

## MONITORING VISITS FOR EXTERNALLY SPONSORED CLINICAL TRIALS

The scope and purpose of this SOP is to set forth requirements for the conduct of interventional *clinical trials* within the University of Utah. This SOP may be used to guide the conduct of other types of clinical research studies to promote quality and to meet Good Clinical Practice standards.

### Introduction and Purpose

The sponsor of a clinical research study is responsible for quality assurance throughout all stages of the trial process by ensuring trials are adequately monitored. The purpose of monitoring is to ensure:

- Human subject protection: The rights and well-being of human subjects are protected.
- Reliability of trial results: The reported trial data are accurate, complete, and verifiable from the source documents.
- Compliance with the current Institutional Review Board (IRB) approved protocol/amendment(s), with International Council for Harmonization (ICH) Good Clinical Practice (GCP), and with applicable regulatory requirements.

Externally sponsored clinical research studies are studies sponsored by an entity other than the University of Utah. All externally sponsored studies are subject to monitoring by the sponsor. The sponsor may delegate some or all of the quality oversight to a Clinical Research Organization (CRO).

The Principal Investigator (PI) is required to make available the requested trial-related material for the monitor, auditor, or regulatory authorities.

### Definitions and Acronyms

**Clinical Research:** Clinical research includes all research involving human participants. It does not include secondary studies using existing biological specimens or data collected without identifiers or data that are publicly available.

**Clinical Trial:** Clinical trials are clinical research studies involving human participants assigned to an intervention in which the study is designed to evaluate the effect(s) of the intervention on the participant and the effect being evaluated is a health-related biomedical or behavioral outcome.

**CFR:** Code of Federal Regulations  
**CRO:** Clinical Research Organization  
**EHR:** Electronic Health Record

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<b>ERICA:</b>	Electronic Research Integrity and Compliance Administration
<b>FDA</b>	United States Food and Drug Administration
<b>GCP:</b>	Good Clinical Practice
<b>ICF:</b>	Informed Consent Form
<b>ICH:</b>	International Council for Harmonization
<b>IDS:</b>	Investigational Drug Services
<b>IRB:</b>	Institutional Review Board
<b>LAR:</b>	Legally Authorized Representative
<b>PI:</b>	Principal Investigator
<b>SOP:</b>	Standard Operating Procedure

### **Procedure**

#### **1. Monitoring Expectations**

- 1.1. Monitoring will be performed as determined by the sponsor's requirements. The extent and nature of the monitoring visit should be performed on a schedule based on the complexity and the risk of the trial. In general, on-site monitoring is necessary to adequately oversee a trial, but sponsors often conduct a combination of on-site and central/remote monitoring.
- 1.2. The monitor should ensure the trial is conducted and documented properly.
- 1.3. The monitor is responsible for communicating between the sponsor and the investigator.

#### **2. Scheduling On-Site Monitoring Visits**

- 2.1. The assigned monitor is expected to schedule the monitoring visit with appropriate advanced notice.
- 2.2. The assigned monitor can visit for a mutually agreed upon number of consecutive days per month for each protocol the monitor is assigned. The monitor must inform the study team of the expected number of days required to conduct the monitoring visit.
- 2.3. Monitors assigned to multiple active studies are encouraged to monitor one study at each visit. Exceptions may be made for multiple studies to be monitored in one visit if accommodations are prearranged. Note: patient charts and regulatory files for multiple studies cannot be provided at the same

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time. Separate follow-up letters should be drafted for each trial monitored.

- 2.4. Monitoring visits must be scheduled at a reasonable and mutually agreed upon spaced interval. Exceptions can be made in rare cases, if the PI and study team can accommodate. Potential exceptions may include a Phase 1, first-in-human clinical research study.
- 2.5. The monitor must communicate if an additional monitor(s) will be participating in the monitoring visit. Depending on space availability, the study team may or may not be able to accommodate multiple monitors in one visit.
- 2.6. The assigned monitor is expected to inform the study team of the following:
  - 2.6.1. The clinical research study to be reviewed.
  - 2.6.2. The patient research charts to be reviewed.
  - 2.6.3. Regulatory documents required to be reviewed.
  - 2.6.4. Investigational product required to be reviewed.
    - 2.6.4.1. Monitors are not allowed to physically inspect the investigational drug services (IDS) pharmacy. According to the Utah Pharmacy Practice Act Rule, Utah Administrative Code R156-17b, allowing unauthorized personnel into a pharmacy is unprofessional conduct. Monitors qualify as unauthorized personnel. For this reason, study monitors will not be allowed to enter any University of Utah Pharmacy.
    - 2.6.4.2. Monitors will not be able to physically touch the drug, whether it is stored at room temperature or in a fridge or freezer. Monitors will be provided access to the web-based investigation drug service system, Vestigo.
  - 2.6.5. Possible dates for the visit; including total number of days required.
  - 2.6.6. Times of arrival and departure for scheduled visit (acceptable monitoring hours are workdays between 8:00am and 5:00pm)
- 2.7. Monitors are expected to bring their own laptops and cell phones.
- 2.8. In case of cancellations, the monitor should provide at least 48 hours' notice of cancellation of the monitoring visit.

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### **3. Monitoring Visit Preparation**

- 3.1. The study team is expected to identify mutually available dates, reserve necessary space for the monitor, and schedule meetings with required parties, (e.g. PI, IDS, etc.) as appropriate.
- 3.2. The study team will notify potentially affected individuals of the upcoming monitoring visit.
- 3.3. The study team will prepare the requested documentation for the monitoring visit including but not limited to:
  - 3.3.1. Organize research charts for easy of identification of source documents.
  - 3.3.2. Obtain and file any missing source documentation.
  - 3.3.3. Confirm data and case report forms (CRF) are complete and resolve any missing or inaccurate data.
  - 3.3.4. Confirm all essential documents are filed.
  - 3.3.5. Ensure training and delegation logs are current.
  - 3.3.6. Resolve any queries from the prior monitoring visits.

### **4. On-Site Monitoring Visit Expectations**

- 4.1. The monitor should notify the study team upon arrival for the visit. A “sign-in” and “sign-out” sheet may be used as the study specific monitoring log.
- 4.2. The study team will familiarize the monitor with their surroundings, including any office policies.
  - 4.2.1. Monitors may be physically located in shared space with other site monitors.
- 4.3. Monitors are expected to demonstrate professional and ethical behavior at all times while performing the monitoring visit.
- 4.4. The monitor may only review the study materials initially requesting during the monitoring site visit set-up.
- 4.5. Monitors will not be given unrestricted access to the Electronic Health Record (EHR) system per University of Utah policy. Records are printed from the EHR and added to the research chart. Audit trails, electronic signatures, etc. are tracked

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within the EHR. Printed records will indicate the date, time, and individual who printed the record. Additional records can be printed from the EHR as needed.

4.5.1. If necessary, the monitor may be provided a reasonable amount of over-the-shoulder access to the EHR with the study team.

4.6. Monitors are not allowed within secured areas without the assistance of accompanied authorized personnel. This may include labs, or other clinical workspaces.

4.7. All materials provided to the monitor for review must be returned to secured areas at the end of each business day to ensure privacy and confidentiality of the research records. Monitors may not duplicate the research records in any format. Any request for duplication of study documents must be made to the study team.

4.8. The monitor is expected to complete the monitoring visit within the scheduled timeframe for the visit.

4.9. On the conclusion of the monitoring visit, the monitor may request a close-out meeting with the study team.

### **5. Monitor Visit Follow-up**

5.1. The monitor should provide a summary of their review in the form of a monitoring report and/or follow-up letter. These typically include details of monitoring activities, documents reviewed, findings and recommended corrective action may be submitted to the PI following the monitoring visit.

5.2. The PI and study team should address all outstanding findings and data queries, as well as develop and implement appropriate corrective action to prevent future recurrences of similar findings.

5.3. The monitoring visit report should be maintained with other essential study documents in the regulatory binder.

### **6. Centralized/Remote Monitoring**

6.1. Centralized and remote monitoring is the process for the sponsor, or delegated CRO to provide additional monitoring oversight to reduce the extent of on-site monitoring.

6.2. Limited remote monitoring is available from the University of Utah Health Sciences EHR. This type of monitoring can occur via a pass through mechanism

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where the medical record is converted into a password protected PDF with time-limited access. Limited source documentation, such as the informed consent form(s), will redacted into PDF documents. Full participant research charts will not be redacted into a PDF.

- 6.3. Regulatory records may be available for remote monitoring.
- 6.4. IDS records may be available for remote monitoring via Vestigo.
- 6.5. Requests for centralized/remote monitoring must be approved and arranged in advance.

### **7. Additional Considerations**

- 7.1. The monitor is expected to schedule close-out monitoring visits, “data crunches” or “data locks” with appropriate advanced notice.
- 7.2. Any changes to sponsor assigned monitoring personnel must be communicated to the study team.

### **Materials Required**

- Current IRB approved protocol/amendment(s)
- Current IRB Approved Consent Form(s)
- Participant research charts
- Access to electronic data capture (EDC) system
- Access to essential documents / regulatory binders
- Access to Vestigo

### **References**

- 21 CFR Part 50 Subpart B: Protection of Human Subjects
- 21 CFR Part 312 Subpart D – Investigational New Drug Application, Responsibilities of Sponsors and Investigators
- ICH Guidance for Industry E6(R2): Good Clinical Practice

## MONITORING VISITS FOR EXTERNALLY SPONSORED CLINICAL TRIALS

### Document Approval

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DATE

### Revision History

Version Date	Change Summary
24Jun2020	Original Version

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