1. PURPOSE

1.1 This document describes the safety oversight and reporting in DMID funded clinical research funded by the National Institute of Allergy and Infectious Diseases (NIAID), Division of Microbiology and Infectious Diseases (DMID).

1.1.1 The Policy for Independent Safety and Data Oversight is described in a separate policy DMID-SF-POL-00002.

2. SCOPE

2.1 This document applies to all clinical research funded by NIAID DMID.

3. DEFINITIONS

3.1 Clinical Trials – NIH's Definition of a Clinical Trial: A research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of those interventions on health-related biomedical or behavioral outcomes. https://grants.nih.gov/policy/clinical-trials/definition.htm

For other definitions, see DMID glossary.

4. RESPONSIBILITIES

4.1 As defined under Policy.

5. PROCEDURE

5.1 Policy and Regulatory considerations:

5.1.1 The "NIH Policy for Data and Safety Monitoring" (1998) requires data and safety monitoring for all NIH supported clinical trials to ensure the safety of participants and the validity and integrity of the data.

5.2 Decision making authority:

5.2.1 Activities that are funded by grants including cooperative agreements must comply with the NIH Grants Policy Statement (NIHGPS) and any terms and conditions in the Notice of Award (NoA).

5.2.2 Activities that are funded by contracts must comply with the contract statement of work (SOW) and any other conditions specified in the award/contract.

5.2.3 All funding from the NIH require compliance with NIH policies including the NIH GCP policy.

5.2.4 In the event the policy below contradicts the terms of the grant or contract, the grant or contract will take precedence.

5.3 The requirements for safety oversight depend on the type of trial and funding mechanism.

IND/IDE Clinical Trials

Type of Trial	Grant	Cooperative Agreement	Contract
IND/IDE held by DMID	See 5.10	See 5.10	See 5.10
IND/IDE held by another entity	See 5.8	See 5.8	See 5.9

Non-IND/IDE Clinical Trials and Clinical Studies

Type of Trial/Study	Grant	Cooperative Agreement	Contract
Clinical Trial: High Resource	See 5.6	See 5.6	See 5.7
Clinical Trial: Low Resource	See 5.6	See 5.6	See 5.7
Clinical Study (not a trial): Higher Risk Procedure	See 5.4	See 5.4	See 5.5
Clinical Study (not a trial): Not High Risk	See 5.4	See 5.4	See 5.5

5.4 For a clinical study (not a clinical trial) funded by grant or cooperative agreement, safety oversight is the responsibility of the grantee.

5.4.1 Adverse events must be reported to the Institutional Review Board (IRB) / Ethics Committee (EC) per IRB/EC policy.

5.4.2 Any significant safety concerns should be included in the annual and final Research Performance Progress Report (RPPR) or communicated to DMID by another method as specified by the Program Officer (PO).

5.5 For a clinical study (not a clinical trial) funded by contract, safety oversight is the responsibility of the contractor.

5.5.1 Adverse events must be reported to the IRB/EC per IRB/EC policy.

5.5.2 A summary of adverse events and any other safety concerns must be reported to DMID no less than annually. DMID may request more frequent reporting of adverse events. The reporting frequency, format, and pathway of reporting will be conveyed by the DMID Contracting Officer Representative (COR).

5.6 For a non-IND clinical trial funded by grant or cooperative agreement, safety oversight is the responsibility of the grantee.

5.6.1 Adverse events must be reported to the IRB/EC per IRB/EC policy.

5.6.2 A summary of adverse events and any other safety concerns should be included in the annual and final RPPR or communicated to DMID by another method as specified by the PO. The DMID PO may request more frequent reporting of adverse events.

5.6.3 All SMC/DSMB reports must be sent to DMID.

5.7 For a non-IND clinical trial funded by contract, safety oversight is the responsibility of the contractor.

5.7.1 Adverse events must be reported to the IRB/EC per IRB/EC policy.

5.7.2 A summary of adverse events and any other safety concerns must be reported to DMID no less than annually. DMID may request more frequent reporting of adverse events. The reporting frequency, format, and pathway of reporting will be conveyed by the DMID COR.

5.7.3 All SMC/DSMB reports must be sent to DMID.

5.7.4 A DMID PO, Medical Officer, or Medical Monitor must review all submitted summaries of adverse events and SMC/DSMB reports.

5.8 For an IND (or equivalent) clinical trial funded by grant or cooperative agreement where the IND holder is not DMID, safety oversight is the responsibility of the IND holder.

5.8.1 Adverse events must be reported to the IRB/EC per IRB/EC policy.

5.8.2 Adverse events must be reported to the IND sponsor as requested by the IND sponsor.

5.8.3 A summary of adverse events and any other safety concerns should be included in the annual and final RPPR or communicated to DMID by another method as specified by the PO. The DMID PO may request more frequent reporting of adverse events.

5.8.4 All SMC/DSMB reports must be sent to DMID.

5.8.5 All IND safety reports must be sent to DMID.

5.8.6 Any safety related communications from the FDA or other regulatory authorities must be sent to DMID.

5.8.7 A DMID PO, Medical Officer, or Medical Monitor should review all submitted summaries of adverse events, SMC/DSMB reports, IND safety reports, and safety related communications from the FDA or other regulatory authorities.

5.9 For an IND (or equivalent) clinical trial funded by contract where the IND holder is not DMID, safety oversight is the responsibility of the IND holder.

5.9.1 A DMID Medical Officer or Medical Monitor must review the safety assessments and reporting proposed in the protocol and any amendments. Any edits and suggestions should be considered by the IND sponsor. Any edits that are thought to be critical that were not included by the IND sponsor should be discussed with ADCR and COR. The COR will convey any critical edits that must be incorporated.

5.9.2 Adverse events must be reported to the IRB/EC per IRB/EC policy.

5.9.3 Adverse events must be reported to the IND sponsor as requested by the IND sponsor.

5.9.4 A summary of adverse events and any other safety concerns must be reported to DMID no less than twice annually. DMID may request more frequent reporting of adverse events. The reporting frequency, format, and pathway of reporting will be conveyed by the DMID COR.

5.9.5 All SMC/DSMB reports must be sent to DMID.

5.9.6 All IND safety reports must be sent to DMID.

5.9.7 Any safety related communications from the FDA or other regulatory authorities must be sent to DMID.

5.9.8 A DMID Medical Officer or Medical Monitor must review all submitted summaries of adverse events, SMC/DSMB reports, IND safety reports, and safety related communications from the FDA or other regulatory authorities.

5.10 For an IND (or equivalent) clinical trial where the IND holder is DMID, regardless of the type of funding, safety oversight is the responsibility of the DMID.

5.10.1 A DMID Medical Monitor must review the safety assessments and reporting proposed in the protocol and any amendments.

- The protocol team should consider all proposed edits. Any edits that the Medical Monitor determine are critical that were not included should be discussed with the Associate Director for Clinical Research (ADCR) who will convey any critical edits that must be incorporated.

5.10.2 Adverse events must be collected in a 21 CFR Part 11 compliant system.

5.10.3 Adverse events must be reported to the IRB / EC per IRB/EC policy.

5.10.4 Adverse events must be reported to the data center in the time frame specified in the protocol.

5.10.5 A DMID Medical Monitor will periodically review summaries of adverse events.

5.10.6 DMID will have separate SOPs regarding the distribution of SMC/DSMB reports, IND safety reports, and any safety related communications from the FDA.

6. REFERENCES

Not applicable

7. APPENDICES

Not applicable

8. REVISION HISTORY

8.1 DMID-SF-POL-00001 rev 01 is the original version of this procedure within the eQMS. It replaces DMID Policy-005 NCRS 1.2.

8.2 DMID-SF-POL-00001 rev 02 was revised to update the table listed in section 5.3.

9. ADDITIONAL INFORMATION

9.1 Document Lead: OCRA Director

9.2 Posting externally: Yes