be considered unanticipated problems (21 CFR 56.108(b)(1); 21 CFR 312.53(c)(1)(vii); and 21 CFR 312.66).

In this context, *unanticipated* or *unexpected* means that the specificity or severity of the adverse drug experience is not consistent with the investigator’s brochure reviewed by the IRB; or, if an investigator’s brochure was not required or not available, the specificity or severity of the adverse drug experience is not consistent with the risk information described in the general investigational plan or elsewhere in the current IRB application, as amended. *Unexpected* refers to an adverse drug experience that has not previously been observed (and included in the investigator’s brochure), rather than from the perspective of such experience not being anticipated from the pharmacological properties of the pharmaceutical product (21 CFR 312.32(a)).

The FDA believes that only the following AEs should be considered as *unanticipated problems that must be reported to the IRB* (FDA Guidance for Clinical Investigators, Sponsors, and IRBs: Adverse Event Reporting to IRBs – Improving Human Subject Protection, January 2009):

- A single occurrence of a serious, unexpected event that is uncommon and strongly associated with drug exposure (such as angioedema, agranulocytosis, hepatic injury, or Stevens-Johnson syndrome).
- A single occurrence, or more often a small number of occurrences, of a serious, unexpected event that is not commonly associated with drug exposure, but uncommon in the study population (e.g., tendon rupture, progressive multifocal leukoencephalopathy).
- Multiple occurrences of an AE that, based on an aggregate analysis, is determined to be an unanticipated problem. There should be a determination that the series of AEs represents a signal that the AEs were not just isolated occurrences and involve risk to human subjects (e.g., a comparison of rates across treatment groups reveals higher rate in the drug treatment groups reveals higher rate in the drug treatment arm versus a control). A summary and analyses supporting the determination should accompany the report.
- An AE that is described or addressed in the investigator’s brochure, protocol, or informed consent documents, but occurs at a specificity or severity that is inconsistent with prior observations. For example, if transaminase elevation is listed in the investigator’s brochure and hepatic necrosis is observed in study subjects, hepatic necrosis would be considered an unanticipated problem involving risk to human subjects. A discussion of the divergence from the expected specificity or severity should accompany the report.
- A serious AE that is described or addressed in the investigator’s brochure, protocol, or informed consent documents, but for which the rate of occurrence in the study represents a clinically significant increase in the expected rate of occurrence (ordinarily, reporting would only be

triggered if there were a credible baseline rate for comparison). A discussion of the divergence from the expected rate should accompany the report.

- Any other AE or safety finding (e.g., based on animal or epidemiological data) that would cause the sponsor to modify the investigator's brochure, study protocol, or informed consent documents, or would prompt other action by the IRB to ensure the protection of human subjects. An explanation of the conclusion should accompany the report.

Authorized by:

Signed Electronically by:

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CCCTO Administrative Director

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