Puerto Rico Clinical and Translational Research Consortium

AUDIT AT THE PRCTRC

I. Procedure Title: Audit of Research Studies Performed at the Puerto Rico Clinical and Translational Research Consortium

II. Overview/Procedure Description:

A. Policy: The Puerto Rico Clinical and Translational Research Consortium (PRCTRC) Research Subject Advocate (RSA) oversees that the clinical studies conducted at the Consortium are given the highest priority in warranting the human rights of the research study subjects (welfare, beneficence, security, privacy and confidentiality).

B. Purpose: To make sure that investigators follow all the necessary steps to warrant the safety of subjects participating in research studies performed at the PRCTRC. To warrant that investigations are performed according to approved protocols by the Institutional Review Board (IRB).

III. Area(s) of Responsibility:

Regulatory Knowledge and Support Core, Administration and Personnel of the PRCTRC, Investigators and their collaborators.

IV. Procedure Details:

1. Evaluation Core (EC) will randomly select those studies which will be audited; the selected studies will be those considered:
   a. High risk
   b. With poor follow-up or monitoring
   c. Those studies for which the Program Director recommends an audit
   d. Continuous or serious complaints from study participants and/or situations identified by the clinical personnel of the PRCTRC
   e. Pilot studies supported by the PRCTRC
   f. Protocols approved by the PRCTRC IRB reciprocity

   How deep the audit will be dependents on the risk level that the study represents for the safety of the subjects that participate in it. The depth of the audit will be communicated either by electronic mail or standard letter to the study's Principal Investigator, at least four weeks in advance of the audit.

2. This notification will include, although not necessarily limited to, the records and documents that will be audited. Within the elements that will be audited are the following:
   a. Security measures and tests:
      i. Laboratories to evaluate participants' eligibility, laboratory tests to evaluate safety and clinical tests
      ii. Subjects' eligibility criteria

iii. Fulfilling the treatment plan established in the protocol

b. Adverse events:
   i. Occurrence of adverse events and serious adverse events
   ii. Adverse events reporting to the following entities: Sponsor, IRB, Food and Drug Administration, among others

Documents that can be revised in an audit may include, but are not necessarily limited to the following:

- Binders or working sheets where the study data is reported (CRFs)
- Medical records, laboratory results and/or source documents
- Signed subjects informed consents
- Registry of patients evaluated for the study (Screening log, enrollment logs)
- Protocol and amendments
- IRB correspondence
- Regulatory binder

*** **After the audit is finished a debriefing of the findings will be discussed*****

V. Classification of audit findings: Audits findings will be documented in a written report created for every study. Findings will be assigned one of the following categories according to the seriousness of the finding:

Category 1 – No deviation from regulations or no findings were identified.

Category 2 – Minor deviation(s) or minor findings that may requires corrective action. The following findings are considered category 2**:**

1. Incomplete or expired IRB documentation (although solved before the audit is finalized). Expired Training Certificates on Research
2. Others

Category 3 – Major deviation(s) from regulations or serious findings that may affect the study and participants' safety (need corrective action). The following findings are considered category 3 if they do not represent a study deviation pattern:

1. Failure in obtaining participants informed consent(s) before beginning with the study procedures and/or amendment
2. Participants sign an incorrect version of the consent
3. Failure in obtaining IRB approval for the initial protocol and amendments, informed consents.
4. Failure to obtain annual IRB approvals
5. Failure in reporting to the IRB and regulatory agencies serious adverse events
6. Files not available for audit
7. Inadequate credentials of the study personnel

Category 4 – Serious deviation(s) from regulations or serious findings that may affect the study and safety of the participants (there is a need for immediate corrective actions).

The following findings are considered category 4:

1. All the findings considered category 3 that represent a pattern throughout the evaluated files
2. Suspecting falsification of study data
3. Protocol violations that represent risk to the safety and welfare of participants

VI. Time frame for audit report and response:

Category 1 & 2: No deviation or Minor deviation

1. The RSA will make a written report within 10 working days after the audit is finalized. This preliminary report will include the RSA's findings and/or recommendations and copy of it will be sent to the investigator.

Category 3: Major deviation

1. The RSA will discuss the findings with the investigator and staff at the end of the audit. This discussion with the investigator and staff will be documented in the written report.
2. The RSA will do a written report in a period of not greater than 10 working days after the audit is finalized. This preliminary report will include the RSA's findings and/or recommendations and a copy of it will be sent to the investigator.
3. The RSA will request from the investigator a written action plan.
4. The investigator will have a time period of not greater than 15 working days to answer the report; once the 15 days period has elapsed, the following actions will take place:
    a. The RKS Core Leader will discuss with the Program Director the unresolved situation and between all the involved parts will establish the action(s) to follow. This action may include, but not necessarily limited to: temporary stopping the study until the investigator presents a written corrective plan.

Category 4: Serious deviation

1. The RSA will discuss the findings with the investigator and staff at the end of the audit. This discussion with the investigator and staff will be documented in the written report.
2. The RSA will do a written report in a term not greater than 10 working days after the audit is finalized. This preliminary report will include the RSA findings and/or recommendations and a copy of it will be sent to the investigator.
3. The RSA will request from the investigator a written action plan.
4. The investigator will have a period not greater than 15 working days to answer the report.
5. Once the 15 days period has elapsed, the RSA will have 10 working days to generate an audit final report.
6. The RSA will discuss the audit findings with the RKS Core Leader and/or Program Director and between all the involved parties will establish the action(s) to follow. In this discussion the identity of the investigator or collaborator will not be revealed to warrant and objective evaluation of the case. This action may include, but not necessarily limited to one or various of the following:
    a. Report the situation to the IRB

b. Report the situation to the federal and regulatory agencies (e.g., Food and Drug Administration, National Institutes of Health, etc.)
c. Temporarily stopping the study (until the investigator presents a corrective plan)
d. Permanently stopping the study (if findings are of such magnitude that the participants' security is compromised and integrity of the data is adversely impacted).

The findings of these interventions will be discussed on monthly meeting of the Regulatory Knowledge and Support Core. In these discussions the investigator or the collaborator will not be identified.

Audits' reports will be kept confidential, in a locked archive to which only the Research Subject Advocate will have access.

4. **Confidentiality**: During the audits, the RSA will do everything possible to maintain the confidentiality of the subjects' identity as well as the information that belongs to the study sponsors.