Breach Report Guidelines

Table of Contents

Non-Serious Breaches

What is a Non-Serious Breach?

Also known as a protocol deviation, a non-serious breach is

"…any change, divergence, or departure from the study design or procedures defined in the protocol".

However, this definition is quite broad and leads to confusion regarding what exactly needs to be reported to the RGO. Below we define those that need to be reported and those that do not.

Reportable Non-Serious Breaches

The following are examples of non-serious breaches that are required to be reported.

1. An event occurred that has deviated from the study protocol
2. The event has not affected the safety or rights of a trial participant or the reliability or robustness of the data generated
3. The event is related to the study documents, the participants, or Good Clinical Practice (GCP)
4. The event is independent of fault, blame or circumstance
    a. A sample tube broke in route to central laboratory
    b. A participant refused a procedure
    c. An outdated version of a study document was unable to be located

These breaches should be reported to the Local RGO within **3 months** of occurrence, using the DHHS Non-Serious Breach Report Form. A 3-month log is preferable, accompanied by a single DHHS Non-Serious Breach Report Form.

The RGO may ask for a non-serious breach to be reported to the HREC if they feel it is necessary to do so. If this is the case, the RGO will request proof of HREC acknowledgment prior to acknowledging the non-serious breach.

Repeated non-serious breaches of a similar nature will be considered collectively as a serious breach at the discretion of the RGO.

Non-Reportable Non-Serious Breaches

There are more trivial events that do not need to be reported to the local RGO. If in doubt please contact the RGO directly.

Examples of situations which do not need to be reported to the RGO include:

- Principal Investigator not available during an on-site monitoring visit
- Participant's name misspelled within a source document
- Signature misdated
- Participant declined to complete the scheduled research activities

Non-reportable non-serious breaches should be documented in a protocol deviation log and submitted with the annual safety report for acknowledgment.

It is important to keep record of these minor events. Periodic aggregate reviews should be completed to identify trends or systemic errors which may meet a threshold to upgrade the classification to a reportable event.

Record Keeping of Non-Serious Breaches

Non-Serious Breaches, including the classification and categorization and any associated data points, should be stored in a validated way to support review and reporting.

The following key elements should be considered for record keeping of deviations:

- Both reportable and non-reportable non-serious breach records can be retrieved for varied reporting needs, during the clinical study and at closeout.
- Non-Serious Breaches that were not considered reportable can be retrieved or regenerated for trending analysis during the clinical study.

Serious Breaches

What is a Serious Breach?

A serious breach is a failure to comply with the final study protocol as approved by the Ethics Committee. It can be defined non-compliance with the protocol, or with Good Clinical Practice (GCP) that is likely to affect to a significant degree:

- The safety or rights of a trial participant.
- The reliability and robustness of the data generated in the clinical trial.

Serious breaches should be reported to both the Reviewing HREC and the Local RGO at which the event occurred **within 7 days** of occurrence using the DHHS Serious Breach Report Form.

The requirements for serious breach reporting is well-documented by the NHMRC, and the following documents can be referred to for further guidance:

- Safety Monitoring and Reporting in Clinical Trials Involving Therapeutic Goods (2016)
- NHMRC Reporting of Serious Breach of Good Clinical Practice (GCP) or the Protocol for Trials Involving Therapeutic Goods (2018)
- iCHGCP Identifying Serious Breaches

Reporting of Serious Breaches by the Sponsor

Sponsors have the primary responsibility of determining whether any suspected breach meets the definition of a serious breach.

The Sponsor is required to:

- Report serious breaches to the Reviewing HREC **within 7 days** of confirming a serious breach has occurred and provide follow-up reports when required.
- Notify the TGA and the reviewing HREC if the serious breach leads to the closure of the site.
- Report to the TGA any serious breach that involves a defective product that may have wider implications for the supply chain for that marketed product:
- Commercial sponsors report to the TGA using existing product surveillance processes
- Non-commercial sponsors (e.g. universities) may either report to the TGA directly or to the Marketing Authorisation Holder/manufacturer (who would report to the TGA).

Reporting of Serious Breaches by Third Parties

A third party refers to any entity (other than the trial sponsor) wishing to report a suspected breach. A third party (e.g. trial sites) may identify a serious breach and report it directly it to the reviewing HREC.

This would usually be appropriate if:

- The investigator/institution has good evidence that a serious breach has occurred but the sponsor disagrees with their assessment and is unwilling to notify the HREC.
- The investigator/institution has become aware that the sponsor may have committed a serious breach.

For further information regarding Serious and Non-Serious Breaches at St Vincent's Hospital Melbourne please visit our website here or contact us using the information below:

Ph: 03 9231 6970

Email: research.ethics@svhm.org.au