Title:	*Applicable to:	Effective Date:
Participants Removed, Withdrawn or Lost to Follow-Up	**Beaumont Health**	**01/12/2018**
		Last Periodic Review Date: **01/12/2018**
Policy Owner: **Administrative Director**	Document Type: **Policy**	Functional Area: **Clinical Research SOP's, Research Institute**

***For This Document, Beaumont Health Includes**:
Beaumont Corporate Shared Services
Beaumont Hospital, Dearborn
Beaumont Hospital, Farmington Hills
Beaumont Hospital, Grosse Pointe
Beaumont Hospital, Royal Oak
Beaumont Hospital, Taylor
Beaumont Hospital, Trenton
Beaumont Hospital, Troy
Beaumont Hospital, Wayne
Beaumont Medical Group
Beaumont Pharmacy Solutions
Post Acute Care

I. PURPOSE:

This standard operating procedure (SOP) describes the steps research personnel must take and the documentation required when a study participant withdraws consent, the principal investigator (PI) removes a participant from the study, or when the participant is lost to follow-up. This SOP represents minimum requirements for clinical trials conducted at Beaumont Health. External Institutional Review Boards (IRBs) may have additional requirements.

II. BACKGROUND:

Beaumont is committed to assuring research participants understand their initial and ongoing participation in a study is voluntary. Beaumont PIs are committed to assuring participants do not continue in a study when, in the opinion of the PI, it is not in the participant's best interest. When a participant leaves a study for any reason, it is important to document the circumstances, including by whom the decision was made and any relevant information pertinent to the decision.

III. SCOPE:

This SOP applies to the activities of the PI and study key personnel when a research participant voluntarily withdraws consent to continue participation in the study, the PI removes a participant from the study, or continued contact with the participant cannot be maintained for those studies which involve follow-up visits. This SOP applies regardless of which IRB serves as IRB of record. The IRB of record for Beaumont research may be the Beaumont IRB or an approved

external IRB, when consistent with Research policy, Review by an External Institutional Review Board.

IV. PROCEDURES:

A. Protocol considerations

The study protocol should detail participant withdrawal and removal criteria, describe when the PI may remove participants, study procedures for early termination, and whether additional participants may be enrolled to replace these participants.

If the PI desires to accrue additional participants in response to those removed or withdrawn, she/he must obtain prior approval from the sponsor and IRB. When using the Beaumont IRB, approval is requested via an Amendment Request submission. Budgetary considerations must be reviewed with Research Finance. If the PI must remove multiple participants or there are an unexpected number of participants withdrawing, it may be prudent for the PI to re-evaluate the protocol and determine whether changes may be necessary to facilitate participant retention without weakening the scientific merit of the study.
Tracking of participant removal, withdrawal or lost to follow-up status should be documented on the Enrollment Log, indicating the date the event occurred. Details of the occurrence must be documented in the individual participant's research record, as described above.

B. Participant removal by the PI

The PI may remove a research participant from the study at any time in the event the participant's safety may be compromised. The circumstances may involve serious adverse event(s) or unanticipated problems, the study being closed by the investigator or sponsor related to increased risk to participants, participant non-compliance with required study regimens/procedures, or a PI determination that continued participation is not in the best interest of the participant.

Criteria for participant removal by the PI should be outlined in the protocol and/or IRB application. Potential reasons for removal should be described in the informed consent and authorization document (ICAD) for studies in which consent and/or assent is required.

Documentation, including the date of removal and rationale, must be entered in the participant's research record. The PI must inform the participant of the reason for removal. In the event of a research-related injury, the PI should provide the participant with the appropriate referral resources, as needed.

C. Participants who withdraw consent

An essential element of the informed consent process is the participant's voluntary participation. Refusal to participate or a decision to discontinue participation involves no penalty or loss of benefits to which the participant is otherwise entitled.

The ICAD should request the participant provide a written communication to the PI indicating their decision to stop participation. This communication should be filed in the participant's research record, as well as documentation of any correspondence/conversation with the participant regarding their withdrawal (e.g., date first contacted regarding withdrawal, discussion of rationale, etc.). The date of this communication will serve as the date of participant withdrawal unless the participant has already done so verbally. If the participant indicates their withdrawal verbally and is unwilling to do so in writing, the research team's documentation should reflect these circumstances. When the participant withdraws consent, all data collected prior to the date of withdrawal remains within the study database and can be included in data analysis.

At the time of participant withdrawal, the research team should inquire about the participant's reason for withdrawal. It may be possible to amend the study, in collaboration with the sponsor, to make it more practical or convenient for participants e.g., reducing lab draws, addressing transportation issues or scheduling of research activities. The Beaumont IRB ICAD template includes a statement requesting participants provide written notice of withdrawal and should be used when drafting consent documents.

D. **Participants considered lost to follow-up**

Three (3) attempted telephone contacts should be documented by key research personnel before considering the participant lost to follow-up. Furthermore, for studies considered greater than minimal risk to participants, key research personnel should mail a certified letter to the participant's address. If the participant does not respond, the certified letter receipt should be filed in the individual's research record with a copy of the letter sent. For minimal risk studies, the certified letter is not required.

For studies using the Beaumont IRB, if the sponsor or PI would like more stringent procedures to be followed (e.g., six telephone contact attempts over the course of one week), these criteria should be detailed in the study protocol and approved by the IRB.

Research personnel should promptly notify the PI (within one business day) of any participant withdrawal or important updates regarding the withdrawal.

E. **Continuing Review – Beaumont IRB**

When using the Beaumont IRB, the Progress Report form must indicate the number of participants who withdrew their participation, were removed by the PI, or were lost to follow up. Rationale for withdrawal should be included, when available. The PI is ultimately

responsible for thorough, transparent documentation regarding enrollment information throughout the course of the study.

V. REFERENCES:

21 CFR 312.62 Investigator recordkeeping and record retention
21 CFR 812.140 Records
ICH Guideline for Good Clinical Practice 6.5 Selection and Withdrawal of Subjects
FDA Information Sheet: Guidance for Sponsors, Clinical Investigators, and IRBs "Data Retention When Subjects Withdraw from FDA-Regulated Clinical Trials." October 2008.
OHRP and HHS "Guidance on Withdrawal of Subjects from Research: Data Retention and Other Related Issues." September 21, 2010.

VI. ASSOCIATED POLICIES:

RI Policy *Responsibilities of the Principal Investigator*
IRB Policy *Continuing Review and Renewal of a Protocol*
IRB Policy *Informed Consent and Authorization in Research*
IRB Policy *Research Record Retention and Destruction*
IRB Policy *Administrative Holds, Suspensions and Terminations*
RI Clinical SOP *Regulatory Files and Study Subject Records*
RI Policy *Review by an External Institutional Review Board*

CORPORATE AUTHORITY:

Beaumont Health ("BH") as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., ("Subsidiary Hospitals") establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals' workforces are collectively designated as BH workforce throughout BH policies.