I. PURPOSE
The purpose of this policy is to define the procedures the CHOP IRB will follow when suspending or terminating IRB approval for previously approved human subjects research.

II. POLICY STATEMENT
Consistent with federal regulations, the CHOP IRB has the authority to suspend or terminate approval of research that is not being conducted in accordance with the requirements or determinations of the CHOP IRB or that has been associated with unexpected serious harm to subjects.

III. SCOPE
All human subjects research and clinical investigations with CHOP IRB approval are subject to this policy.

IV. DEFINITIONS
Administrative Hold: A voluntary action taken by an investigator to temporarily or permanently stop some or all approved research activities. The administrative hold may be either initiated by the principal investigator or it may be in response to a request by the convened IRB or IRB designee to take such action. Administrative holds are not suspensions or terminations.

Institutional Official: The individual identified on the Federalwide Assurance with OHRP as authorized leader of the Hospital’s human subjects protection program.

Suspension of Approval of Research/Suspend Approval: An action taken by the IRB to temporarily or permanently withdraw approval for some or all research activities short of permanently withdrawing approval for all research activities.

Termination of Previously Approved Research/Terminate: An action taken by the IRB to permanently withdraw approval for all research activities (except for those follow up procedures which are necessary to protect the health or welfare of the subjects).

V. PROCEDURES
A. Investigator Initiated Holds
Principal Investigators may initiate an Administrative Hold either at the request of the leadership of a multi-center study (e.g., the study sponsor or data coordinating center) or on their own initiative. An Administrative Hold may be used to investigate or correct a
study-wide or site-specific issue that has potential for resulting in harm to subjects (e.g., problem with drug supply, faulty instructions for drug administration).

1. The investigator must report the administrative hold to the IRB, along with the rationale for the hold and the corrective action plan, as applicable. If the hold is related to a deficiency or circumstance that otherwise requires reporting by regulatory agencies, this information must also be included with the administrative hold notification.

2. If subjects are currently participating in the research, the investigator must request that the IRB permit subjects to continue participation, as applicable (e.g. receive study drug). The basis for the IRB’s determination will be as outlined below in Section C of this policy.

3. In order to reactivate the research, including subject recruitment and enrollment, the Principal Investigator must submit an amendment to the IRB. The amendment must explain and outline the resolution of the study-wide or site-specific issue that resulted in the administrative hold.

4. The investigator must continue to meet continuing review requirements and any other applicable regulatory or institutional reporting requirements. An administrative hold cannot be used to extend IRB approval beyond the expiration date of a protocol without IRB approval of continuing review.

B. IRB Suspension or Termination of Research

1. The convened IRB may suspend or terminate IRB approval of previously approved research as the result of the following:
   (a) Serious or continuing non-compliance (SOP 901);
   (b) Reports that the research intervention or monitoring procedures present undue risk of harm to participants (SOP 408);
   (c) Reports of serious issues with study conduct discovered during the review of the research (SOP 404);
   (d) Notification of an unmanageable financial Conflict of Interest related to the research (SOP 905).
   (e) Disqualification of the Principal Investigator by OHRP, the FDA, the study sponsor, the CHOP Institutional Official or other groups involved in oversight of human subjects research activities.
2. The Chair, CPHS or Vice Chair may also suspend or terminate IRB approval to protect the rights and welfare of participants when there is not sufficient time for the convened IRB to review.

   (a) If the Chair CPHS or Vice Chair exercises the authority to suspend or terminate approval, the convened IRB will be informed of this action and will determine the appropriate course of action going forward.

C. Subject Withdrawal and Notification

1. Early Withdrawal of Subjects: When the suspension or termination of IRB approval involves withdrawal of subjects from the research, the IRB will review and approve the investigator’s or sponsor’s plan for managing subjects’ withdrawal from research participation. The IRB can require modifications to the proposed plan to ensure the safety and welfare of those subjects. Termination procedures may include, but are not limited to the following:

   (a) Tapering or discontinuing study drug;

   (b) Having a final study visit at which a physical exam and laboratory or other tests may be performed; or

   (c) Making arrangements for subjects to receive medical care by their primary care physician or specialist, through referrals to other healthcare providers or other institutions participating in the research.

2. Subject Follow-Up: When the IRB requires or approves subject follow-up for safety reasons, the investigator continues to be subject to continuing review and unanticipated event reporting requirements in accordance with IRB SOP 403 and 408.

3. Subject Notification: Depending upon the reasons for the suspension or termination and the design of the protocol, the IRB may require that subjects be notified of the suspension or termination, including:

   (a) All subjects who have been or are enrolled; or

   (b) Subjects currently on protocol; or

   (c) Subjects who participated in a certain aspect of the protocol.

D. Reporting Requirements

When the CHOP IRB suspends or terminates IRB approval for a research study involving human subjects, the IRB Director, the CPHS Chair or designee shall be responsible for
reporting to the Institutional Official. The Institutional Official will report suspensions and termination to the appropriate groups (e.g. FDA, OHRP) following SOP 907.

VI. **APPLICABLE REGULATIONS AND GUIDELINES**

<table>
<thead>
<tr>
<th>Section</th>
<th>Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 CFR Part 46103(b)(5)(ii)</td>
<td>45 CFR Part 46.113</td>
</tr>
<tr>
<td>21 CFR Part 56.108(b)(3)</td>
<td>21 CFR Part 56.113</td>
</tr>
</tbody>
</table>

VII. **REFERENCES TO OTHER APPLICABLE SOPS**

<table>
<thead>
<tr>
<th>SOP</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>403</td>
<td>Amendments and Reports of New Findings to Approved Research</td>
</tr>
<tr>
<td>404</td>
<td>Continuing Review – Criteria for Renewal</td>
</tr>
<tr>
<td>408</td>
<td>Unanticipated Problems Involving Risks to Subjects</td>
</tr>
<tr>
<td>901</td>
<td>Non-Compliance with Human Subjects Research Policies</td>
</tr>
<tr>
<td>905</td>
<td>Policy on Handling Investigative Team Member Conflict of Interest Issues</td>
</tr>
<tr>
<td>907</td>
<td>Reporting to Regulatory Agencies &amp; Sponsors</td>
</tr>
</tbody>
</table>

VIII. **RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Title</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator</td>
<td>Responsible for adhering to their responsibilities noted in this SOP pertaining to suspensions and terminations.</td>
</tr>
<tr>
<td>Director, HSR</td>
<td>Responsible for notifying the research community of investigator responsibilities regarding suspensions and terminations</td>
</tr>
<tr>
<td>Chair, CPHS</td>
<td>Responsible for making sure the IRB adheres to their responsibilities regarding suspensions and terminations.</td>
</tr>
<tr>
<td>Institutional Official</td>
<td>Responsible for reporting applicable suspensions and terminations to the appropriate funding agencies, regulatory agencies, and sponsors.</td>
</tr>
</tbody>
</table>
IX. ATTACHMENTS

X. REVISIONS:

3-2-2007 Revised due to changes in IRB office staff responsibilities.

6-15-10 Revised to incorporate changes in other SOPs including the SOPs 901, 905 and 907.

7/8/10 Revised to clarify the IRB Chair’s role in suspending or terminating research and to incorporate changes in SOP 403.

2/25/13 Updated to reflect modified FWA and to add notification of subjects participating in non-interventional research studies.

3/19/2018 Revised to include editorial changes and to clarify that regulatory requirements for IRB and institutional submissions remain when research is placed on administrative hold.

XI. APPROVAL:

Director, Human Subjects Research

Date

Chair, Committees for the Protection of Human Subjects

Date