

**University of California, San Francisco
Helen Diller Family Comprehensive Cancer Center
Policy and Procedure**

**Policy for Verbal Notification of Newly Identified Risks
For Research Subjects Enrolled in Therapeutic Oncology Clinical Trials**

Purpose

This policy defines the process by which subjects enrolled in therapeutic oncology clinical trials at the Helen Diller Family Comprehensive Cancer Center (HDFCCC) are notified of newly identified risks that have not been incorporated into the study specific informed consent document approved by the UCSF Committee on Human Research (CHR). This policy specifies the time frame in which subjects should be notified of newly identified risks, as well as the time frame in which the consent document must be modified. This policy applies to all therapeutic oncology trials regardless of the phase of the study.

Background

Informed consent and parental permission should be viewed as an ongoing process. The regulations do not explicitly describe all of the circumstances that might require repeating or supplementing the informed consent process. However, they do require that potential subjects be provided, when appropriate, with a "statement that significant new findings developed during the course of the research which may relate to the subject's willingness to continue participation will be provided to the subject" (45 CFR 46.116(b) (5)).

References

- HDFCCC "Policy for Obtaining Informed Consent of Potential Patients for Therapeutic Oncology Clinical Trials", approved May, 2010.
- HDFCCC Policy for "IND Safety Report Document Management –Industry and Investigator-Sponsored Studies"; *pending approval by the Steering Committee.*
- 45 CFR 46.
- 21 CFR 50.
- UCSF HRPP website: <http://research.ucsf.edu/chr/Recruit/chrRC.asp>
- Office for Human Research Protections (OHRP), HHS "Guidance on Reviewing and Reporting Unanticipated Problems Involving Risks to Subjects or Others and Adverse Events", 1/15/2007. <http://www.hhs.gov/ohrp/policy/AdvEvntGuid.htm>
- Refer to attached Safety Information Labels

Identifying New Risks

Investigators may become aware of new risks in one or more ways:

1. A "Dear Doctor" letter from the sponsor or manufacturer of a study drug, informing the PI that a new risk has been identified, and requiring notification of subjects and an immediate modification of the informed consent document.

**University of California, San Francisco
Helen Diller Family Comprehensive Cancer Center
Policy and Procedure**

2. A change to the Investigator's Brochure (IB), indicating that new risks have been identified and changes to the informed consent document are required
3. The PI may identify a new risk through the review of Safety Letters provided by the sponsor or drug manufacturer, or
4. The PI may identify a new risk through an adverse event experienced by a subject on a study at his or her institution.

Procedures

This policy assumes that the PI has carefully considered if the new risk may require stopping treatment, and assumes that the new risk has been reviewed by the appropriate Site Committee and the following factors have been considered:

1. Should treatment be stopped for the subject(s) that experienced the new risk?
2. Should treatment of other subjects enrolled on the study be stopped, or can treatment continue with careful monitoring?
3. Will a protocol amendment be required in order to manage the new risk?

Responsibilities of the Principal Investigator:

- a) **Determine if the new risk meets CHR mandatory reporting requirements:**
Check the CHR website to ensure that the current reporting requirements are followed:
http://www.research.ucsf.edu/chr/Apply/Post-Approval_Reporting.pdf

- b) **Report to the CHR :**
When it is determined that reporting to the CHR is mandatory, the updated IB or new safety information must be submitted to the CHR via IMedRIS **within 10 working days of awareness.**

- c) **Modify the Informed Consent Document:**
For investigator-initiated trials: the modified ICF will be submitted to the CHR within **15 working days** from the date the PI becomes aware of the new risk.

For sponsor studies, the modified ICF will be submitted to the CHR once the ICF has been approved by the sponsor.

- d) **Notify Enrolled Subjects of New Risk:**

Verbal notification: Until the modified ICF is approved by the CHR, the verbal notification of new risks will be designated as follows:

Subjects on Active treatment (or \leq 30 days from last dose):

- **High Risk:** subjects will be notified within 10 business days if the PI determines the **risk/benefit ratio** of the study is changed or the risk is **significant or immediate.**

**University of California, San Francisco
Helen Diller Family Comprehensive Cancer Center
Policy and Procedure**

- **Intermediate Risk**: subjects will be notified within 30 business days if the PI determines that the risk does not meet the definition of high risk, however the new risk does impact subjects.
- **Low Risk**: subjects will be notified within 60 business days if the PI determines that the risk does not meet the definition of a high risk and the risk will have a minor impact on the subjects or their decision to participate in the study.

Subjects Off Treatment and Not Active in Study (> 30 days from last dose):

- It is at the PI's discretion to notify subjects; if a subject is to be notified, this should occur within 60 business days.

Late Effect Risk: A late effect risk is an adverse event (i.e. secondary cancer) that can appear months or years after the initiation of a study treatment, such as chemotherapy, radiation therapy, and surgery. All active and non-active subjects will be verbally notified within 90 business days and will be re-consented after the modified ICF has been approved. This process will be documented in the medical record or study record. Subjects who are off study will be contacted and provided with the CHR-approved modified ICF and re-consented. If off study subjects cannot be reached or refuse re-consent, there will be documentation in the medical record or study record showing the intent to re-consent the patient, including date(s) of contact and mailing of the modified ICF.

Documentation in the clinical record and with the “Verbal Notification of New Risk” Form:

When a subject is verbally notified of the new risk(s), it will be documented in the medical record with a note stating that the subject has been informed of the new risk(s) and the subject will continue on study treatment (or stop study treatment).

In addition, the “Verbal Notification of New Risk” form can be used to further document the new risks discussed, when and where the discussion took place, and whether the subject decided to remain on study. This form will be signed and dated by the investigator who discussed the information with the subject. **(See Attachment 1)**

Note: if a translator is required during the initial consent process, then a translator is required during the verbal notification process. The translator will sign and date the Notification of New Risk form. If the verbal notification is via phone call, then the translator will provide their translator identification number to the clinician and this ID number will be documented on the signature line at the bottom of the Attachment 1 form.

- e) CHR approval of the modified consent form:** The verbal notification and documentation procedure will not be used after the modified ICF is approved and available on IMedRIS. **(Refer to the HDFCCC Consent Policy document for re-consenting procedures).**

**University of California, San Francisco
Helen Diller Family Comprehensive Cancer Center
Policy and Procedure**

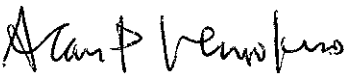
Alternate Procedures

There are no alternate procedures to this policy. FOR IRB POLICIES ALWAYS CHECK THE UCSF HRPP WEBSITE FOR FORMS AND GUIDANCE.

<http://www.research.ucsf.edu/chr>

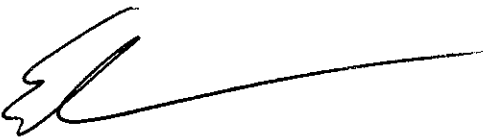
Policy Approval

This policy document was approved by the following personnel on the following dates:



Alan Venook, MD
Professor of Medicine
Chair, Data Safety Monitoring Committee
UCSF Helen Diller Family Comprehensive Cancer Center

2.13.12
Date



Eric Small, MD
Director, ITR, HDFCCC
Chief, Division of Hematology/Medical Oncology

2/13/12
Date

