

# CHICKEN SOUP FOR THE BUSY COORDINATOR

**AUGUST 2019**

## DEATH & SAFETY EVENT REPORTING REQUIREMENTS TO DSRB

### Scenario A

May is a new Clinical Research Coordinator (CRC) had just taken over the Research Study ABC. One of the subject ABC-001 passed away while on the study due to a serious injury from an unexpected fall. She asked a senior CRC what should be done? The Senior CRC shared on the different criteria and timelines for reporting of local death to the DSRB.

<u>Unanticipated Problems Involving Risks To Subjects or Others (UPIRTSO)</u>	<u>Expected Serious Adverse Events (For HBR Regulated Studies)</u>
<p><b>Definition:</b> The event is unexpected, related or possibly related and suggest that the research places subjects or others at greater risk of harm.</p> <p><b>Criteria for Reporting:</b> Reportable to DSRB if it is i) unexpected and ii) related or possibly related to the study</p> <p><b>Timeline for Reporting:</b> <u>For more than minimal risk (Full board studies)</u> All problems involving local deaths should be reported as soon as possible, but not later than <u>7 calendar days after first knowledge by the PI</u>, regardless of causality and expectedness of death event. Any additional relevant information about the death should be reported within <u>8 calendar days of making the initial report</u>.</p> <p><i>For no more than minimal risk (Exempt or Expedited studies) – refer to IM 3<sup>rd</sup> Editions, Table 16: Summary of UPIRTSO reporting requirements.</i></p>	<p><b>Definition:</b> Serious Adverse Event (SAE) is a any untoward medical occurrence as a result of any HBR which : i) Results in or contributes to death; ii) is life threatening; iii) requires inpatient hospitalisation / prolongation of existing hospitalisation; iv) results in/ contributes to persistent or significant disability/ incapacity; v) results in or contributes to a congenital anomaly or birth defect; or results in such other event as may prescribed.</p> <p><b>Criteria for Reporting:</b> SAE that are related or possibly related to HBR, expected and serious must be submitted. Applicable for both local sites and overseas sites.</p> <p><b>Timeline for Reporting:</b> Initial report to be reported as soon as possible but no later than <u>7 days after PI's 1<sup>st</sup> knowledge of the event</u>. Any additional information pertaining to the initial report within <u>8 days of making the initial report</u>.</p>

Based on the DSRB's safety event reporting criteria and timeline, May should assist the PI in reporting the death event of subject ABC-001 under the UPIRTSO category to the DSRB via the NHG ROAM system as soon as possible but no later than 7 calendar days.

### REMINDER:

- PIs/ Researchers must report all SAE to the sponsors (except those that the protocol / other documents identifies as not needing immediate reporting – to check against the Protocol/ Investigator's Brochure). For reports of deaths, researchers should supply the sponsor and the DSRB with any additional requested information.
- PIs/ Researchers conducting clinical trial regulated by the Health Sciences Authority should follow the regulatory requirements for reporting of Unexpected Serious Adverse Drug Reaction (USADRs) to HSA.
- PIs/ Researchers are advised to comply with their respective Research Institution's safety reporting guidelines.

### References:

- NHG Investigator's Manual 3<sup>rd</sup> Edition, Chapter 4.7: Unanticipated Problems Involving Risks To Subjects Or Others
- NHG Investigator's Manual Addendum Version 1 Dec 2018, Chapter 4.7 Unanticipated Problems Involving Risks To Subjects Or Others (UPIRTSO) and Expected Serious Adverse Event (SAE)
- NHG Proper Conduct of Research SOP 501-C05: Unanticipated Problems Involving Risks to Subjects or Others and Expected Serious Adverse Event

### Additional Readings:

- Health Sciences Authority, Regulatory Guidance, Clinical Trial Guidance (GN-CTB-2-004A-001): Expected Safety Reporting Requirements for Therapeutic Products and Medicinal Products Used in Clinical Trials (2 May 2017)

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*\*Disclaimer: All characters appearing in this article are fictitious. Any resemblance to real persons is purely coincidental. Best practices may differ between institutions. Readers are encouraged to follow their institution's policies/guidelines relating to the above scenarios/case study.*