Office of Human Research Ethics Training Tips

Data & Safety Monitoring Plans: December 2015

§46.111 Criteria for IRB approval of research.
(6) When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects.

OHRP SOP, 24.5 Safety monitoring
When appropriate, the research plan should make adequate provision for monitoring the data collected to ensure the safety of subjects. (See 19.6 which refers to Data and Safety Monitoring Plans)

OHR SOP, 19.6 Handling non-reportable adverse events and IND safety reports
Individual IND safety reports from external sites are generally not reportable to the IRB, because their implications for the study cannot be understood. "External events" (i.e., events occurring at sites for which the UNC IRB does not have oversight) should not be reported to the IRB unless accompanied by an aggregate analysis that establishes their significance *and* a corrective action plan that addresses the problem. Individual AE and IND Safety Reports shall be maintained by the investigator.

Reports from a DSMB/DMC or other independent safety monitoring group should be provided to the IRB on a regular basis, generally at least as often as the study undergoes continuing review. Reports should include findings from adverse event reports and recommendations derived from data and safety monitoring.

IRBIS Section A.7: Data and Safety Monitoring

A.7.1. When appropriate, describe the ***plan for monitoring the data to ensure the safety of participants***. These plans could range from the investigator monitoring subject data for any safety concerns to a sponsor-based data and safety monitoring board or committee (DSMB, DSMC, DMC), depending on the study. For studies that do not raise obvious safety concerns, you may still describe your plans for monitoring the study as it progresses.

All research studies require a Data and safety Monitoring Plan (DSMP); that describes oversight and monitoring of the research *to ensure the safety of the participants and validity and integrity of the data*. The DSMP should be commensurate with degree of risk, size and complexity and may be conducted by an individual or committee.

Phase I and II - High risk, small number of subjects. Monitoring by investigator or other knowledgeable individual. *A Data Safety Monitoring Board (DSMB or DSMC ((committee)) may be appropriate* if study is multi-center, blinded, or high risk unless very clear stopping rules are in place.

Phase III - Typically random assignment and masking, large number of individuals followed over a long period of time): DSMB composed of experts who are independent of the researchers and sponsor. Excludes low-risk behavioral and nutritional research.

*******Review response to questions A.4.A (biomedical methods and procedures) and A.6 (risks).***

A DSMP should include:

1) Who is overseeing/monitoring the study (if DSMB, describe composition and members' areas of expertise;

2) What data will be reviewed including stopping rules;

3) Frequency of review (and meetings if DSMB), including plans for interim analysis);

4) Authority to recommend changes, including discontinuation;

5) Plan for reporting to IRB, Investigators and FDA (as applicable).

An example of a monitoring plan for a minimal risk study (e.g., Single site, long-term, observational study that includes annual blood draw and single view chest x-ray): Oversight of the progress and safety of the trial will be provided by the PI. Adverse events are not anticipated, but all will be documented by the study team and reviewed at weekly meetings. UPIRSOs will be reported to the UNC IRB per SOPs. Study progress summary will be communicated to the IRB at the time of continuing review.

A.7.2. If not already addressed above, describe the *plans for aggregate review* of unanticipated problems (including but not limited to adverse events) across all sites, in order to monitor subject safety.

Response required if research is conducted at multiple sites.

A.7.3. What are the *criteria that will be used to withdraw an INDIVIDUAL SUBJECT* from this study or halt the research intervention (e.g., abnormal lab tests, allergic reactions, failure or inability to comply with study procedures, etc.)?

May also include adverse response to study procedures, pregnancy, stroke, cardiac irregularity, laboratory finding >ULN, non-compliance with medication, etc.

A.7.4. Are there *criteria that will be used to stop the ENTIRE STUDY* prematurely (e.g., safety, efficacy, unexpected adverse events, inability to recruit sufficient number of subjects, etc.)? If yes, Please explain.

May also include clear evidence of harm or harmful side-effects of the treatment, there is no likelihood of demonstrating treatment benefit; or there is overwhelming evidence of the benefit of the treatment.

A.7.5. Will this study involve a data and safety monitoring board or committee? If yes, Check all that apply:
Choices listed: TraCS Institutes (formerly SOM DSMB), Lineberger Cancer Center DSMC, External DSMB, Other (explain)

A DSMB Charter should contain all of the required elements as described above. *Please note that a final DSMB Charter is not required if all of the required information is provided in the application (or draft DSMB Charter).*

References:

- DHHS Inspector General Report: Data & Safety Monitoring Boards in NIH Clinical Trails: Meeting the Guidance, But Facing Some Issues http://oig.hhs.gov/oei/reports/oei-12-11-00070.pdf
- NIH Policy for Data & Safety Monitoring, June 10, 1998: http://grants.nih.gov/grants/guide/notice-files/not98-084.html
- FURTHER GUIDANCE ON A DATA AND SAFETY MONITORING FOR PHASE I AND PHASE II TRIALS, June 5, 2000 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-00-038.html