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

Policy for Facilitating FDA Inspections

Table of Contents

Purpose

This policy defines the process for facilitating a FDA inspection occurring at the HDFCCC. This includes the pre-inspection preparation of the Principal Investigator and the study team, as well as assisting the study team both during and after completion of the inspection.

Scope

This policy applies to all Helen Diller Family Comprehensive Cancer Center (HDFCCC) faculty and staff, as well as all applicable non-HDFCCC staff, conducting cancer-specific clinical trials that are reviewed and regulated by the FDA.

The Principal Investigator (PI) is ultimately accountable for the performance and supervision of a clinical investigation. While the PI may delegate some required tasks to sub-investigators and other research staff, the PI remains at all times accountable for the trial's conduct.

Definitions

New Drug Application (NDA): the process in which sponsors formally propose that the FDA approve a new pharmaceutical for sale and marketing. The goal of the NDA are to provide enough information to permit FDA reviewers to establish the complete history of the candidate drug.

Pre-Marketing Approval (PMA): Premarket approval (PMA) is the FDA process of scientific and regulatory review to evaluate the safety and effectiveness of Class III medical devices.

FDA 483 Form: A FDA Form 483 is issued at the conclusion of an inspection when an FDA investigator(s) has observed any conditions that in their judgment may constitute violations of the

Food Drug and Cosmetic (FD&C) Act. FDA investigators are trained to ensure that each observation noted on the FDA Form 483 is clear, specific and significant.

Background

Routine FDA inspections are typically conducted at clinical sites to determine compliance with federal regulations and guidelines in order to verify the validity and integrity of clinical data submitted in applications for approval (i.e., New Drug Application (NDA) for investigational products (IP) for drugs or Pre Marketing Application (PMA) for devices), and to assure that the rights and welfare of study participants participating in clinical studies have been protected. For cause FDA inspections are typically conducted if there are significant issues with the conduct of clinical trials at the institution.

Procedures

The following procedures are required to occur prior to, during, and post FDA inspection.

1.0 Notification

- Upon receipt of notification from the FDA of an inspection, the PI or delegate will immediately notify the Data and Safety Monitoring Committee (DSMC) Director or designee, who will then notify the following UCSF and HDFCCC staff:
    - Chair of the Data Safety Monitoring Committee (DSMC)
    - Clinical Research Support Office (CRSO) Chair
    - CRSO Director
    - CRSO Associate Directors
    - Protocol Review Committee (PRC) Chair
    - PRC Manager
    - Human Research Protection Program (HRPP) /Institutional Review Board (IRB) Director
    - Regulatory and Protocol Projects Director
    - Investigational Pharmacist (if applicable)
    - UCSF Office of Legal Affairs Director
    - UCSF Office of Ethics and Compliance Director

- The DSMC Director or designee will reach out to the FDA Inspector to provide information on parking, lunch options, hotels, etc. as well as the meeting time and location of the first day of the inspection. It is best practice for PI to be available in person and this should be arranged when the FDA inspector contacts the PI to schedule this inspection. If PI is not available or is out of town, then the PI will need to arrange for a Co-Investigator or Sub-Investigator(s) to be present for the inspection. If possible, the PI could be available via teleconference or phone for the Introductory Meeting with the Inspector and to answer any questions that arise from the inspection of the trial.

2.0 Preparing for the Inspection

- The following documents must be prepared, by a study staff, prior to the inspection (confirm with the Inspector if he/she would like to have either electronic or paper copies of applicable documents):

Study Coordination Documents:

- All Research Charts (including screen failures)
    - Ensure that the Clinical Research Coordinator (CRC) and back-up CRCs are familiar with the layout of the charts and can subsequently guide the Inspector through the charts, if requested. It is recommended, but not required, to have a table of contents for the participant charts so the Investigator can refer to it during the inspection.
- Enrollment Logs (including total number of participants screened, enrolled, discontinued, and completed trial).
- Listing of all Protocol Violations from OnCore.
- Listing of all Adverse Events from OnCore.
- Listing of all Serious Adverse Events (SAEs) from OnCore.
- Original signed Informed Consent Forms (ICFs), HIPAA, and Bill of Rights documents.
- Screen Failure Charts, including documentation reason for screen failure.
- Study processes such as consenting process, RECIST measurements, etc.
- Consent Tracker document (i.e., list of all consents signed by all participants) for the duration of the trial.

Regulatory Documents:

- PI Listing of Trials over the past 5 years – this list must include:
    - Protocol number
    - Protocol title (including the product name)
    - Research or marketing permit number (if available)
    - Name of sponsor (including government agencies and commercial sponsors),
    - IRB of record, and key study dates (e.g., IRB approval, open to accrual, closed to accrual).
- Chair of the IRB Panel reviewing the trial, along with the address of each IRB Panel.
- Organization Chart for HDFCCC and the Site Committee (SC) of the study program for the trial being inspected. The DSMC will provide the HDFCCC Organizational Chart.
- Summary of Institutional Review Board (IRB) Submissions (Snapshot from iRIS).
- Summary of Protocol Amendments.
- Summary of Approved ICFs (Re-consent required and key changes in ICFs).
- All versions of the Protocol and Informed Consent Forms.
- Summary of Study Timeline (e.g., IRB approval date, first participant consented, first participant enrolled, last participant consented, etc.).
- FDA 1572 Forms for each Investigator (ensure that all Investigators with a FDA Form 1572 are listed on the Delegation of Authority (DOA) form.
- Financial Disclosure Forms (FDF) – each FDF should be completed and signed/dated by the Investigator.
- Delegation of Authority (DOA) Log. This log should be updated for each staff member involved in the trial and all procedures conducted in the trial should be indicated on this log. Ensure that acronyms on this form are spelled out on this form or ensure that this is documented with a Note to File.

- Training documents for the Site Initiation Visit (SIV) and for all versions of the protocol for all staff members listed on the DOA Log. There should be a separate training document signed off by all members of the team for each new version of the protocol.
- HDFCCC Polices and Guidelines, as well as Data and Safety Monitoring Committee (DSMC) Policies, Roster, and Data and Safety Monitoring Plan (DSMP) (these documents will be provided by the DSMC Director).
- Pharmacy Records (including Drug Accountability Record Forms (DARFs), Shipment records with TempTales, temperature logs for storage of the IP, etc.).

Associate Director (AD) Responsibilities

- Securing a room(s) for the entire inspection process that can be locked if the inspection is expected to span longer than one day.
- Ensuring that all CRCs in inspection location to clean up desks, assign someone to remove faxes from photocopier, lock all PHI, close doors, do not talk about PHI, FDA inspection or any trials outside of closed doors.
- Notifying non-HDFCCC UCSF staff who work in the area of the inspection of the inspection dates and reminders about confidentiality, etc.
- Ensuring that Clinical Research Manager (CRM) has notified the sponsor.
- Booking appropriate space for the Sponsor if they will be present for the inspection.
- Scheduling coverage by the liaisons in inspection room (1/2 day shifts), ready room and on-call and sending schedule to DSMC Director, DSMC Monitor Supervisor, other ADs, CRM, Protocol Project Manager (PPM), and CRC.
- Sending a separate meeting invitation for opening meeting session to block specific time in everyone's calendar.
- Identifying a "ready room" near inspection location as the "command center" for the inspection.
- Reminding everyone attending the opening meeting to bring their business card and will ensure that there is an opening meeting.

DSMC Director or Designee Responsibilities

- Sending a contact list to all who are involved in the inspection (PI, CRM, PPM, CRC, all FDA liaisons, CRSO Director, and ADs). Include name, title, role on study (if applicable), email, office number and cell number.
- Ensuring that all inspection materials are ready for the first day of the inspection including a notebook, binder for all documents copied for the Inspector, 3-hole punch, stapler, "copy" stamp, and pens.
- Preparing the study team for the inspection, including providing a preparatory meeting with the PI and the study team to go over the logistics of this inspection.
- Auditing the charts, regulatory and pharmacy documents in order to identify any findings and assist the study team with the CAPAs for these issues.

3.0 Conducting the Inspection

- The DSMC Director or AD will meet with inspector and will ensure that he/she signs in with security.
- The DSMC Director or AD will ensure that the Inspector is aware of the fire/emergency

evacuation procedures for the building in which the inspection is taking place.

- The PI or designee will obtain the FDA 482 form (Notice of Inspection) from the Inspector and verify the Inspector's credentials.
- The PI or designee will provide a brief overview of the trial to the inspector at the initial meeting. All staff at this meeting will sign the sign-in sheet and will provide their business cards to the Inspector.
- The appropriate study staff (i.e., PI, CRC, etc.) will be on 'stand-by' for the duration of the inspection. They are only required to go into the inspection room at the request of the inspector. The FDA Liaison will let the appropriate study staff member know when the Inspector would like to meet with them.

FDA Liaison Responsibilities:

- Documenting all questions and locate the study team staff who can answer the questions. The Liaison will create an e-mail chain each day to update everyone on the status of the inspection and if there are any outstanding questions that need to be answered or documents that need to be retrieved.
- Providing requested records to the inspector (after review by the Liaison in the "ready room") and will file a second copy of all documents in a marked binder.
- Accompanying the Inspector if they leave the designated room.
- Documenting the name and title of staff members who are interviewed by the Inspector. Also include date and time.
- Documenting all those in attendance at the initial meeting and close-out meeting.
- Traveling with the Inspector and a study staff member when touring the clinic and meeting with the Investigational Pharmacist to take notes.

Interacting with the Inspector

- The PI and the study team members will be provided with guidance from the FDA Liaison with answering questions from the FDA Inspector as well as reviewing documents to be provided to the inspector.
- For all interactions with the FDA Inspector, please ensure to always:
    - Be honest at all times.
    - Be respectful and professional.
    - Understand the question before answering.
    - Only answer one question at a time.
    - Think before you speak.
    - Answer the question only and don't elaborate.
    - Don't volunteer information that is not requested.
    - Don't be afraid to say, "I do not know" and offer to find the answer and get back to the Inspector.
    - Don't be afraid to ask Inspector to repeat question if unclear.
    - Don't provide a document to the Inspector until requested by the Inspector and the FDA Liaison has reviewed these documents.

Interacting with the Sponsor

- Any questions outside the scope of activities completed by the study team should be director to the sponsor.
- Many sponsors request a written summary or close-out call at the end of every day. The DSMC Director will facilitate this communication based on the notes taken during the inspection.

4.0 Post-Inspection

- On the last day of the inspection, the PI, study team, FDA Liaison, etc. will have a close out meeting with the FDA inspector to review the summary of findings from the inspection. If there aren't any significant observational findings, then an Establishment Inspection Report (EIR) will be sent to the PI in 3-6 months after completion of the Inspection. If there are significant observational findings, then a FDA Form 483 Report will be issued to the PI at the close out meeting.
- If the PI receives a FDA Form 483 Report:
    - PI should consult with DSMC, Sponsor, and the UCSF Office of Legal Affairs (OLA) for the response letter with the CAPA to the FDA. This response letter is due to the FDA within 15 business days after the close out visit.
    - The FDA Form 483 Report will be forwarded to the DSMC, Sponsor, IRB, and the OLA by the PI and study team.

5.0 Ongoing Readiness

Note: While the average notice of inspection falls within a one week to three week time frame, the rule is to always be audit ready. Additionally, the FDA may choose to not announce their inspection of a trial if there are significant issues (i.e., multiple Serious and Continuing Non-Compliance (SCNC) Reports from the IRB) (i.e., "for cause" inspection).

Research Study File Maintenance

- Keep files organized at all times. Conduct a chart review as per Appendix 1.
- Retain all correspondence from sponsor, IRB, monitors, study subjects, letters, e-mails, memos, and phone contacts.
- Retain all test article accountability records.
- Retain shipping receipts, screening and enrollment logs, and dispensing logs.

FDA Inspection Triggers (increase the chance of a FDA inspection)

- Application for a New Drug Application (NDA).
- Expedited Submission or Pre-Market Approval (PMA).
- Non-compliance or study misconduct.
- Protocol violation, Serious Continuing Non-compliance (SCNC) Reports, high number of deaths reported, high enrollment, and a large number of studies/investigator.

- If any of the above triggers apply to your study, contact the DSMC if you are informed by the sponsor that the investigational drug or device has been submitted for an NDA or PMA. Advance preparation is recommended in case your study is selected for an inspection.
- In order to be audit ready, please use Attachment 1 (Chart Review Checklist) for the review of each of your study participant charts.

Alternate Procedures

There are no alternate procedures to this guidance document.

References

- Title 21 CFR part 11 - Electronic Records; Electronic Signatures
- Title 21 CFR parts 50 (Protection of Human Subjects), 56 (Institutional Review Boards) Title 21 CFR part 312 (Investigational New Drug Application),
    - Part 312.62 - Investigator Record Keeping and Record Retention for Clinical Drug or Biological Trials
- Title 21 CFR part 812 (Investigational Device Exemptions), part 812.140 - Records and Reports for Device Trials
- ICH GCP Consolidated Guideline - Part 4.9 Records and Reports ICH GCP Consolidated Guideline - Part 5.15 Record Access
- FDA Compliance Program Guidance Manuals 7348.811 – Clinical Investigators and 7348.810 – Sponsors, Contract Research Organizations and Monitors
- FDA Investigations Operations Manual

Appendix I: Chart Review Checklist

Study CC#:
Study Title:
Study Status:
Subject ID:
Subject Status:
Chart Review Completed by: Date:

☐ Review Bill of Rights [(1)] HIPAA [(2)], and ICF [(3)] to ensure that these documents were obtained properly as per the ICF Policy and CRC Guideline and were completed prior to any procedures occurring for the trial. Also, review to ensure this process has been documented in the patient's chart.

- Patient and Investigator signed same date (if by telephone consent, documentation is on hand to explain process. Also, ensure that the original ICF is present with wet signatures filed in the chart and that this process is documented).
- Ensure all ICFs are scanned into Apex
- Investigator listed on FDA 1572, IRB application section 3.2, DOA, and FDF.
- For new risks, ensure that the verbal notification form has been completed and signed by the Investigator and was completed within the timeline for the verbal notification of the new risk(s) (as per the Verbal Notification Policy).
- For re-consents, ensure that the patient and Investigator signed same date as above and that there is clear discussion of this process (or consent documentation form) in the patient's chart.

☐ Review Medical History/Baseline Conditions for completeness and Investigator signature(s).

☐ Review Eligibility Criteria for completeness and Investigator signature(s).

- PI signed and dated each page and this date is prior to the patient's first dose of IP (enrollment in trial). Also, Lead CRC and CRC have signed the last page of this document and this date is prior to first dose of IP.
- Ensure that the EC document matches the EC in the protocol verbatim.
- # on checklist corresponds to # tabbed on source doc
- Source document on file to support each inclusion/exclusion criteria
- PI signed/dated all sources docs (Source docs include Study ID/MRN and CC#/Study Name
- Sources docs are tabbed to correspond with corresponding Inclusion/Exclusion
    - For example: if labs are inclusion criteria #4, the source doc labs should be signed off and dated by PI and tabbed #4

☐ Review Adverse Event (Toxicity Sheets), and Concomitant Medications forms for completeness and Investigator signatures. Review all SAEs to ensure that they have been submitted to the Sponsor, IRB, FDA, etc. (as applicable) and per timelines in the protocol and as per regulations.

☐ Review for any Single Patient Exceptions, Protocol Violations, Notes to File, etc. in patient files.

☐ Review all MD Dictations for medical history items, adverse events, and concomitant medications not captured in these forms.

☐ Review all labs, scans, etc. for Investigator review and signatures.

- Signed and dated day of infusion
- Abnormal values are graded using CTCAE and indicated as CS or NCS by PI.
- CS events are documented as AE on AE log

☐ Ensure restaging scans were completed per protocol specifications, if completed outside window: follow up with PI to determine if this is Protocol Deviation vs Protocol Violation.

☐ Review all PI orders to ensure that these were completed.

☐ Ensure that GCP is followed throughout chart (i.e., cross-outs are initialed and dated).

☐ Ensure that chart is organized chronological for the Auditor to review and that the chart is properly tagged for visits, labs, ICF, etc.

☐ Ensure that OnCore is updated to accurately reflect patients' visits, study status; including SAEs, and Protocol Violations

☐ Ensure Off-Study Treatment form is complete and signed/dated by PI (if applicable)

☐ Ensure that the documentation for Screen Failure (SF) patients is complete (i.e., completed and signed EC checklist for all SF patients).

Follow up Items to be completed by Study CRC:

Action Item:	**Comment:**	**Completed (Yes/No and Date)**

Policy Approval

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

DocuSigned by:
Kate Shumate
80D38159E89D41B...

3/25/2020

Kate Shumate, MPA, CCRP
Chief of Staff
Director, Administration and Planning
Helen Diller Family Comprehensive Cancer Center

Date

DocuSigned by:
Thierry Jahan
F67EAB476220482...

3/28/2020

Thierry Jahan, MD
Professor of Medicine
Chair, Data and Safety Monitoring Committee
Helen Diller Family Comprehensive Cancer Center

Date

DocuSigned by:
Eric Small
7FCB32D327E3438...

3/25/2020

Eric Small, MD
Chief Scientific Officer
Helen Diller Family Comprehensive Cancer Center

Date

Policy Contact:

John McAdams
DSMC Director
John.McAdams@ucsf.edu

University of California, San Francisco
Helen Diller Family Comprehensive Cancer Center

Policy Revision Summary of Changes

Policy Title: Policy for Facilitating FDA Inspections
Version Date: 06Mar2020
Version Number: 3
1

Notes: Page number corresponds to page number in updated version (Revision 3).
New text in modified paragraphs is shown as ***bold italics*** and deleted text is shown as ~~strikethrough~~.

Page No.: 1		**Section**: Purpose, Scope, Background, Procedures
Original Text	See original document	

New Text	Purpose This policy defines the process for facilitating a FDA inspection occurring at the HDFCCC. This includes the pre-inspection preparation of the Principal Investigator and the study team, as well as assisting the study team both during and after completion of the inspection. Scope This policy applies to all Helen Diller Family Comprehensive Cancer Center (HDFCCC) faculty and staff, as well as all applicable non-HDFCCC staff, conducting cancer-specific clinical trials that are reviewed and regulated by the FDA. The Principal Investigator (PI) is ultimately accountable for the performance and supervision of a clinical investigation. While the PI may delegate some required tasks to sub-investigators and other research staff, the PI remains at all times accountable for the trial's conduct. Background FDA inspections are typically conducted at clinical sites to determine compliance with federal regulations and guidelines in order to verify the validity and integrity of clinical data submitted in applications for approval (i.e., New Drug Application (NDA) for investigational products (IP) for drugs or Pre Marketing Application (PMA) for devices), and to assure that the rights and welfare of study participants participating in clinical studies have been protected. Procedures In order to be well prepared for FDA inspections, it is very important to maintain well-organized and robust research charts for all trials conducted at the HDFCCC. The research file must include all original source documents for each participant enrolled in the trial, as FDA Inspectors will request original source documentation during the inspection.
Reason for Change	To update the language in this policy as per the FDA inspection process.
Page No.: 2	**Section**: Procedures
Original Text	See original document.

New Text	The DSMC Director will reach out to the FDA Inspector to provide information on parking, lunch options, hotels, etc. as well as the meeting time and location of the first day of the inspection. It is best practice for PI to be available in person and this should be arranged when the FDA inspector contacts the PI to schedule this inspection. If PI is not available or is out of town, then he/she will need to arrange for a Co-Investigator or Sub-Investigator(s) to be present for the inspection. If possible, the PI could be available via teleconference or phone for the Introductory Meeting with the Inspector and to answer any questions that arise from the inspection of the trial. **6.0 PREPARING FOR THE INSPECTION** 1. The following documents must be prepared prior to the inspection (confirm with the Inspector if he/she would like to have either electronic or paper copies of applicable documents): a) All Research Charts (including screen failures) (Ensure that the Clinical Research Coordinator (CRC) is familiar with the layout of the charts and can subsequently guide the Inspector through the charts, if requested. It is recommended, but not required, to have a table of contents for the participant charts so the Investigator can refer to it during the inspection). • Enrollment Logs (including total number of participants screened, enrolled, discontinued, and completed trial). • Listing of all Protocol Violations from OnCore. • Listing of all Adverse Events from OnCore. • Listing of all Serious Adverse Events (SAEs) from OnCore. • Original signed Informed Consent Forms (ICFs), HIPAA, and Bill of Rights documents. • Screen Failure Charts, including documentation reason for screen failure. • Study processes such as consenting process, RECIST measurements, etc. • Consent Tracker document (i.e., list of all consents signed by all participants) for the duration of the trial. a) Regulatory Overview: PI Listing of Trials from the last 5 years – this list must include protocol number, protocol title (including the product name), the research or marketing permit number (if available), name of sponsor (including government agencies and commercial sponsors), IRB of record

Reason for Change	To update the language in this policy as per the FDA inspection process. Also, changed formatting of this policy to match the HDFCCC Policy on Policies.	
Page No.: 3		**Section**: Procedures
Original Text	See original document.	

New Text	• Organization Chart for HDFCCC and the Site Committee (SC) of the study program for the trial being inspected. • Summary of Institutional Review Board (IRB) Submissions (Snapshot from iRIS). • Summary of Protocol Amendments. • Summary of Approved ICFs (Re-consent required and key changes in ICFs). • All versions of the Protocol and Informed Consent Forms. • Summary of Study Timeline (e.g., IRB approval date, first participant consented, first participant enrolled, last participant consented, etc.). • FDA 1572 Forms for each Investigator (ensure that all Investigators with a FDA Form 1572 are listed on the Delegation of Authority (DOA) form. • Financial Disclosure Forms (FDF) – each FDF should be completed and signed/dated by the Investigator. • Delegation of Authority (DOA) Log. This log should be updated for each staff member involved in the trial and all procedures conducted in the trial should be indicated on this log. Ensure that acronyms on this form are spelled out on this form or ensure that this is documented with a Note to File. • Training documents for the Site Initiation Visit (SIV) and for all versions of the protocol for all staff members listed on the DOA Log. There should be a separate training document signed off by all members of the team for each new version of the protocol. • HDFCCC Polices and Guidelines, as well as Data and Safety Monitoring Committee (DSMC) Policies, Roster, and Data and Safety Monitoring Plan (DSMP) (these documents will be provided by the DSMC Director). • Pharmacy Records (including Drug Accountability Record Forms (DARFs), Shipment records with TempTales, temperature logs for storage of the IP, etc.). 1. The Associate Director (AD) will be responsible for securing a room(s) for the entire inspection process that can be locked if the inspection is expected to span longer than one day. 2. The AD will ask all CRCs in inspection location to clean up desks, assign someone to remove faxes from photocopier, lock all PHI, close doors, do not talk about PHI, FDA inspection or any trials outside of closed doors. 3. The AD will notify non-HDFCCC UCSF staff who work in the area of the inspection of the inspection dates and reminders about confidentiality, etc. 4. The AD will ensure Clinical Research Manager (CRM) has notified the sponsor. If the sponsor is sending staff for the inspection, the AD will book appropriate space for them to sit. 5. The AD will book the conference room for the duration of the inspection.
Reason for Change	To update the language in this policy as per the FDA inspection process.
Page No.: 4	**Section**: Procedures
Original Text	See original document.

New Text	1. The AD will Schedule coverage by liaisons in inspection room (1/2 day shifts), ready room and on-call and send schedule to DSMC Director, DSMC Monitor Supervisor, other ADs, CRM, Protocol Project Manager (PPM), and CRC. 2. The AD will send separate meeting invitation for opening meeting session to block specific time in everyone's calendar. 3. The AD will identify a "ready room" near inspection location as the "command center" for the inspection. 4. The AD/DSMC Director will send a contact list to all who are involved in inspection (PI, CRM, PPM, CRC, all FDA liaisons, CRSO Director, and ADs). Include name, title, role on study (if applicable), email, office number and cell number. 5. The DSMC Director will ensure that all inspection materials are ready for the first day of the inspection including a notebook, binder for all documents copied for the Inspector, 3-hole punch, stapler, "copy" stamp, and pens. 6. The AD will remind everyone attending the opening meeting to bring their business card and will ensure that there is an opening meeting sign-in sheet. 7. The Clinical Research Manager (CRM) for the study program being inspected will designate a "documents" person to assist and obtain any requested items for FDA inspector(s). 8. The DSMC Director will prepare the study team for the inspection, including providing a preparatory meeting with the PI and the study team to go over the logistics of this inspection. 9. The DSMC will audit the charts, regulatory and pharmacy documents in order to identify any findings and assist the study team with the CAPAs for these issues. • **CONDUCTING THE INSPECTION** 1. The DSMC Director or AD will meet with inspector and sign in with security. 2. The DSMC Director or AD will ensure that the Inspector is aware of the fire/emergency evacuation procedures for the building in which the inspection is taking place. 3. The PI or designee will obtain the FDA 482 form (Notice of Inspection) from the Inspector and verify the Inspector's credentials. 4. The PI will provide a brief overview of the trial to the inspector at the initial meeting. All staff at this meeting will sign the sign-in sheet and will provide their business cards to the Inspector. 5. The appropriate study staff (i.e., PI, CRC, etc.) will be on 'stand-by' for the duration of the inspection. They are only required to go into the inspection room at the request of the inspector. The FDA Liaison will let the appropriate study staff member know when the Inspector would like to meet with them. 6. The FDA Liaison will: 7. Document all questions and locate the study team staff who can answer the questions. The Liaison will create an e-mail chain each day to update everyone on the status of the inspection and if there are any outstanding questions that need to be answered or

	documents that need to be retrieved.	
Reason for Change	To update the language in this policy as per the FDA inspection process.	
Page No.: 5		**Section**: Procedures
Original Text	See original document.	

New Text	• Provide requested records to the inspector (after review by the Liaison in the "ready room") and will file a second copy of all documents in a marked binder. • Accompany the Inspector if they leave the designated room. • Document the name and title of staff members who are interviewed by the Inspector. Also include date and time. • Document all those in attendance at the initial meeting and close-out meeting. • Travel with the Inspector and a study staff member when touring the clinic and meeting with the Investigational Pharmacist to take notes. **Guidelines for study staff responding to FDA questions**: 2) Be honest at all times. 3) Be respectful and professional. 4) Understand the question before answering. 5) Only answer one question at a time. 6) Think before you speak. 7) Answers the question only (do not elaborate). 8) Do not volunteer information that is not requested. 9) Do not be afraid to say, "I do not know" and offer to find the answer and get back to the Inspector. 10) Do not be afraid to ask Inspector to repeat question if unclear. 11) Do not provide a document to the Inspector until requested by the Inspector and the FDA Liaison has reviewed these documents. **D. INTERACTING WITH THE SPONSOR** 1) Any questions outside the scope of activities completed by the study team should be director to the sponsor. 2) Many sponsors request a written summary or close-out call at the end of every day. The DSMC Director will facilitate this communication based on the notes taken during the inspection. **E. POST INSPECTION** 1) On the last day of the inspection, the PI, study team, FDA Liaison, etc. will have a close out meeting with the FDA inspector to review the summary of findings from the inspection. If there aren't any significant observational findings, then an Establishment Inspection Report (EIR) will be sent to the PI in 3-6 months after completion of the Inspection. If there are significant observational findings, then a FDA Form 483 Report will be issued to the PI at the close out meeting.

	2) If the PI receives a FDA Form 483 Report: a) PI should consult with DSMC, Sponsor, and the UCSF Office of Legal Affairs (OLA) for the response letter with the CAPA to the FDA. This response letter is due to the FDA within 15 business days after the close out visit. The FDA Form 483 Report will be forwarded to the DSMC, Sponsor, IRB, and the OLA.
Reason for Change	To update the language in this policy as per the FDA inspection process.
Page No.: 6	**Section**: References
Original Text	See original document.

New Text	**References** Title 21 CFR part 11 - Electronic Records; Electronic Signatures Title 21 CFR parts 50 (Protection of Human Subjects), 56 (Institutional Review Boards) Title 21 CFR part 312 (Investigational New Drug Application), Part 312.62 - Investigator Record Keeping and Record Retention for Clinical Drug or Biological Trials Title 21 CFR part 812 (Investigational Device Exemptions), part 812.140 - Records and Reports for Device Trials ICH GCP Consolidated Guideline - Part 4.9 Records and Reports ICH GCP Consolidated Guideline - Part 5.15 Record Access FDA Compliance Program Guidance Manuals 7348.811 – Clinical Investigators and 7348.810 – Sponsors, Contract Research Organizations and Monitors FDA Investigations Operations Manual

Reason for Change	Moved this information as per the HDFCCC Policy on Policies.

Page No.: 7	**Section**: Policy Approval
Original Text	See original document

New Text	**Policy Approval** This policy document was approved by the following personnel on the following dates: _____ Kate Shumate Date Chief of Staff Director, Administration and Planning Helen Diller Family Comprehensive Cancer Center _____ Thierry Jahan, MD Date Professor of Medicine Chair, Data and Safety Monitoring Committee Helen Diller Family Comprehensive Cancer Center _____ Eric Small, MD Date Chief Scientific Officer Helen Diller Family Comprehensive Cancer Center Policy Contact: John McAdams DSMC Director John.mcadams@ucsf.edu
Reason for Change	Updated as per the HDFCCC Policy on Policies.