

University of California, San Diego  
Human Research Protections Program  
Institutional Review Board  
Standard Operating Policies and Procedures

Section 7.1  
Multi-Site Studies

***Policy***

It is the policy of this Institution to assure that all facilities participating in a human subjects study receive adequate documentation about the study in order to protect the interests of study participants. Before a study can begin, it must be approved by the IRB of record for the coordinating facility, the IRB(s) of record for each participating facility, and, for VA research, applicable Research and Development (R&D) Committees.

***Procedures***

1. Investigator Responsibilities
  - a) Coordinating Facility
    1. If UCSD or the VA is the coordinating facility, the PI must document how important human subject protection information will be communicated to the other participating facilities engaged in the research study. The investigator is responsible for serving as the single liaison with outside regulatory agencies, with other participating facilities and for all aspects of internal review and oversight procedures. The PI is responsible for obtaining IRB review and approval from the coordinating facility's IRB of record and for ensuring that all participating facilities obtain review and approval from their IRB of record. The PI is responsible for notifying each participating facility that the coordinating facility is engaged in multi-site research involving the participating facility. This documentation must include all relevant contact information. When the investigator is the lead investigator of a multi-site study, the application must include information about the management of information relevant to the protection of participants, such as unanticipated problems involving risks to participants or others, interim results, and protocol modifications.
  - b) Participating Facilities
    1. The Investigator has the overall responsibility for the conduct of the study at the participating facility.
2. IRB Responsibilities
  - a) In cases where an agreement exists (for example, a Memorandum of Understanding, MOU) between the coordinating and participating facilities, the Investigator must provide documentation to the IRB of the coordinating facility of his/her intent to rely on the coordinating facility's IRB of record for ethical, scientific, and regulatory review and approval. In these cases, the participating facility's IRB of record is considered the "relying IRB", whereas, the coordinating facility's IRB of record is considered the "reviewing IRB". The

study cannot be initiated without approval from both the relying and reviewing IRB. The IRBs of record for the coordinating and participating facilities must maintain records of approval and notices of intent to rely and documentation that the requirements of the MOU have been followed.

### 3. External (Off-Site) Adverse Event Reporting

a) As part of ongoing monitoring of safety in multi-site trials, external (off-site safety reports) are provided to PIs. The institution is in agreement with OHRP's assessment that these reports of individual external adverse events often lack sufficient information to allow investigators or IRBs at each institution engaged in a multicenter clinical trial to make meaningful judgments about whether the adverse events are unexpected, are related or possibly related to participation in the research, or suggest that the research places subjects or others at a greater risk of physical or psychological harm than was previously known or recognized. In general, the investigators and IRBs at external institutions are not appropriately situated to assess the significance of individual external adverse events. Ideally, adverse events occurring in subjects enrolled in a multicenter study should be submitted for review and analysis to a monitoring entity (e.g., the research sponsor, a coordinating or statistical center, or a DSMB/DMC) in accordance with a monitoring plan described in the IRB-approved protocol. Only when a particular adverse event or series of adverse events is determined to meet the criteria for an unanticipated problem should a report of the adverse event(s) be submitted to the IRB at each institution. It will be the policy of this Institution to handle these external adverse event reports as follows:

1. The local PI serves as the recipient of the external (off-site) reports. The PI must provide a summary report to the IRB that includes:
  - a) A clear explanation of why the adverse event or series of adverse events has been determined to be an unanticipated problem. (Do any of the events described in these reports constitute UPRs?)
  - b) The investigator should review the report and assess whether it identifies the adverse event as being: (1) unexpected; (2) related or possibly related to participation in the research; and (3) serious or otherwise one that suggests that the research places subjects or others at a greater risk of physical or psychological harm than was previously known or recognized.
  - c) A description of any proposed protocol changes or other corrective actions to be taken by the investigators in response to the unanticipated problem should be described. (For example, whether these reports require any modifications to approved recruitment materials, consent forms, or research plans.)
2. The HRPP office will not send notification to the PI that these reports were received.
3. The PI is required to maintain reports as agreed upon with the sponsor and following institutional policy.