1. BACKGROUND:

In general, all protocol-specified procedures must be conducted at a site where the protocol has received Institutional Review Board (IRB) approval. Where there is no IRB approval and oversight, the only procedures that can be done at the outside site must fall within one of the following **three exceptions**: 1) routine procedures, 2) routine monitoring and follow-up procedures, or 3) administration of approved "standard of care" interventions that are not specifically dictated in the protocol or under evaluation.

Where protocol procedures are conducted at a non-DF/HCC site, the ~~Overall~~ Principal Investigator (PI) retains responsibility for overseeing the protocol-related activities and ensuring appropriate arrangements are made for receiving protocol-related data from the institution.

2. ASSOCIATED DF/HCC POLICIES:

2.1. RCO-102

3. DEFINITIONS:

3.1. **Protocol Specified Procedures:** Procedures that are described in the protocol such as obtaining informed consent, physical procedures by which data are gathered, administration of either an approved or investigational drug that is under evaluation in the protocol, surgical implantation of medical devices, etc.

~~3.2.~~ **Routine Clinical Monitoring and/or Follow-up Procedures**: Assessments required by the protocol (e.g., medical history, physical examination, review of side effects, blood test, chest X-ray, or CT scan) provided that the procedures: (1) do not include the administration of the interventions being tested or evaluated under the protocol; **AND** (2) are typically provided by the facility for clinical purposes.

~~3.3.~~3.2.

~~3.4.~~3.3. **Routine Procedures:** Procedures that are typically performed by a facility as commercial services (e.g., blood draws, urine collection, radiological scans). Specimens that cannot be drawn or processed at a facility or that require a special research specific kit or instructions **are not** routine.

~~3.5.~~3.4. **Administration of "Standard of Care" Interventions**: For the purposes of this policy, "standard of care" interventions mean that the protocol **does not** specifically dictate the doses, dose modifications, etc. For example, standard of care interventions would include:

- Any chemotherapy where the doses being administered and dose modifications are per the pharmaceutical drug label.
- Any radiation therapy where the schedule of fractions are typically given by those institutions for non-research purposes.
- Any surgical procedure where the procedure itself does not intervene for research purpose.

However, this would **not include**:

- The administration of any approved drug regimen where the regimen (which could be standard of care) is being compared with an investigational intervention (e.g., Phase 3 studies).
- An approved drug is being administered off label and per protocol.
- Radiation therapy where the schedule of fractions are specifically defined by the protocol for research purposes and evaluation.

  See the *2008 OHRP Guidance on Engagements of Institutions in Human Subjects Research* for more specific examples.

4. PROCEDURE:

4.1. The protocol must identify any research procedures that may be conducted at a non-DF/HCC site that **do not** meet the three exception criteria listed above (i.e., routine procedures, routine monitoring and follow-up procedures, administration of an approved "standard of care" regimen that is not specifically dictated in the protocol or under evaluation).

4.1.1. For investigator-initiated studies, this information must appear in the IRB-approved protocol.

4.1.2. ~~For sponsored trials, this information must be outlined in an Alert Page.~~

4.2. If there is IRB approval and oversight of the protocol at an outside site, then it is acceptable to conduct any protocol-specified procedures at that site consistent with the protocol.

4.3. If there is no IRB approval at the outside site where a protocol-specified procedure is to be performed, then the ~~Overall~~ PI must ensure that only the protocol-specified procedures that fall in the exceptions described above (i.e., routine procedures, routine monitoring and follow-up procedures, administration of an approved "standard of care" regimen that is not specifically dictated in the protocol or under evaluation) will be performed at the outside site.

4.4. If the Sponsor and ~~Overall~~ PI wish to allow procedures that are inconsistent with the protocol or that do not fall into one of the exception categories, the ~~Overall~~ PI must report the prospective exception/deviation request to the Sponsor and IRB for review and approval.

4.4.1. In the case of an unexpected hospitalization, the IRB must be notified if any protocol interventions will continue to be tested or evaluated at the outside site. This notification must be made through the "OHRS Major Deviation/Violation/Exception/Other Event Reporting Form."

Prospective approval by the IRB is not required and this notification is generally not considered to be a protocol violation.

4.5. For ongoing research, if in doubt whether a protocol-specified procedure falls within the exceptions described above, the ~~Overall~~ PI should contact his/her institutional clinical trials office.