

RUSH IRB POLICY
Approved 2/28/02

Amendments / Modifications / Revisions of the Study Protocol

Investigators are not authorized to change or deviate from a study protocol that has been reviewed and approved by the Rush IRB, except in isolated clinical emergency situations. Changes to the study protocol made on the authority of:

- (a) the Principal Investigator;
- (b) the study Coordinating Center; or
- (c) the study Sponsor

are NOT recognized by the Rush IRB unless the IRB has already reviewed and approved the written amendment.

All the following types of modifications to any study must be proposed in writing, reviewed and approved by the Rush IRB before the Investigator may act on the proposed changes:

- (a) modification of the study inclusion/exclusion criteria (whether permanent, or for a single patient);
- (b) modification of sample size; and
- (b) modification of study procedures (whether permanent, or for a single patient).

IRB Chairs, IRB members, and the Human Research Protection staff will not consider a proposed amendment until it has been submitted to the Human Research Protections office (Armour Academic Center, Room 544) in writing.

In cases where the proposed modification amounts to a "minor change" in previously approved research, the IRB can review the proposed modification by means of the Expedited Review procedure. This may be accomplished within five business days. The IRB reserves the right to decide what changes are "minor," though the IRB welcomes the Investigator's written thoughts and information on this issue. The IRB defines a "minor change" as one that:

- (a) does not change the risk/benefit ratio for individual subjects;
- (b) does not substantially alter the IRB's original conditions for approval; and
- (c) would probably not impact on a subject's decision to remain in the research.

Changes to a protocol involving the addition of one procedure, or the dropping of one procedure, may not necessarily be considered a "minor change."

In the absence of prior IRB approval, instances where the study inclusion/exclusion criteria are stretched, or where the study procedures are modified, will be considered violations of IRB requirements. The IRB may consider a violations involving a "major change" to be an example of serious noncompliance. The IRB may consider a series (i.e., more than three) violations involving "minor changes" by a single investigator to constitute a pattern of noncompliance.

What is the significance of an IRB finding of "serious noncompliance" or a "pattern of noncompliance?" The federal regulations that govern IRB activity require, among other things, the Rush IRB to promptly report to appropriate institutional officials, sponsors, and the federal Office of Human Research Protection "any unanticipated problems involving risks to subjects or others or any serious or continuing noncompliance with... the requirements or determinations of the IRB" (45 CFR 46.103(b)(5)). Serious or continuing noncompliance may also be grounds for the IRB to suspend or terminate IRB approval for one or all of an investigator's studies.

Clinical emergencies

One of the federal regulations that Rush applies to all human subjects research activities (45 CFR 46.116.f) states: "... *nothing in these regulations is intended to limit the authority of a physician to provide emergency medical care...*" The regulations are not intended to interfere with the provision of emergency care for patients who need such care. The Investigator is required, however, to promptly notify the Rush IRB whenever a subject enrolled in a research protocol requires or has required emergency medical care. These emergency situations constitute either unexpected events or Serious Adverse Events (SAEs), and should be promptly reported as such.