Texas Health Resources

Corporate Policy on Conflict of Interest Involving Human Subject Research

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Revisions Table

Originated By:	Approved By:	Authorized By:	Date Revised:	Date Issued:	Summary of Revisions:
Tanya Poe, Research Compliance Director	Research Activities Compliance Committee (RACC)	THR System Performance Council (SPC)	19 August 2008	19 August 2008	
Tanya Poe, Research Compliance Director	RACC	Not Applicable/Administrative Revisions	11 March 2009	11 March 2009	
Tanya Poe, Research Compliance Director	Research Activities Compliance Committee (RACC)	SPC	19 January 2010	1 March 2010	
Tanya Poe, Research Compliance Director	RACC	Not Applicable/Administrative Revisions	7 December 2010	1 February 2011	
Tanya Poe, Research Compliance Director	RACC	SPC	31 March 2011	15 November 2011	
Tanya Poe, Research Compliance Director	RACC	SPC	19 June 2012/18 July 2012	24 August 2012	
Tanya Poe, Research Compliance Director	RACC	Not Applicable/Administrative Revisions	20 December 2013	21 April 2014	
Tanya Poe, Research Compliance Director	RACC	Not Applicable/Administrative Revisions	9 July 2014	11 August 2014	
Tanya Poe, Research Compliance Director	RACC	Not Applicable/Administrative Revisions	14 January 2015	10 June 2015	
Heather Cline, Research Compliance Officer	RACC	Not Applicable/Administrative Revisions	09 March 2016	25 March 2016	*Chapter 5* Clarification added that HUD submissions do not require Conflict of Interest disclosure Clarification that studies submitted to an external IRB must still meet

					THR Conflict of Interest (COI) policy requirements.

Duty to Disclose

The THR Institutional Conflict of Interest process requires disclosure of all conflicts of interest as described in this policy to the THR Research Conflict of Interest Committee for review. This process is required for transparency and to determine whether a Conflict of Interest should be eliminated or managed to protect the integrity of the research process and study outcome.

This process applies to THR, as the Institution, investigators, study staff and subrecipients (i.e., subcontractor).

Chapter 1.

The Ethical Mandate to Manage Conflicts of Interest

"Conflict of interest" is defined as any situation in which financial, professional, or personal obligations could directly and significantly affect the design, conduct, analyzes or reporting of research. Conflicts of interest may negatively impact the recruitment of subjects; collection, analysis and interpretation of data; or scientific objectivity and integrity — all of which ultimately affect public trust in the research enterprise.

a. Public Trust in the Research Enterprise. The public, whose members will be recruited to volunteer to test new theories, interventions, and products, must be assured that their interests and welfare will be protected to the fullest extent possible. The principle of justice, as articulated in the Belmont Report, demands that the benefits and the burdens of research be distributed equitably.

b. Purpose of this System-Wide Policy. THR endorses the principle that all research should be conducted with the highest degree of ethical conduct and integrity and should not be negatively impacted by financial or other Conflicts of Interest.

This System-Wide Conflict of Interest Policy for research involving human subjects is intended to help THR investigators, IRB members, and the THR Institutional Official effectively reduce, eliminate, and manage any Conflict of Interests they may have in the research they conduct, review, or sponsor. In addition, it promulgates THR policies and procedures relative to disclosing, reporting, and investigating Conflicts of Interest related to research activities.

Chapter 2.
The Regulatory Mandate to Manage Conflicts of Interest

Currently, three different regulations address Conflicts of Interest in research involving human subjects.

Regulations issued by the Public Health Service (PHS) in 2011 address how *institutions* receiving PHS support should handle Conflicts of Interest. Institutions receiving support from the National Science Foundation (NSF) must meet identical requirements.

Regulations issued by the Food and Drug Administration (FDA) govern *individual* investigator disclosure of Conflicts of Interest to Sponsors of FDA regulated research.

Finally, the Federal Policy (Common Rule) for the Protection of Human Subjects in Research impacts the issue of Conflicts of Interest in research for members of Institutional Review Boards (IRBs).

a. Public Health Service (PHS) Agencies. Institutions receiving research support from Public Health Service (PHS) Agencies (such as the National Institutes of Health, the Centers for Disease Control and Prevention, and the Indian Health Service) must comply with the PHS regulations at 42 CFR Part 50, Subpart F.

These regulations require that institutions establish policies and procedures relating to Conflicts of Interest and appoint a Conflict of Interest Official or Conflict of Interest Committee to manage and report Conflicts of Interest.

According to the PHS regulations, a designated institutional official or committee is responsible for reviewing all Conflict of Interest disclosures, and determining if a Conflict of Interest exists. At THR, the designated Institutional Conflict of Interest mechanism involves disclosure of all conflicts of interests to the THR Research Conflicts of Interest Committee. This Committee is appointed by the THR Institutional Official as a subcommittee of the IRB and is responsible for receiving and reviewing disclosures of any Conflicts of Interest and determining what actions should be taken to manage, reduce, or eliminate the conflicting interest.

A detailed summary of the PHS requirements and copies of the relevant regulatory provisions are provided via links on the THR website at www.texashealth.org/irb.

As indicated above, Institutions receiving support from the National Science Foundation (NSF) must meet identical requirements.

b. Food and Drug Administration (FDA) Regulations. FDA regulations at 21 CFR Part 54 apply to investigators conducting research regulated by the FDA. These regulations require that investigators disclose information related to Conflicts of Interest to the research sponsor so the sponsor can inform the FDA. Refer to Chapter 5 for more details regarding items that need to be submitted to the THR Institutional Official for review by the THR Research Conflict of Interest Committee.

A detailed summary of the FDA requirements and copies of the relevant regulatory provisions are provided via links on the THR website at www.texashealth.org/irb.

c. Federal Regulations for the Protection of Human Research Subjects. The Federal Policy for the Protection of Human Subjects in Research, commonly called the Common Rule and codified at 56 FR 28003 and 45 CFR 46.107(e), prohibits IRB members who have a conflicting interest from participating in the IRB's initial or continuing review of research, except to provide answers to questions from the IRB. FDA IRB regulations include exactly the same provision at 21 CFR 56.107(e).

THR applies this restriction to all research regardless of funding source. An IRB member who (i) has a financial stake in the research or (ii) plays a substantive role in the research (including, for example, enrolling subjects in the protocol) would be considered to have a Conflict of Interest.

As applicable, THR abides by all three regulatory requirements. In all cases, the THR guidelines meet or exceed the standards set by the federal regulations*, so investigators who adhere to the THR guidelines also adhere to applicable federal standards.*

Chapters 4 and 5 provide detailed guidance concerning THR and investigator responsibilities and mechanisms for managing, reducing, or eliminating Conflicts of Interest in human subject research.

Chapter 6 provides guidance on how the THR IRB and IRB members should strive to eliminate, reduce, or manage Conflicts of Interest during their reviews and other deliberations.

Chapter 3.
Types of Conflicts of Interest

Conflicts of Interest can take many forms. They can be straightforward, such as consulting fees, education subsidies, stock ownership, honoraria, or salary from entities with a role in the research. Alternatively, they may include what some may view as more subtle kinds of Conflict, such as intellectual property rights, royalties, financial incentives offered by pharmaceutical or biotech companies to researchers or physicians for conducting trials or enrolling subjects, or financial relationships due to spousal employment.

Examples of individuals and possible Conflicts of Interest follow.

a. Research Personnel. For researchers (investigators, co-investigators and other research personnel), financial incentives may negatively impact the conduct of the research or the collection, analysis, or interpretation of data, thereby damaging scientific objectivity and the integrity of the research enterprise. In addition, an investigator who is also the subject's treating physician (or other clinician) may unwittingly, or even purposely, exert coercion or undue influence on patients (or clients) to participate in research.

Conflict of Interest may also occur where other incentives (for example, enrollment bonuses, the pressure to publish, desire for career advancement, or professional rivalries) negatively affect ones standards for the appropriate conduct of the research or the appropriate collection, analysis, or interpretation of data.

Lastly, a conflict of interest may involve professional institutional responsibilities on behalf of Texas Health Resources involving activities such as research, research consultation, teaching, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

Chapter 5 details the responsibilities of THR research personnel in disclosing and managing Conflicts of Interest.

b. THR as an Institution and THR Leadership. An institutional Conflict of Interest ("Institutional COI") describes a situation in which the financial interests of an institution may affect or appear to affect the research, education, clinical care, business transactions, or other activities of the institution.

Officials and staff of THR and THR entities must also refrain from involvement in decisions affecting research in which they have personal financial or professional interests, or in which the institution or

institutional leadership have significant financial or other interests that may influence research conduct or outcomes.

In recognition of such potential conflicts, THR leadership who participate in the decision-making process regarding the approval or disapproval of research funding may not serve as voting members of any THR designated IRB.

Institutional Ownership of Stock or Other Securities:
THR and THRE management personnel do not make decisions regarding institutional investment in the stock of individual companies. The THR Board appoints an independent Investment Committee for oversight of the THR long term investment pool and hires an independent investment advisor. The independent investment advisor assists the Investment Committee to engage independent investment managers who select individual securities for purchase within the long term investment pool. These investment managers have full discretionary authority over the security selection process within the guidelines of the THR investment policy statement. The THR Investment Committee has no involvement or knowledge of what companies are sponsors of clinical studies. Likewise, THRE personnel do not have input in the selection of securities held within the THR long term investment fund. The process described mitigates the risk of conflict of interest as a result of institutional ownership of stock or other securities of a research sponsor as it pertains to the investment of THR assets in the long term investment pool.

Institutional Arrangements Not Involving Stock or Securities:
The THRE President will notify the Director of Research Compliance of any agreement or contract entered into by THRE with a study sponsor involving an arrangement not related to the conduct of the clinical study. Any such arrangement will be reviewed by the THR Research Conflicts of Interest Committee and referred to the IRB as warranted.

Gifts:
All gifts and donations must be processed through one of the THR Foundations responsible for fund-raising activities. Any gift or donation with stipulations regarding a category of research, or in support or recognition of a specific investigator, should be reported to the Director of Research Compliance for review by the THR Research Conflicts of Interest Committee and referred to the IRB as warranted.

c. IRB Chairperson and Members. The IRB chairperson and IRB members may find themselves in situations that present Conflicts of Interest, such as the following:

- Where the IRB Chairperson or IRB member is listed as a principal investigator or co-investigator on the research.

- Where the IRB Chairperson or IRB member plays any substantive role in planning or conducting the research, including enrolling subjects in the research or obtaining subjects' informed consent.
- Where any investigator must report to, or is under the supervision of, an IRB Chairperson or IRB member or vice versa.
- Where the IRB Chairperson or IRB member competes for research support in the same field, or a similar field, as an investigator whose research is scheduled for review.

In these instances, individuals with a Conflict should absent themselves from participating in any deliberative IRB discussion or vote in connection with the relationship or transaction related to the Conflict. Chapter 6 provides detailed guidance on Managing Conflict of Interest in IRB Review.

Chapter 4.
Institutional Responsibilities for Managing Conflicts of Interest

THR has specific institutional responsibilities under current regulations governing Conflicts of Interest for research involving human subjects. When an investigator has a financial interest in research, it may be perceived by others that he/she might have a preference for a certain result or outcome due to his/her own personal interests or potential financial gain. Accordingly, the conflict should be removed or managed in such a way that the investigator does not unduly influence subjects in their decision to participate in the research, and/or inadvertently introduce bias in the conduct of the research or the analysis of the research results. Additionally, apparent conflicts of interest must be managed or eliminated to protect the credibility of the institutional human research protection program. While the management schemes presented below are designed primarily to protect human subjects involved in research, such policies also are of benefit to the investigator, the institution as well as to society.

THR shall inform THR personnel involved in the conduct or support of human subject research of its Policy on Conflict of Interest. This includes but is not limited to conflicts of interest, the study staff's responsibilities regarding disclosure of Conflict of Interest and the regulations.

THR has a responsibility to manage, eliminate, or reduce any Conflicts of Interest in accordance with applicable regulations.

THR maintains an up-to-date, written, enforced policy on conflict of interest and makes such policy available via a publicly accessible web site.

Prior to THR's expenditure of any PHS-funded research project, THR shall ensure a written response to any requestor within five business days of a request of information concerning any Conflict of Interest disclosed to THR that meets the applicable criteria noted under 45 CFR 50.605 (a) (5).

a. THR Conflicts of Interest Official. U.S. Public Health Service (PHS) regulations require that THR appoint an official to implement and ensure compliance with Research Conflicts of Interest policies, procedures, and requirements on behalf of the organization. The THR Institutional Official for Human Subject Protections serves in the role of Corporate Research Conflicts of Interest Official for all THR entities involved in the conduct or support of human subject research and serves as the non-voting chair of the THR Research Conflicts of Interest Committee.

The THR Institutional Official also serves as the Corporate Research Conflicts of Interest Official to assist in implementing THR's Research Conflicts of Interests policies, procedures, and requirements at the entity level.

Activities and records of the THR Research Conflicts of Interest Committee shall be subject to review and monitoring by the THR Institutional Official and the THR Chief Compliance Officer.

The THR Chief Compliance Officer has full authority to investigate possible Conflicts of Interest and to enforce THR's Conflict of Interest policies, procedures, and requirements in human subject research at all THR entities and by all THR personnel involved in the conduct or support of human subject research.

b. THR Research Conflicts of Interest Committee(s): Function. The THR Research Conflicts of Interest Committee reviews information submitted by THR investigators and research personnel and determines whether particular investigators or research personnel have Conflicts of Interest. Where Conflicts of Interest (or the appearance of Conflicts of Interest) are identified, the Committee recommends how best to manage or eliminate such conflicts and reports its findings and recommendations to the THR IRB and to relevant officials of the entity involved in the research, as warranted.

b. THR Research Conflicts of Interest Committee: Composition. The THR Research Conflicts of Interest Committee shall be appointed by the THR Institutional Official/Research Conflicts of Interest Official who will also serve as the non-voting chair for the Committee. Although representatives of the research community may be appointed to the Committee, the Committee must include at least two members not involved with research or research-related activities. The THR Chief Compliance Officer and a THR staff attorney will serve as non-voting members of the Committee. The Conflicts of Interest Committee may be comprised of members of the IRB as well as non-IRB members, including members who are employed or affiliated with THR.

d. THR Research Conflicts of Interest Committee: Quorum and Voting. The presence of a simple majority (e.g., five of nine members, or four of seven members) shall constitute a quorum of members necessary to conduct business. Decisions of the Committee shall require at least a majority of the attending Committee members.

e. THR Research Conflicts of Interest Committee: Procedures. The following procedures will govern the operation of the Committee:

- Whenever, in the course of an ongoing research project, an investigator or research staff person who is new to participating in the research project discloses a Conflict of Interest or an existing investigator or research staff person discloses a new Conflict of Interest to the Institution, the designated official(s) of the Committee shall, within sixty days: review the disclosure of the

Conflict of Interest; determine whether it is related to research; determine whether a Conflict of Interest exists; and, if so, implement, on at least an interim basis, a management plan that shall specify the actions that have been, and will be, taken to manage such Conflict of Interest. Depending on the nature of the Conflict of Interest, the Committee may determine that additional interim measures are necessary with regard to the investigator's or research staff person's participation in the research project between the date of disclosure and the completion of the Committee's review.

- Whenever the Committee identifies a Conflict of Interest that was not disclosed timely by an investigator or research staff person or, for whatever reason, was not previously reviewed by the Institution during an ongoing research project (e.g., was not timely reviewed or reported by a subrecipient), the Committee shall, within sixty days: review the conflict interest; determine whether it is related to research, determine whether a Conflict of Interest exists; and, if so:

  (i) Implement, on at least an interim basis, a management plan that specifies the actions that have been, and will be, taken to manage such Conflict of Interest going forward;

  (ii) In addition, whenever
  1) a financial Conflict of Interest is not identified or managed in a timely manner including failure by the investigator or research staff person to disclose a Conflict of Interest that is determined by THR to constitute a financial Conflict of Interest;
  2) failure by THR to review or manage such a financial Conflict of Interest;
  3) or failure by the investigator or research staff person to comply with a financial Conflict of Interest management plan, THR shall, within 120 days of its determination of noncompliance, 1) determine the extent of noncompliance and assess the risk posed to research subjects and/or integrity of research data, and 2) determine appropriate corrective action (as warranted depending on the facts and risk assessment) up to and including a complete retrospective review of the investigator's or research staff person's activities and the research project to determine whether any research, or portion thereof, conducted during the time period of the noncompliance, was biased in the design, conduct, or reporting of such research.

  (iii) When necessary, particularly for studies funded by PHS, the Committee may have a retrospective review performed and a

mitigation report pursuant to 45 CFR Part 50.605 (a) (ii) (B) (iii) and 50.606.

Transparency and Open Payments website: THR supports transparency regarding relationships between the healthcare industry and healthcare professionals. Consistent with that goal, THR IRB staff will review of the Centers for Medicare and Medicaid (CMS) Open Payments website at the time of initial study review and at each continuing review to determine if payments have been reported as being made to researchers. Information obtained from review of the Open Payments website may result in questions to researchers to clarify variances between the Open Payments website and the researcher's conflict of interest disclosure. Further, information from the Open Payments website (if any) will be provided to the Conflicts of Interest Committee for consideration during the Committee's review process. Additional explanation of the Open Payments website is provided below:

Physician Payments Sunshine Act. The Physician Payments Sunshine Act, commonly called the Sunshine Act, was enacted by Congress in March 2010 as part of the Patient Protection and Affordable Care Act. The law is intended to provide greater transparency into the relationships between the healthcare industry and healthcare professionals.

The Sunshine Act requires applicable manufacturers of drugs, devices, biologicals, and medical supplies covered by Medicare, Medicaid, or the Children's Health Insurance Program (CHIP) to report certain payments or other "transfers of value" provided to physicians or teaching hospitals and other research entities to CMS on an annual basis.

Open Payments is a national disclosure program designed by CMS to administer the transparency requirements of the Sunshine Act. Beginning in 2013 and annually thereafter, applicable manufacturers will submit transparency reports to CMS through the Open Payments portal, and CMS will make that information publically available on the Open Payments website.

Receipt and Storage of Information

- The Committee will receive and review disclosures relating to the financial interests of investigators and research staff.
- The Committee will maintain records relating to all disclosures made by investigators and study staff and THR's review of, and response to, such disclosures (whether or not a disclosure resulted in THR's determination of a Conflict of Interest) and all actions under THR's policy or retrospective review, if applicable.

  For PHS funded studies, records will be maintained for at least three years from the date the final expenditures report is

submitted to the PHS or, where applicable, from other dates specified in 45 CFR 74.53(b) and 92.42(b) for different situations.

Refer to the THR Policy document entitled Human Subject Research Records and Documents for THR's general policy on the storage of records.

- The Committee recognizes that such information may be sensitive and highly confidential and will treat such information in a confidential manner.
- Forms for disclosing interests and all associated documentation and files will be kept in a locked filing cabinet or a secure electronic file (i.e., eIRB).

Basis for Findings and Determinations

- The Committee will consider the information submitted on a case-by-case basis and render a reasonable decision as to whether the Conflict of Interest of the Institution and or affected investigator or research staff person could significantly affect the research activities directly or indirectly.
- THR may involve the investigator(s) and/or other study staff in the Committee's determination of whether a Conflict of Interest is related to the research.
- The Committee may seek consultation from any source necessary to help in making its findings or determination or in the design, implementation, and monitoring of any mechanism or plan for managing Conflicts of Interest.
- A full Committee review is not required for a COI disclosure in connection with a continuing review when the following conditions are met 1) the protocol has not changed significantly from the previous year's review (no full board reviews of amendments), 2) the status of the study has not changed from the previous year's review (i.e., study is continuing but closed to enrollment and only following subjects for tracking purposes) or enrollment has closed, and 3) the relationship(s) disclosed has not changed from the last COI disclosure submitted to the THR IRB. When these conditions are met, the IRB Staff will continue the management plan, if any, in place for the disclosing person.
- When evaluating the potential impact of actual or perceived conflicts in the conduct of human research, the Committee should consider the following factors:
  1. the risk/benefit ratio of the study;
  2. the scientific integrity of the study or the study design (double-blinded, randomization, open-label treatment, study phase, observational vs. therapeutic studies, etc.);
  3. the selection of research participants;
  4. the originator of the study (PI, sponsor, etc.);

5. the possibility of coercion or undue influence during the consent process; the information provided to the research participants;
6. the measures to protect the privacy of participants and to maintain the confidentiality of identifiable data;
7. the data and safety monitoring plan;
8. the number of sites involved in the study;
9. the financial conflict of THR for a particular study;
10. other non-financial relationships with the sponsoring company (e.g., members of the conflicted-investigator's immediate family have personal or financial relationship with the sponsoring company)
11. whether the PI or any participating investigator is the inventor or the owner of the study product
12. whether the financial compensation of the conflicted investigator might be affected by the outcome of the study (e.g., the compensation is directly related to the drug/device under study);
13. whether the conflicted-investigator is involved in any way, shape, or form in the management of the sponsoring company, regardless of compensation (e.g., the investigator has board or executive relationship with the sponsoring company);
14. whether there is any proprietary interest in the tested product including, but not limited to, a patent, trademark, copyright, licensing agreement, or future royalty;
15. whether there is any equity interest in the sponsor of the study or other study related entity (i.e., any current or pending ownership interest, stock options or other financial interest) independent of whether the value could be determined through references of public prices;
16. whether there is any reimbursed or sponsored travel that is related to the study;
17. whether there are any other relationships or incentives with the primary or secondary sponsor(s) (CRO and SRO), which might be viewed as a conflict of interest;
18. the aggregate of all conflicts of all investigators.

*Prohibition on Payments for Results***.**
This policy prohibits payments from the institution or the sponsor to a covered individual, if such payments are conditioned upon a particular research result or are tied to successful research outcomes. Payments for subject enrollment or for referral of patients to research studies is permitted only to the extent that such payments:
a. Are reasonably related to costs incurred, as specified in the research agreement between the sponsor and the institution;
b. Reflect the fair market value of services performed; and

c. Are commensurate with the efforts of the individual(s) performing the research

Notification of Findings and Determinations

- If the Committee reaches a decision that no Conflict of Interest exists, it will notify the THR IRB and the affected investigator or research staff person of such a determination.
- If the Committee reaches a decision that a Conflict of Interest exists, the Committee will recommend a mechanism or management plan to the THR IRB for the specific conflict.
- The THR IRB will also notify the affected investigator or research staff person of its determination and of the proposed plan to manage the conflict.

The Committee has discretion and authority in designing and recommending a management plan for IRB approval.

Components that may be included in a management plan include, but are not limited to, the following:

  - Public disclosure of financial interests.
  - Monitoring of the research by independent reviewers.
  - Modification of the research plan.
  - Complete divestiture of interests in the sponsor, product, or entity under study.
  - Selection of another investigator or research staff person to perform the research or research-related function.
  - Disclosure of the conflicting interest in the informed consent document and any manuscripts or oral presentations based upon the research in question.
  - Severance of relationships that create actual or potential conflicts

The following guidelines will be considered by the Committee in determining appropriate management plans for specific levels of potential financial conflicts of interest: The management plans underlying the Tables were developed based upon the degree of financial conflict of interest coupled with the generally accepted compelling need of a Principal Investigator to participate in the study. Please note that these Tables should only serve as guidelines. Modifications should occur based upon the additional factors listed above.

Table 1 *- General guideline for an industry- initiated or federally funded (when applicable) multi-site study with different levels of financial interest.*

Research Activity	**Amount of Financial Remuneration***		
	$5,000 - $10,000 -	$10,001- $50,000	>$50,000
Allowing the conflicted investigator to be the PI	Yes	Yes	No-unless compelling reasons
Allowing the conflicted investigator to be a participating investigator	Yes	Yes	No – unless compelling reasons
Allowing the conflicted investigator to treat enrolled subjects	Yes	Yes	No – unless compelling reasons
Allowing the conflicted investigator to recruit subjects	Yes	No – unless compelling reasons	No
Allowing the conflicted investigator to obtain consent	Yes	No – unless compelling reasons	No
Allowing the conflicted investigator to independently determine eligibility of enrolled subjects	Yes	No – unless compelling reasons	No
Require disclosure in the informed consent document	See Table 4	See Table 4	See Table 4

***"Amount of Financial Remuneration" refers to real and potential financial remuneration received from consulting fees, speaker honoraria, and/or stock options of each of the investigators and study staff and their (i) spouse, (ii) dependent children or (iii) any foundation or entity controlled or directed by the investigator or his or her spouse.**

Table 2. *General guideline for an investigator-initiated multi-site study with different levels of financial interest.*

Research Activity	Amount of Financial Remuneration*		
	$5,000 - $10,000 -	$10,001- $50,000	>$50,000
Allowing the conflicted investigator to be the PI	Yes	Yes	No-unless compelling reasons
Allowing the conflicted investigator to be a participating investigator	Yes	Yes	No – unless compelling reasons
Allowing the conflicted investigator to perform research-related procedures on enrolled subjects	Yes	Yes	No – unless compelling reasons
Allowing the conflicted investigator to recruit subjects	Yes	No	No
Allowing the conflicted investigator to obtain consent	Yes	No	No
Allowing the conflicted investigator to independently determine eligibility of enrolled subjects	Yes	No	No
Require disclosure in the informed consent document	See Table 4	See Table 4	See Table 4

***"Amount of Financial Remuneration" refers to real and potential financial remuneration received from consulting fees, speaker honoraria, and/or stock options of each of the investigators and study staff and their (i) spouse, (ii) dependent children or (iii) any foundation or entity controlled or directed by the investigator or his or her spouse.**

Table 3*. General guidelines for an investigator, industry-initiated or federally funded (when applicable) single-site study with different levels of financial interest.*

Research Activity	Amount of Financial Remuneration*		
	$5,000 - $10,000 -	$10,001- $50,000	>$50,000
Allowing the conflicted investigator to be the PI	Yes	Yes	No – unless compelling reasons
Allowing the conflicted investigator to be a participating investigator	Yes	Yes	No – unless compelling reasons
Allowing the conflicted investigator to perform research-related procedures on enrolled subjects	Yes	Yes	No – unless compelling reasons
Allowing the conflicted investigator to recruit subjects	Yes	No	No
Allowing the conflicted investigator to obtain consent	Yes	No	No
Allowing the conflicted investigator to independently determine eligibility of enrolled subjects	Yes	No	No
Require disclosure in the informed consent document	See Table 4	See Table 4	See Table 4

***"Amount of Financial Remuneration" refers to real and potential financial remuneration received from consulting fees, speaker honoraria, and/or stock options of each of the investigators and study staff and their (i) spouse, (ii) dependent children or (iii) any foundation or entity controlled or directed by the investigator or his or her spouse.**

***Table 4**. General guidelines for including a conflict of interest disclosure(s) in the informed consent form or like document for an investigator, federally funded or industry-initiated single or multi-site study with different levels of financial interest.*

Conflict of Interest Activity	**Threshold Amount of Financial Remuneration Requiring Disclosure in Informed Consent Document***
Consulting fees, honoraria (including payments from a third party, if the original source is a financially interested company), royalties, gifts or other payments, or "in kind" compensation from a financially interested company (or entitlement to the same), whether for consulting, lecturing, service on an advisory board, or for any other purpose not directly related to the reasonable costs of conducting the research (as specified in the research agreement).	Financial relationship in the aggregate has in the prior calendar year exceeded the de minimis amount established in PHS regulation (presently $5,000), or are expected to exceed that amount in the next twelve months.
Equity interests (or entitlement to the same) in a *publicly-traded* financially interested company	Value of equity interest at the disclosure date exceeds the defined de minimis amount established in PHS regulation (presently $5,000) (see exceptions below).
Equity interests, including stock options in a *non-publicly-traded* financially interested company (or entitlement to the same).	Any amount
Royalty income or the right to receive future royalties under a patent license or copyright, where the research is directly related to the licensed technology or work.	Any amount
Non-royalty payments or entitlements to payments in connection with the research that are not directly related to the reasonable costs of the research (as specified in the research agreement between the sponsor and the institution). This includes any bonus or milestone payments to the investigators in excess of reasonable costs incurred, whether such payments are received from a financially interested company or from the institution (***note *prohibition* on	Any amount

milestone payments tied to the achievement of particular research results).	
Service as an officer, director, or in any other fiduciary/governance role for a financially interested company, whether or not remuneration is received for such service.	Any amount
The occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to institutional responsibilities; provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined by 20 U.S.C. 1001 (a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.	Any amount

***"Amount of Financial Remuneration" refers to financial remuneration received from consulting fees, speaker honoraria, stock options or any other financial remuneration of each of the investigators and study staff and their (i) spouse, (ii) dependent children or (iii) any foundation or entity controlled or directed by the investigator or his or her spouse.**

***Prohibition on Payments for Results.** This policy prohibits payments from the institution or the sponsor to a covered individual, if such payments are conditioned upon a particular research result or are tied to successful research outcomes. Payments for subject enrollment or for referral of patients to research studies is permitted only to the extent that such payments:
a. Are reasonably related to costs incurred, as specified in the research agreement between the sponsor and the institution;
b. Reflect the fair market value of services performed; and
c. Are commensurate with the efforts of the individual(s) performing the research.

Exceptions. Financial interests in research that *would not require inclusion* in the informed consent form or similar document includes the following:

- Stock in a publicly-traded company that (when valued in reference to current public prices) meets the de minimis criteria established in PHS financial dis-closure regulations (presently, an interest that does not exceed $5,000 in value).
- Stock options in a publicly-traded company that (when valued using accepted valuation methods) meet the de minimis criteria established in PHS financial disclosure regulations (presently, an interest that does not exceed $5,000 in value).
- Payments to the institution, or via the institution to the individual, that are directly related to reasonable costs incurred in the conduct of

research as specified in the research agreement(s) between the sponsor and the institution.
- Salary, royalties, or other remuneration paid by THR to the investigator and/or research staff member if the investigator and/or research staff member is currently employed or otherwise appointed by the THR, including intellectual property rights assigned to THR and agreements to share in royalties related to such rights; any ownership interest in THR held by the research and/or study staff member, if the Institution is a commercial or for profit organization (THR is a non-profit organization);
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the investigator and/or study staff member does not directly control the investment decisions made in these vehicles;
- Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education; or income from service on advisory committees or review panels for a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Based upon the specifics and general guidelines provided above, additional management strategies may be developed for other types of studies (e.g., retrospective chart reviews, single-site investigator initiated studies with and without external funding, etc.).

Implementation and Monitoring of the Management Plan

- The affected investigator or research staff person will be asked to acknowledge the determination of the IRB and to agree to abide by the terms of the mechanism or plan for managing the conflicting interest.
- If the affected individual does not accept the plan, the IRB will notify the individual that he/she can request an appeal. The IRB will review the disclosure, the proposed management plan and any other information presented by the affected individual. The IRB will determine if the proposed management plan should be revised and communicate the final proposed management plan to the affected individual.
- Disapproval by the IRB constitutes organizational disapproval, and the research may not be initiated until a plan that is satisfactory to the IRB has been accepted by the affected individual.

- THR as an institution has the right to deny implementation of any IRB approved research project that is inconsistent with THR institutional conflict of interest policies and procedures.
- The Conflict of Interest Committee requires that investigators and research staff provide disclosure updates to the Committee at least on an annual basis or concurrently as possible. Conflicting interests are identified during the course of the research and for 1 year after completion of the research. Refer to Chapter 4 for reporting requirements.
- The Committee will periodically update (at least annually) the IRB of the status of compliance with the management plan to the completion of the study.

Reporting Relationships

- The THR Conflict of Interests Official, the THR Chief Compliance Officer, or the THR General Counsel may take Conflict of Interest matters directly to the THR Board of Directors should the need arise.
- The Conflicts of Interest Committee is a sub-committee of the THR IRB.
- The THR Chief Compliance Officer, periodically reviews and monitors the Committee activities and may, if warranted, take matters regarding any Conflicts of Interest Committee activities directly to the THR Board of Directors or to the THR Audit and Compliance Committee should the need arise.
- The Committee will report findings to the IRB, the affected investigator or research staff person.

f. Compliance Enforcement

The IRB has the authority to suspend or terminate research for continued noncompliance with the Common Rule, DHHS regulations, and FDA regulations, or its own findings, determinations, and initial and continuing review procedures.

The IRB may suspend or terminate the enrollment and/or ongoing involvement of human subjects in the respective research as it determines necessary for the protection of those subjects, especially in instances of serious or continuing noncompliance. The IRB has the authority to observe and/or monitor the respective Institution’s human subject research to whatever extent it considers necessary to protect human subjects and assure compliance with applicable laws and regulations.

All researchers are responsible for notifying the IRB promptly of any serious or continuing noncompliance with applicable regulatory requirements or determinations of the IRB of which they become aware, whether or not they themselves are involved in the research. Researchers may also notify the THR Institutional Official, THR Chief Compliance Officer, or THR Legal Counsel directly of any compliance concerns they may have.

Anyone involved in research in which THR is engaged, is required to notify the IRB promptly of any serious or continuing noncompliance with applicable regulatory requirements or with the determinations of the IRB.

In cases of serious or continuing noncompliance, the IRB may take any of the following actions: (i) disqualify an investigator from conducting a particular research project or research altogether at the Institution; (ii) require education and training in the ethics and regulations of human subject research; and/or (iii) any other reasonable measure deemed appropriate to protect the rights and welfare of research subjects.

The IRB will notify the PI in writing of such suspensions or terminations and will include a statement of the reasons for the IRB's actions. The PI will be provided with an opportunity to respond. Refer to the Corporate Policy for Protection of Human Research Subjects, Chapter 5, Sections d and e for additional information.

Where the IRB Chairperson determines that such action is necessary to protect the rights and welfare of subjects, the Chairperson may require an immediate, temporary suspension of enrollment of new subjects or of continued participation of previously enrolled subjects, pending review of the situation by the convened IRB.

Refer to the Corporate Policy for Protection of Human Research Subjects, Chapters 4, 5 and 9 for additional information.

g. Remedies

For PHS funded studies only, if a researcher and or study staff member fails to comply with THR’s Conflict of Interest policy and/or if a Conflict of Interest management plan appears to bias the design, conduct, or reporting of the PHS-funded research, THR will comply with the regulation 45 CFR 50.606 (Remedies).

Chapter 5.
Responsibilities of Research Investigators and Other Personnel for Disclosing Conflicts of Interest in Human Subject Research

Investigators and other personnel involved in the conduct or support of human subject research (e.g., study planning and design, conduct of the study, data analysis, subject recruitment, subject consent, authorship) at THR entities or research in which THR is engaged, as defined in the THR Corporate Policies for the Protection of Human Research Subjects, must disclose all possible Conflicts of Interest to the Conflicts of Interest Committee that are equal to or greater than $5,000.

Investigators and study staff involved in the conduct or support of human subject research in which THR is engaged must complete a conflict of interest disclosure form as a part of the initial study application and at each continuing review. The exception is Humanitarian Use Device (HUD) submissions. HUDs do not constitute research so Conflict of Interest disclosures are not required to be submitted with initial study application or at the time of continuing review.

Conflicts of Interest that arise between review periods and have not been previously disclosed shall be reported within 30 days of them becoming aware of the conflict(s). In addition, copies of any conflict of interest disclosures provided to sponsors, the FDA, PHS or other agencies in connection with the study must also be submitted to the THR Institutional Official for review by the THR Research Conflict of Interest Committee. Disclosure information must include details as to the type, amount and nature of the potential financial conflict along with any documents or other information that will assist the THR Research Conflict of Interest Committee in its review.

A plan to manage identified Conflicts of Interest must be prospectively approved by both the Conflicts of Interest Committee and the Institutional Review Board (IRB), and must be in place, before any research activities and/or expenditures of any funds involving human subjects research are initiated.

Studies submitted to an external IRB must meet the THR Corporate Policy on Conflicts of Interest Involving Human Subject Research (COI policy).

THR requires completed and signed COI forms for all study personnel listed on studies requesting reliance on an external IRB. The forms are reviewed by IRB staff before authorization to rely on an external IRB will be released. If a COI is reported that triggers the provision of the policy, the COI will be reviewed by the THR COI Committee in accordance with the COI policy. The THR COI committee will determine the COI management plan that must be presented to the external IRB prior to final approval.

Once a study is approved by the external IRB, any changes to existing COIs or any new COIs that are identified during the course of the study must be reported to the THR IRB Office.

For PHS funded research in which the institution is the recipient, the investigator, study staff and subrecipients who are planning to participate in the PHS-funded research shall disclose to the Institution's designated official(s) their Conflict of Interest (and those of their spouse and dependent children) before the submission of the application for PHS-funded research.

a. **Financial Interests Defined**. It is THR policy that all personnel are required to disclose to the Conflicts of Interest Committee **any Financial Interest** (regardless of the dollar value) in any human subject research in whose conduct or support they are involved (e.g., study planning and design, conduct of the study, data analysis, subject recruitment, subject consent, authorship).

Financial Interest means (i) anything of monetary value, whether or not the value is readily ascertainable, that could reasonably appear to affect, or to be affected by, the research; or (ii) anything of monetary value , whether or not the value is readily ascertainable, in entities whose interests could reasonably affect, or be affected by, the research. The latter includes membership in partnerships or group practices that could reasonably affect, or be affected by, the research.

Financial Interest includes, but is not limited to, the following:

- Any financial arrangement whereby compensation paid to the investigator or other study staff could influence, or be influenced by, the outcome of the study.
- Salary and other payments for services (e.g., consulting fees, honoraria, speaker's bureau, etc.).
- Payments of other sorts from the sponsor of the research (e.g., a grant to fund other ongoing or additional research, compensation in the form of equipment, retainer for on-going consultation, etc.).
- Equity interests (e.g., stocks, stock options, or other ownership interests).
- Proprietary interests or intellectual property rights (e.g., patents, trademarks, copyrights, licensing agreements, royalties, etc.).
- Non-cash items such as travel expenses, business gifts or educational subsidies.

However, **Financial Interest does not include** the following:

- Salary,royalties, or other remuneration paid by THR to the investigator and/or study staff member if the investigator and/or study staff member is currently employed or otherwise appointed by the THR, including intellectual property rights assigned to THR and agreements to share in royalties related to such rights; any ownership interest in THR held by the research and/or study staff member, if the Institution is a commercial or for profit organization (THR is a non-profit organization);
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the investigator and/or study staff member does not directly control the investment decisions made in these vehicles;
- Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education; or income from service on advisory committees or review panels for a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.
- Payments to the institution, or via the institution to the individual, that are directly related to reasonable costs incurred in the conduct of research as specified in the research agreement(s) between the sponsor and the institution.

b. Disclosure Standards for Family Members. Research investigators and study staff must submit a listing of any Conflicts of Interest, as defined in Section (a) above, for **themselves, their (i) spouse (ii) dependent children or (iii) any foundation or entity controlled or directed by the investigator, study staff or spouse** at the time of application for IRB review.

Thereafter, **disclosure must be made at least annually** (typically in conjunction with the application for continuing IRB review). **Additionally, disclosure must be made within 30 days of becoming aware that new Conflicts of Interest are identified or as other changes occur.**

c. Disclosure Mechanism. Disclosure of Financial Interests is made through filing the Disclosure Forms provided via links on the THR eIRB system which is available to all researchers and staff.

A current, up-to-date Conflict of Interest Disclosure Form must be on file with the Conflict of Interest Committee at the time of application for IRB review (i.e., initial or continuing review).

d. Training

Each investigator and study staff member will complete conflict of interest training prior to engaging in research related activities. Refer to the Policy entitled Training Requirements for IRB Members, IRB Office Staff, Research Investigators and Research Study Staff for additional training information.

In addition, THR will immediately require researchers and/or study staff to complete training when:1) found to be in non-compliance with THR's conflict of interest policy or management plan or 2) when changes to this policy affect requirements of researchers and/or study staff.

e. Reporting of Conflict of Interest for PHS funded studies

After a grant or cooperative agreement award is issued, the Institution shall prior to the expenditure of any funds:

- provide to the PHS Awarding Component, as defined by PHS regulations, a report regarding any Investigator's significant financial Conflict of Interest, as defined by PHS;
- ensure that a management plan has been implemented if an Investigator has a significant financial Conflict of Interest.

However, if the financial Conflict of Interest is identified and eliminated prior to the expenditure of funds, the Institution shall not be required to submit a report to the PHS Awarding Component.

If a significant financial Conflict of Interest is identified following the Institution's initial report to the PHS Awarding Component during an on-going PHS funded research project (e.g.. a new participating Investigator), the Institution shall report the financial Conflict of Interest within sixty (60) days along with the implemented management plan to the PHS Awarding Component. If the report involves a significant financial interest that was not disclosed timely by the Investigator or was not previously reviewed or managed by the Institution, the Institution shall complete a retrospective review. The retrospective review shall determine if any portion of the PHS funded research that was conducted prior to the identification and management of the financial conflict interest was biased in its design, conduct or reporting. If a bias is found, the Institution shall notify the PHS Awarding Component promptly and submit a mitigation report.

Any financial Conflict of Interest report submitted to a PHS Awarding Component shall include at a minimum the following:

- Project number;

- Name of Principal Investigator (or Principal Investigator designated to be the contact if multiple Principal Investigators);
- Name of Investigator with the financial Conflict of Interest;
- Name of the entity with which the Investigator has a financial Conflict of Interest;
- The Nature of the financial interest (i.e. equity, consulting fee, honorarium, etc.)
- Amount of the financial interest or a statement that the interest is one whose value cannot be readily determined through reference to public prices or other reasonable measures of fair market value;
- A description of how the financial interest related to the research project along with the basis for the Institution's determination that the financial interest conflicted with the research; and
- A description of the Institution's management plan which shall include:
  - The role and principal duties of the conflicted Investigator in relation to the research project;
  - The conditions of the management plan;
  - How the management plan safeguards the objectivity in the research project; and
  - Confirmation of the Investigator's agreement to the management plan.

For all reported financial Conflicts of Interest, the Institution shall provide to the PHS Awarding Component an annual financial conflict of interest report that addresses the financial conflict of interest status and any changes to the management plan. The annual report shall include whether the financial conflict is still being managed and if not explain why the financial Conflict of Interest is considered to no longer exist. Annual reports shall be submitted to the PHS Awarding Component for the duration of the research project as specified by the PHS Awarding Component.

f. Subrecipient awards for PHS funded research

When a subrecipient is used to carry out PHS-funded research, subrecipient agreement terms will establish whether the awardee Institution’s or the subrecipient Institution’s financial conflict of interest policy will apply to the subrecipient Investigator.

If the agreement establishes that the subrecipient Institution’s conflict of interest policy shall be used, the subrecipient Institution shall attest and state in the agreement that the subrecipient Institution’s conflict of interest policy complies with PHS regulation 42 CFR Part 50. The agreement will additionally specify the time period(s) for the subrecipient to report all identified conflicts of interest to the awardee Institution. The

time period shall be noted and shall be sufficient to enable the awardee Institution to provide timely FCOI reports to PHS.

If the subrecipient Institution cannot attest that their conflict of interest policy complies with PHS regulations 42 CFR Part 50, the subagreement shall state that the subrecipient Investigators will be subject to the conflict of interest policies of the awardee Institution. The agreement will additionally specify the time period(s) for the subrecipient to report all Investigator disclosures of significant financial interests to the awardee Institution. The time period shall be noted and shall be sufficient to enable the awardee Institution to comply with its review, management and reporting obligations.

g. PHS funding Application

The Institution shall certify in each PHS application that the Institution:

- Has in effect an up-to-date, written and enforced process to identify and manage financial conflicts of interest with respect to all research projects in which PHS funding is sought or received;
- Shall educate and enforce Investigator compliance with subpart F of PHS regulations 42 CFR Part 50 pertaining to disclosure of significant financial conflict of interest;
- Shall manage financial conflicts of interests and provide a report to the PHS Awarding Component;
- Shall make promptly upon request any available information of any Investigator's disclosure of financial conflict of interest and the Institution's review, response and determination of the conflict of interest; and
- Shall fully comply with the requirements of PHS regulations 42 CFR Part 50, subpart F.

Chapter 6.
Managing Conflicts of Interest in IRB Review

IRBs are required to manage Conflicts of Interest of their members. Regulatory guidance dictates broad consideration of what constitutes a Conflict of Interest for IRB members.

The Office for Human Research Protections (OHRP) interprets the DHHS regulations to prohibit IRB members from participating in the deliberative discussion or vote relative to any research in which they participate in any way, including but not limited to study planning and design, conduct of the study, data analysis, subject recruitment, subject consent, and authorship. IRB members are likewise prohibited from participating in the deliberative discussion or vote relative to any research in which they have, or may appear to have, a financial, personal, or professional conflict.

If the IRB member believes that a conflicting interest might impact, or appear to impact, IRB deliberations or the protection of human subjects, the member must declare the presence of the conflict to the IRB and absent himself or herself from any deliberative IRB discussion or vote on the research. There are no exceptions from this requirement

In most cases, it is not necessary for the IRB member to disclose to the Conflicts of Interest Committee or to the IRB the details of any Conflict of Interest for which the member voluntarily absents herself or himself from the IRB's deliberative discussion and vote, and limits herself or himself to answering questions posed by the IRB.

However, there may be circumstances in which it is in the best interests of the individual, the institution, and/or the human subjects involved for the member to make a complete, written disclosure to the Conflicts of Interests Committee. An IRB member must submit a complete written disclosure, at the request of the THR Research Conflicts of Interest Official. IRB members are expected to use their best judgment to ensure that all IRB deliberations take place without any appearance or possibility of conflict of interest.

a. **Disclosure of Conflicts of Interest by IRB Members**. IRB members must complete the IRB Member Conflict of Interest Declaration before each meeting. This form addresses both financial and non-financial conflicts of Interest. IRB members who declare a possible Conflict of Interest will leave the meeting during the IRB's final deliberative discussion or vote on the relevant action.

b. **Solicitation of Disclosure of Conflicts of Interest by IRB Chair During the Meeting**. At the beginning of every meeting, the IRB Chairperson will review the agenda and request Declaration of any possible Conflicts of Interest that have not already been identified to the Chair or the IRB staff.

c. **Recusal of IRB Members from Participation or Voting**. Members found to have any (financial or non-financial) interest in the research under consideration will be recused from participation in or voting on the initial or continuing review of research. The member may be present to answer questions posed by the IRB, but any other IRB activity — including the final discussion in which a determination is made as to how the IRB will vote on the protocol — must be conducted without the presence or participation of the conflicted IRB member.

c. **Recusal of IRB Member Documented in IRB Minutes**. All recusals/absences of IRB members for conflict of interest must be noted as such in the official IRB minutes, and a determination must be made as to whether the recusal affects quorum requirements or other such issues.

Two different scenarios may adversely affect the requirement of a quorum:

- If the absence of the conflicted member results in a majority of the IRB members no longer being present at the meeting, no IRB actions or determinations can take place until a majority of IRB members have again joined the meeting.
- If the (now-absent) conflicted member was the only non-scientist member present at the meeting, no IRB actions or determinations can take place until an additional non-scientist member has joined the meeting.