1 PURPOSE

1.1 This procedure establishes the process for the Vice President for Research, Institutional Official (IO), IRB Chair, IRB Office Executive Director, or designee to institute a Suspension of IRB Approval or a Termination of IRB Approval, outside of a convened IRB meeting.

1.2 The process begins when the Vice President for Research, IO, IRB Chair, IRB Office Executive Director or designee, institutes a Suspension of IRB Approval or the Vice President for Research issues a Termination of IRB Approval for research approved by the Institution’s IRB or the IRB of record in accordance with a signed agreement.

1.3 The process ends when the Suspension of IRB Approval or a Termination of IRB Approval has been reviewed by the convened IRB.

2 PREVIOUS VERSION

2.1 Revised from previous version dated 01/21/2019.

3 POLICY

3.1 The Vice President for Research, IO, IRB Chair, IRB Office Executive Director, or their designee may institute a suspension of IRB Approval for some or all research activities on a protocol if one of the aforementioned individuals determines the previously approved research is not being conducted in accordance with the Northwestern University IRB’s requirements or that the research has been associated with unexpected serious harm to participants.

3.2 The Vice President for Research designee may institute a termination of IRB Approval and disallow research approved by the Institution’s IRB or an external IRB.

3.3 Whenever possible, the individual following these procedures promptly communicates with investigators in writing.

4 RESPONSIBILITIES

4.1 The individual facilitating the review of a Suspension of IRB Approval or Termination of IRB Approval performs the procedures listed below.

5 PROCEDURE

5.1 The Vice President for Research, IO, IRB Chair, IRB Office Executive Director, or their designee is made aware of a situation in which research is not being conducted in accordance with the Northwestern University IRB’s requirements or that the research has been associated with unexpected serious harm to participants.

5.2 The Vice President for Research, IO, IRB Chair, IRB Office Executive Director, or their designee will institute a Suspension of IRB Approval or Termination of IRB Approval outside of the review by a convened IRB.

5.3 The IRB Compliance Analyst will place the study in a suspended state in the eIRB+ system.

5.4 The IRB Compliance Analyst will complete and send the Principal Investigator by email and in the eIRB+ system the TEMPLATE LETTER: Suspension of IRB Approval (HRP-715) or TEMPLATE LETTER: Termination of IRB Approval (HRP-716) to notify the investigator of the Suspension of IRB Approval or Termination of IRB Approval and the reasons for the decision in writing.

5.5 The IRB Compliance Analyst will send a copy of the suspension / termination letter to the IRB Office Executive Director, the Principal Investigator’s department chair or division chief, and entity administrators via email.

5.6 The IRB Compliance Analyst will notify the IRB Analyst of the Suspension of IRB Approval or Termination of IRB Approval by email.
SOP: Suspension or Termination Issued Outside of Convened IRB

5.7 If any other submissions for the study, such as a modification, continuing review, Reportable New Information, are under review, a member of the Compliance Team will inform the IRB Analyst assigned to the submission to ensure that no approvals are issued after the study is terminated or until the suspension is lifted.

5.8 The Principal Investigator may ask the Chair to allow actions that are required to protect participants’ rights and welfare or to eliminate an apparent immediate hazard.

5.9 The convened IRB will consider whether any of the following additional actions are required to protect participants’ rights and welfare or to eliminate an apparent immediate hazard:

   5.9.1 Transferring participants to another investigator.
   5.9.2 Arranging for clinical care outside the research.
   5.9.3 Allowing continuation of some research activities under the supervision of an independent monitor.
   5.9.4 Requiring or permitting follow-up of participants for safety reasons.
   5.9.5 Requiring adverse events or outcomes to be reported to the IRB and the sponsor.
   5.9.6 Notification to current participants.
   5.9.7 Notification to former participants.

5.10 Should the Principal Investigator wish to respond or need additional information, the Principal Investigator or designee may contact the IRB Compliance Team. To lift the suspension, the Principal Investigator (PI) must submit a formal response to the suspension letter via email to irbcompliance@northwestern.edu.

5.11 A member of the IRB Compliance Team will instruct the Principal Investigator regarding the next appropriate steps, which will include submission of a Reportable New Information (RNI) application in eIRB+, or other applicable action.

5.12 Refer to the IRB staff to place on the agenda for a convened IRB meeting in an IRB with appropriate scope as an item of Suspension of IRB Approval or Termination of IRB Approval. Follow “SOP: IRB Meeting Conduct (HRP-041)” for convened IRB review of the item.

5.13 The convened IRB will assess the submission and provide a determination.

5.14 The IRB Analyst will issue a determination letter for the RNI under review.

5.15 A member of the IRB Compliance Team will report the suspension or termination to institutional officials and the applicable federal agencies such as the Office of Human Research Protections (OHRP) and the Food and Drug Administration (FDA) using the procedures outlined in the External Reporting Process SOP (HRP-094), and at the next IRB Chairs meeting.

Note: A voluntary hold of research activities that is instituted by an investigator or sponsor does not apply to interruptions of research that are related to concerns regarding the safety, rights or welfare of human research participants or others. A voluntary suspension may not result in a determination of suspension or termination of IRB approval and such a suspension should be promptly reported to the IRB via and Reportable New Information application. During a voluntary suspension, all research activities are subject to continuing review and the requirements of the prompt reporting of Unanticipated Problems Involving Risk to Subjects or Others (UPIRSOs) and incidents of non-compliance.

For research activities to resume, the investigator must obtain IRB approval via submission of a modification request in the eIRB+ system that addresses the actions that have been taken or new information that resolves the concerns that initially warranted the suspension of research activities.

6 MATERIALS

6.1 GENERAL DOCUMENT: Human Research Protection Program Plan (HRP-101)
6.2 GENERAL DOCUMENT: Investigator Manual (HRP-103)
6.3 SOP: External Reporting Process (HRP-094)
6.4 SOP: Suspension or Termination by a Convened IRB (HRP-029)
6.5 SOP: IRB Meeting Conduct (HRP-041)
6.6 TEMPLATE LETTER: Suspension of IRB Approval (HRP-715)
6.7 TEMPLATE LETTER: Termination of IRB Approval (HRP-716)

7 REFERENCES
7.1 21 CFR §56.108(b)(3), 21 CFR §56.113
7.2 45 CFR §46.103(b)(5)(ii), 45 CFR §46.112, 45 CFR §46.108(a), 45 CFR §46.113
7.3 32 CFR §219.103(b)(5), 32 CFR §219.113, 32 CFR §219.108(a)