

Mission

The **Office of Human Research Protection (OHRP)** provides an internal monitoring function and educational forum for the Medical College of Georgia (MCG) to assure that all research studies utilizing human subjects and/or human derived materials comply with federal, state and institutional regulations and policies to protect research subjects, the university and the research team.

History

The OHRP was formed in 1997 by the Board of Regents to provide oversight and closely monitor clinical research at MCG. The MCG holds a Federal Wide Assurance (FWA) issued by the Department of Health and Human Services (DHHS) Office of Human Research Protections (OHRP). This requires MCG to assure that there are procedures that monitor compliance with human research subject protection requirements. Conducting study audits provides one such mechanism for meeting this requirement. The study audits are used to improve the quality of human research subject's protections program and to increase the awareness of regulatory compliance. The audits are intended to be proactive, non punitive and focused on educating investigators and research staff of their ethical and regulatory responsibilities. Currently OHRP employs one full time auditor.

Function

- To assure that research using human subjects and/or human derived materials is conducted according to conditions approved by the institutional review boards (IRB) known as the Human Assurance Committee (HAC) or Chesapeake Research Review, Inc. (CRRI).
- To assure that data are appropriately managed so that any aspect (institutional review board approval, subject recruitment, financial records) of the study can be reviewed in a timely manner.
- To assure that the faculty and staff conducting research are well trained and aware of the policies and procedures. The findings of the audits conducted by the Clinical Trials Auditor (CTA) drive the education and training program offered by the OHRP.

Goals

- To ensure subject safety, verify accurate data collection, identify problem areas, and take corrective action when necessary. This process includes verifying eligibility and protocol and regulatory compliance according to MCG policy, the International Conference on Harmonisation (ICH) Good Clinical Practice, the Food and Drug Administration (FDA) as well as the Department of Health and Human Services (DHHS) Office for Human Research Protections (OHRP) Regulations and Guidelines.

- To work closely with members of MCG community to improve the overall quality of clinical research and to facilitate the application and approval process.

Audit Types

Currently OHRP auditor conduct 6 types of audits as described below:

- Medical record audits–This type of audit is conducted on a semi-annual basis. Any subject in a clinical trial may be randomly selected for audit in order to obtain a sampling of the quality of research compliance. Please note that the clinical trial may have a status of active or terminated.
- Random audits – This type of audit is routinely conducted as part of the Human Subjects Protection Program (HSPP). Active studies are selected randomly by querying the HAC database.
- Rotational Audits – This type of audit is conducted every 4-6 weeks for each division of Oncology (Adult, Pediatric, Women’s Health, Prevention). Oncology studies are selected randomly by a query of the HAC database.
- “For cause” audits – This type of audit is conducted in response to:
 - a) Requests from the IRB
 - b) Subject complaints – may include family members or legally authorized representatives (LAR’s)
 - c) Sponsor complaints
 - d) Requests from institutional officials or other institutional contacts
 - e) Requests/concerns from government agencies (e.g., FDA, NIH, OHRP)

“For cause” audits are given priority over all other audits.

- Investigator invitation audits – This type of audit is conducted in response to a request from the PI.
- HAC internal file audit – This audit is a retrospective and random audit of studies opened within the past year.

Audit Plan

The standard audit plan for each year is that the auditor will conduct:

- * 30-40 random or rotational audits
- * 15 closed medical record audit
- * As needed “For-Cause” and investigator initiated audits
- * Bi-annual audit of HAC approved internal files

The auditor will also conduct an annual on-site audit of Chesapeake Research Review, Inc (CRRI), which serves as our second IRB.

How the Audit System Works

Random Audit:

The process begins with the selection of a protocol to audit. It is anticipated that 30-40 studies per year will be selected randomly for audit.

The Director, Assistant Director, or CTA will randomly select a study to be audited by querying the HAC database.

The CTA will contact the Principal Investigator (PI) and/or Study Coordinator (SC) two to three weeks in advance via email or telephone to schedule the audit. Each PI and research team will be given adequate time to prepare for the audit to ensure that required documentation is available for review, to arrange for downtime out of the clinic or teaching, as needed and to be available for the entrance and exit interviews. The research team members are not required to be present during the actual audit.

A follow-up email serves as the formal audit notification, which describes the audit proceedings and how to prepare for the audit. The notification also confirms the data and documents that will be audited and the logistics of the audit, such as time, date and place as agreed upon during the scheduling phone call.

Approximately one week prior to the on-site audit, the PI and/or SC will be requested to provide a list of all study participants to OHRP. To ensure the confidentiality of the research participants, the list will be limited to the research participant's initials, medical record number or unique identification number and their date of study enrollment.

All research study subjects will be audited for studies with an enrollment of less than 10 participants. For large studies with enrollment greater than 100 or for those studies with multiple treatment/research arms, 5-10% of the participant population will be selected. This random selection will be made known to the PI and/or SC within three days of the audit. An additional random selection may be on site if the auditor determines that additional measures are necessary.

One or two days before the audit, the CTA will contact, via telephone or email, members of the study team to confirm the date, time and place, and to answer any final questions that the team may have regarding the audit.

OHRP will request that the PI and/or research team, have the research records and the medical records for selected study subjects to be made available for the audit. Access to all selected study subjects' medical records, shadow charts, Case Report Form (CRF) or

Data Collection Tools (DCT) records and associated documents should be provided to OHRP at the research site.

During the audit, the CTA will compare the medical records and research files to the protocol document and submitted forms to verify compliance and accurate data collection.

Throughout the audit, the PI and the study team are available to assist the CTA as needed. The CTA completes an audit form listing strengths and weaknesses as well as corrective actions. Depending on the issues identified, the CTA may consult with the HAC Chairman for further recommendations.

The exit interview usually takes place upon completion of the audit, usually on the last day of the on-site audit or if the PI is unavailable, then an appointment will be set with the research team or the PI's designee. The CTA leads the exit interview with the PI and study team. During the exit interview, the PI and the study team will have an opportunity to respond to the findings, recommendations, or questions that have arisen during the audit. Information provided from this process is included in the final report.

The complete final audit report is prepared by the CTA and emailed to the PI, the department chairperson, the HAC Chair and Vice Chair, and the study team within two weeks of the exit interview. If the study is conducted at the Veterans Administration Medical Center (VAMC) a copy of the report is sent to the Chief and the Administrative Officer at the VAMC. The PI is asked to reply with a written corrective action plan as needed within four weeks.

Timeframes listed here are ideal. The timeline may vary per audit.

The OHRP audit findings are communicated to the Vice President of Research Administration (Frank Treiber, PhD), the Associate Vice President of Research Administration (Anthony Mulloy, DO, PhD) on a quarterly basis. In addition, OHRP audit findings for oncology studies are reported to the Director of the Medical College of Georgia Cancer Center (Kapil Bhalla, MD) quarterly.

Selecting Protocols for Random Audits

Each CTA selects a minimum of three to four protocols per month to audit. All active protocols are eligible for audit, including industry-sponsored studies. The following guidelines are used for prioritizing protocols to audit:

- A protocol is eligible for an OHRP audit after IRB approval
- The CTA attempts to distribute the audits evenly among the various protocols.
- Although unlikely, a PI who is randomly audited once during the year may be randomly audited a second time during the year on a different protocol.

- If deviations from the regulations and policies of MCG, potentially affect data validity, and/or are endangering human subjects' health and welfare are encountered during an audit, the CTA will contact the Director of the Office of Human Research Protections so that a determination can be made as to whether the audit should be expanded to be more intensive or to include other research studies.

Selecting Protocols for Rotational Audits

Each division of Oncology (Adult, Pediatric, Women's Health, and Prevention) will be audited every four to six weeks to ensure protocol compliance.

Published Article Monitoring Program

Effective September 2002, the Office of Human Research Protection (OHRP) implemented a program to monitor all publications emanating from the MCG faculty that involve human subjects and/or human derived materials research is currently being conducted. On-line database searches for recent journal publications are reviewed. All publications are cross-referenced to the institutional review board (IRB) records to verify that the referenced study or project was approved by the IRB. Congratulatory letters are then sent to the principal investigator for complying with regulations and policies related to human subject research.

Frequently there are numerous protocols on a topic in the IRB records by an investigator. The relationship between the publication describing the research and the corresponding IRB approved project is not always obvious. Therefore, the publication is subject to confirmation by the investigator. If an approved study is not found in the IRB records for a published article, the principal investigator will be contacted by letter and asked to provide the OHRP with the approved IRB file number in writing within ten days. If a study was conducted without obtaining IRB approval, the investigator is in direct violation of the Medical College of Georgia Policy on the Conduct of Research.

The OHRP is aware that those individuals conducting research that involve human subjects are not expected to be regulatory experts. However, it is expected that those individuals are knowledgeable and understand institutional as well as federal policies and procedures relevant to clinical research involving human subjects and the fundamental principles of research ethics. It is the intent of the OHRP to work in good faith with all MCG researchers to comply with all applicable federal and state regulations and university policies and procedures.