DEPARTMENT OF VETERANS AFFAIRS **Research Service Policy Memorandum 22-48**
South Texas Veterans Health Care System
San Antonio, Texas 78229-4404 **December 9, 2022**

RESEARCH STANDING OPERATING PROCEDURES (SOP)
Reporting of Unanticipated Problems Involving Risk to Subjects and Others (UPIRSO), Unanticipated Adverse Device Effects (UADE), and Adverse Events (AE)

1. **PURPOSE:** To outline the procedures for reporting of Unanticipated Problems Involving Risk to Subjects and Others (UPIRSO), Unanticipated Adverse Device Effects (UADE), and adverse events (AE) related to human subjectsô research studies at the STVHCS.

2. **POLICY:**

a. The monitoring and reporting of UPIRSOs, UADEs, and AEs is a critical component of the Human Research Protection Program (HRPP) at the STVHCS.

b. Congruent with Federal Policy (Common Rule) for the protection of human subjects in research, VA regulations require written procedures for the reporting of UPIRSOs to the IRB. Federal policy, and VA and FDA regulations do not contain explicit requirements for the prompt reporting of adverse events (AE) that do not meet the definition of UPIRSO to the IRB, however, investigators must promptly report Unanticipated Adverse Device Effect (UADE) to the IRB.

c. Definitions:

(1) Adverse event (AE): The STVHCS adheres to the broad definition of AE found in VHA Directive 1058.1 where an AE is defined as ñany untoward occurrence [physical, psychological, social, or economic] in a human subject participating in researchò and where ñthe imminent threat of an AEò is included as a reportable event.

(2) Unanticipated Adverse Device Effect (UADE): See definition in the UTHSCSA IRB glossary at: https://www.uthscsa.edu/vpr/services/glossary

(3) Unanticipated Problems Involving Risk to Subjects and Others (UPIRSO): See definition in the UTHSCSA IRB glossary at: https://www.uthscsa.edu/vpr/services/glossary

(4) Unexpected death: The STVHCS adheres to the definition of unexpected death found in VHA Directive 1058.1 where an unexpected death is a death of a research subject in which a high risk of death is not projected, as indicated by the written protocol, informed consent form, or sponsor brochure. This definition does not include deaths associated with a terminal condition unless the research intervention clearly hastened the subjectôs death. A subjectôs death that is determined to be clearly not associated with the research is not an ñunexpected deathò for purposes of this SOP.

3. **ACTION:**

a. **Principal Investigator:**

(1) The Principal Investigator is responsible to review all incidents, experiences, and outcomes that may represent an UPIRSO or UADE; determine whether any reviewed incidents, experiences,

and outcomes represents a possible UPIRSO or UADE; and promptly report possible UPIRSOs and UADEs to the IRB according to the UTHSCSA UPIRSO and UADE Policy (https://www.uthscsa.edu/sites/default/files/Services/forms/upirso_uade_policy.pdf) .

(2) The timeline for reporting UPIRSOs and UADEs by the principal investigator to the IRB is specified in the UTHSCSA UPIRSO and UADE Policy (https://www.uthscsa.edu/sites/default/files/Services/forms/upirso_uade_policy.pdf) ï 5 business days or 7 calendar days for UPIRSOs based on internal information (e.g. experienced by subjects enrolled by the investigator(s)) or 14 calendar days for UPIRSOs based on external information at an institution not affiliate with the STVHCS or the UTHSCSA IRB.

(3) Any AE, or an imminent threat of an AE, that does not constitute an UPIRSO does not need to be reported promptly to the IRB but is summarized and reported to the IRB during Continuing Review.

(4) Any unexpected death of a research subject must be reported promptly to the IRB as specified in the UTHSCSA UPIRSO and UADE Policy
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Investigator will be informed of the requirement to promptly notify the IRB. The ACOS for R&D will also promptly report the possible UPIRSO or UADE to the IRB.

(2) For possible UPIRSOs that identify any real or suspected unauthorized use, loss, or disclosure of individually identifiable information related to a VA research protocol, the ACOS for R&D or designee will then promptly notify the STVHCS Privacy Officer of the breach of confidentiality or privacy.

(3) For possible UPIRSOôs that identify any compromise of VA information Security, or any real or suspected violation of Information Security requirements related to a VA research protocol, the ACOS for R&D, or designee, will then promptly notify the STVHCS Information Security Officer of the compromise of VA information Security.

(4) The ACOS for R&D will ensure that external regulatory and oversight agencies are notified of confirmed UPIRSOs and UADEs as required by VHA Directive 1058.01.

(a) Confirmed local UPIRSOs and UADEs (i.e. local research deaths, local SAEs, and serious problems that are confirmed by the IRB to be both unanticipated and related to the research) involving VA research will be reported by the IRB to the STVHCS Director within 5 business days of the IRBôs determination that a Report of Possible UPIRSO or UADE meets criteria as an UPIRSO or UADE. The STVHCS Director will notify the Office of Research Oversight (ORO) within 5 business days of being notified of the event/determination. This notification will include the official correspondence from the IRB, and will include the following information when not already included in the IRB correspondence:

i. The nature of the event (UPIRSO or UADE)

ii. Name of the institution conducting the research.

iii. Title of the research project or grant proposal in which the problem occurred.

iv. Name of the principal investigator on the protocol.

v. Identification numbers of the research project as assigned by the UTHSCSA IRB and the STVHCS R&D Office and the identification number of any applicable federal award(s), grant, contract, or cooperative agreement.

vi. A detailed description of the problem including findings by the organization and the reason(s)