Conflict of Interest

Contents

HEADER INFORMATION

- **SOP Title:** HRPP 606: Conflict of Interest
- **Version:** 4.0
- **Author:** Jeannie Perkins
- **Effective Date:** 13 Aug 2019

VERSION HISTORY

Version	Author	Approver	Effective Date	Revision Description
1.0	Lesley Zajac	Roy Beck	17 Sep 2006	Initial version of FCOI policy
1.1	Lesley Zajac	Roy Beck	01 Jul 2012	Minor edits; reformatted
1.2	Jennifer Neal-Jimenez	Roy Beck	08 Sep 2014	Added management strategy examples; other minor edits
1.3	Jennifer Neal-Jimenez	Roy Beck	26 Jan 2016	Formatting edits
2.0	Jennifer Neal-Jimenez	N/A	09 March 2017	Reformatting; addition of references and link to FCOI instructions
3.0	Jeannie Perkins Adam Glassman Jennifer Caetano	Roy Beck	24 Aug 2018	Reformatting; renamed this document an SOP instead of a policy as there is already a policy as identified in the JCHR IRB Policy List; assigned the SOP a unique SOP number “HRPP 606” (policy included herein); expanded the review of conflicts to include the review of Duality of Interests; added relevant definitions and reporting for FDA-regulated research; clarified JCHR’s responsibilities and reporting specifications for both JCHR staff/IRB members and site investigators; incorporated revised COI Disclosure Form templates and added Management Plan templates
4.0	Jeannie Perkins Adam Glassman Jennifer Caetano Kirra Meserve Jonathan Sibayan Zachary Duff	Roy Beck	13 August 2019	Corrected typos; added independent contractor requirements; clarified use for other groups and studies; updated disclosure forms and management plan templates

OVERVIEW

This standard operating procedure (SOP) provides an overview of the research-related conflict of interest (COI) policy for the Jaeb Center for Health Research (JCHR) for which oversight is provided by the Director of the JCHR Human Research Protection Program (HRPP). This SOP does not apply to the JCHR Board of Directors which are subject to a separate Board of Directors COI policy.

This SOP includes definitions of COIs and related aspects as well as requirements for COI training, reporting, and management. The policy and corresponding procedures are intended to support JCHR's compliance with 42 CFR 50 Subpart F; 21 CFR 50, 54, and 56; 45 CFR 46; and the standards set forth by the Association for the Accreditation of Human Research Protections (AAHRPP) with whom the JCHR HRPP is accredited.

JCHR will publish this SOP on its public website and will ensure that the website is updated within thirty (30) days of the effective date of any major revised versions.

POLICY

In accordance with applicable regulations, JCHR must ensure that the design, conduct and reporting of research is free from bias resulting from conflicts of persons involved in research conducted by JCHR. This is demonstrated through the establishment of an SOP detailing the training, disclosing, managing and reporting of significant financial interests (SFI) and conflicts of interest (COI).

For JCHR employees and independent contractors, relationships meeting reporting requirements must be reported at the time of hire or prior to performing activities on behalf of JCHR, annually, and any time there is a new or substantive change in a relationship as specified. COI training must occur no less than every four (4) years and whenever this policy or the COI SOP are revised with major changes.

The policy applies to JCHR as an organization, JCHR employees (including independent contractors) and IRB members. This policy also may be used for committees that support JCHR research (e.g., Operations Committees, DSMBs, etc.). When it is used for other groups, the JCHR Project Director/Principal Investigator (PD/PI) is responsible for providing this policy, ensuring training needs are met, and that conflicts are obtained, reviewed and managed accordingly.

Certain aspects of the policy apply to research investigators from other institutions that are receiving funding through JCHR from a Public Health Service (PHS) grant for which JCHR is the grantee, or are receiving Institutional Review Board (IRB) coverage by the JCHR IRB. Additionally, this SOP covers situations where JCHR is the holder of an IND or IDE for a study or is delegated this responsibility by a study sponsor. Other research-related activities outside of scope of specific regulatory requirements herein may still use this policy. Please work with the Director of the HRPP to develop customized forms as needed. For these activities, the JCHR PD/PI is responsible for providing this policy, ensuring training needs are met, and that conflicts are obtained, reviewed and managed accordingly.

SCOPE

All JCHR employees (including independent contractors) and IRB members are required to review and sign off on this SOP to document training on the JCHR policy and procedures for COI. Investigators receiving JCHR IRB coverage are trained through the sign-off of the JCHR IRB Investigator Handbook that incorporates their COI reporting to the IRB in accordance with this SOP.

Additionally, investigators at an institution without a FCOI policy that have elected to follow the JCHR FCOI policy are required to review and sign off on this SOP to document training on the JCHR policy and procedures for COI, as managed by the JCHR PD/PI.

GENERAL DEFINITIONS

a.Independent Contractors
Independent Contractors in this context are individuals who directly enter into formal agreement with JCHR to perform certain responsibilities on JCHR's behalf that could conflict with other professional responsibilities of that individual. Examples: A lawyer who is working with both JCHR and another sponsor; a person who is monitoring for JCHR, but is employed at a site. The term independent contractor does not include employees of companies with formal agreements as vendors, such as laboratories.

b.Institutional Responsibilities
Institutional responsibilities refers to the responsibilities related to the employee's position (and to independent contractors, IRB board members and external investigators as applicable). These may include professional responsibilities such as purchasing, teaching, administration, consulting, research,

professional practice, institutional committee membership, and service on panels such as IRBs or Data and Safety Monitoring Boards. Unless otherwise noted, *institution* refers to JCHR throughout this document and Individual refers to the person (e.g., JCHR employee, independent contractor, IRB member, or applicable external investigator) who is required to report financial interests.

c. Financially Interested Company

A *financially interested company* (FIC) is any commercial entity that provides funding or support for the JCHR research in which the individual is involved (FDA and PHS), or whose financial interests would reasonably appear to have the potential to be directly or indirectly materially affected by the outcome or conduct of the research in which the individual is involved (PHS only). Examples include, but are not limited to, companies that hold patent rights for discoveries, drugs or devices being studied in research protocols or companies that provide financial or in-kind support for research projects. FICs also may include companies that compete with the sponsor of the research or the manufacturer of the investigational product, if the individual knows that the financial interests of such a company would reasonably appear to be affected by the research. This term includes any entity acting as the agent of a financially interested company (e.g. a contract research organization). Other companies or organizations may be included as FICs as applicable (e.g., independent contractor relationships with other parties that could interfere with performance of services on behalf of JCHR).

d. Financial Interest (FI)/Significant Financial Interest (SFI) for PHS-Funded Research

A financial interest (FI) is any relationship of the individual (or those of the individual's spouse and dependent children) with a FIC that ***reasonably appears to be*** (1) related to one or more of the individual's institutional responsibilities or (2) related to research conducted by the individual (or by JCHR for employees).

An SFI is a FI that includes:

- ***Any FI of monetary value of $5,000 or greater*** in the last 12 months (note: payments to the Institution on behalf of an individual are not considered a SFI unless otherwise specified).
  - The monetary value includes, but is not limited to, any payment for services (i.e., salary, consulting fees, honoraria, paid authorship, and advisory boards) and equity interest, including any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value.
- ***Intellectual property rights and interests*** (e.g., patents, trademarks, licensing, copyrights), upon receipt of income related to such rights and interests **that meet the definition of a FI**.

An SFI ***does not*** include:

- Salary, royalties, or other remuneration paid by the institution (i.e., JCHR for JCHR employees or IRB members, or the employer for external investigators) to the individual, including intellectual property rights assigned to the institution and agreements to share in royalties related to such rights.
- Equipment, research costs, consulting fees, or other remuneration paid by a for-profit or not-for-profit entity to the Institution on behalf of the employee.
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the individual does not directly control the investment decisions made in those vehicles.
- Income from seminars, lectures, or teaching engagements sponsored by; or from service on an advisory committee/review panels for:
  - 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

e. New or Change in Significant Financial Interests

A new or change in SFI that would require the submission of an updated disclosure (within thirty (30) days of the change), include the following:

- The addition of a new related SFI ($5,000 or more, or value cannot readily be determined)
- When a previously reported financial interest increases to a higher category level defined as follows:
  - $10,000-$19,999
  - $20,000-$24,999
  - $25,000-$34,999
  - $35,000-$49,999
  - $50,000-$69,999
  - $70,000-$89,999
  - $90,000-$99,999
  - Amounts above $100,000 by increments of $50,000

f. Reimbursed or Sponsored Travel

Individuals ***must*** disclose the occurrence of any reimbursed travel paid to the individual or sponsored travel (i.e., that which is paid on behalf of the individual and not reimbursed to the individual, so that the exact monetary value may not be readily available), that ***reasonably appears to be related*** to the individual's institutional responsibilities or research conducted by the individual if the aggregate amount paid to or on behalf of the individual by the same FIC or another entity not on the excluded list below is $5,000 or more within a 12-month period. JCHR will only collect information regarding travel as it relates to JCHR research, as unrelated travel is not likely to directly or significantly affect the design, conduct, or reporting of JCHR research. This is irrespective of whether the travel occurred as part of employment or as an outside activity (note: payment of travel

funds to the institution on the behalf of an employee does not require disclosure). Reporting of reimbursed or sponsored travel must occur within thirty (30) days of the $5,000 threshold being reached and include the name of the payer and the purpose, destination, and duration of travel for each trip during the 12-month period.

Entities excluded from the reporting requirement include: federal, state, or local government agencies, institutions of higher education as defined at 20 U.S.C. 1001(a), academic teaching hospitals, medical centers, and research institutes affiliated with an institution of higher education. NOTE: The Jaeb Center is an affiliate of the University of South Florida so therefore is an excluded entity.

g. Duality of Interest (DOI) A *duality of interest (DOI)* exists when an employee or independent contractor has a role or responsibility on behalf of JCHR, or for JCHR, and has another relationship or role that has the potential to conflict. It is JCHR's goal to ensure that JCHR leadership, staff and independent contractors maintain appropriate autonomy and integrity of the organization, and so must maintain objectivity and not be influenced by other factors. For this reason, JCHR leaders and other employees who have multiple roles (e.g., IRB Board Members employed at JCHR), and independent contractors who may be providing services for other institutions and companies (e.g., negotiates contracts for JCHR and for one of the JCHR sites), are required to report DOIs. DOIs will be reviewed and managed by the Director of the HRPP. The established management plans will then be shared with the IRB during a convened Full Board Meeting for review and acceptance, revision, or rejection (Note: independent contractor DOIs are not required to be reviewed by the IRB).

h. Conflict of Interest On PHS funded studies, an SFI may be considered a conflict of interest (COI) when the SFI could directly and significantly affect the design, conduct, or reporting of research. On FDA regulated studies, any relationship as specified in the FDA categories provided may be considered a COI (see "FDA Regulated Research" below). For JCHR employees, IRB members, and external investigators covered by the JCHR IRB, this judgment is made and managed by the Director of the HRPP. When a COI involves a research investigator (JCHR or external) who is requesting coverage for a protocol by the JCHR IRB, the IRB will make the final determination that human subjects are protected through the acceptance of a management plan and associated requirements. As applicable, the PD/PI will ensure that the Director of Grants Administration is notified to ensure proper reporting to the PHS agency.

In situations where JCHR is the grantee of a PHS award and contracting with sites where the investigator is not being covered by the JCHR IRB, then the grant PD/PI, with input from the JCHR Director of Grants Administration, will determine whether a COI exists and the appropriate management plan. In situations where another institution is the grantee of a PHS award but obtaining COIs has been delegated to JCHR, then JCHR will manage as delegated, but reporting to applicable agencies will be done by the grantee and not the JCHR Director of Grants Administration (i.e., the prime recipient of the PHS grant).

Under FDA-regulated research where an individual is directly involved in the treatment or evaluation of research subjects, but is not a JCHR IRB covered investigator, the PD/PI will determine whether a COI exists and the appropriate management plan. This evidence will be available upon FDA inspection request.

When COI is being evaluated for other groups or studies outside of the scope of federal regulations, then the PD/PI will assess and manage the conflicts accordingly.

MANAGEMENT PLAN AND MITIGATION STRATEGIES

Management plans must be documented to show that JCHR has fulfilled its regulatory requirements. Please see the JCHR Staff-IRB Management Plan Template and the Site Personnel Management Plan Template for examples. Management plans will be required as specified in the disclosure forms, where conflicts are identified. The JCHR Staff-IRB Conflict of Interest Disclosure Form and the site personnel COI disclosure forms contain the minimum amount of information that must be collected from disclosures, regardless of method (e.g., paper, electronic). ***NOTE:*** The form must be signed by the person making the disclosure on his/her own behalf. See the Site Personnel COI Disclosure forms for FDA-regulated studies, Site Personnel COI disclosure form for PHS-funded studies, Site Personnel COI disclosure form for studies that are both FDA-regulated and PHS-funded, and Site Personnel COI disclosure form for non-regulated studies. Custom COI Disclosure forms may be created for other groups and studies as needed (please consult with the Director of the HRPP for guidance).

Management plans will be developed with the intent of eliminating conflicts where possible, or establishing robust mitigation to reduce the likelihood that the conflict will actually interfere with the decisions of JCHR, or the design, conduct or reporting of research. The plans should be developed with the person having the conflict, the JCHR PD/PI, and the Director of the HRPP (or the Director of Grants Administration, as applicable, where JCHR is the grantee of a PHS award and contracting with sites where the investigator is not being covered by the JCHR IRB).

For JCHR or external investigators seeking IRB coverage for a protocol, it is required that the PD/PI, or designee, include a documented review, and as applicable provide the management plan with the submission of the disclosure form to the IRB for review as a package. This will assist in the timely review of the conflict. It is the ultimate responsibility of the Director of the HRPP and the IRB to determine when a conflict of interest exists and how it needs to be managed for these investigators. When an IRB Member determines that a conflict exists, and the IRB Member believes additional action is

needed beyond the provided management plan, then the IRB Member will defer to full board, and the Director of the HRPP will be notified by IRB Administration. The Director will then work with the IRB Member, the PD/PI, and the involved Investigator to establish a revised management plan based on the recommendations of the board. Once the Investigator, Director, and IRB Member have agreed to a plan, the IRB will be notified at the next convened Full Board Meeting. The IRB will then be able to accept, require changes, or reject the management plan to ensure subject protections are maximized. If the IRB finds that any Investigator has been noncompliant with fulfilling disclosure requirements, timelines, or established management plans, then the IRB may suspend or terminate the IRB's coverage of that Investigator and/or site as applicable.

It is important to note that JCHR's thinking is in alignment with the HHS recognition of "the complexity of the relationships between government, academia, industry and others" and that "these relationships often legitimately include financial relationships" (https://www.hhs.gov/ohrp/regulations-and-policy/guidance/financial-conflict-of-interest/index.html). For this reason, conflicts can be accepted when appropriate mitigation actions have been taken to protect human subjects to the extent reasonably possible. Some mitigation strategies may include:

- JCHR employees who are serving as JCHR IRB members cannot review, be present for discussion, or vote on protocols for which they have a conflict
- JCHR employees who have intellectual property rights and interests may have limitations placed on their role in a related research protocol

JCHR HUMAN RESEARCH PROTECTION PROGRAM

The Director of the HRPP is ultimately responsible for the management of the JCHR policy and procedures regarding research-related conflict of interest, except for the situation where JCHR is the grantee of a PHS award and contracting with sites where the investigator is not being covered by the JCHR IRB; in which case the Director of Grants Administration is responsible. ***Note:*** When this policy is being used for other groups or studies the responsibility falls on the PD/PI.

The Director of the HRPP will ensure that all JCHR employees, IRB members, and external investigators as applicable are trained, provide disclosures, confirm that those disclosures are reviewed and managed, and ensure that the IRB is notified accordingly.

The Director of the HRPP will provide his/her disclosures to the Chief Operations Officer (COO) for review and management as applicable. If a conflict exists and a management plan is required, then the COO will send to an IRB Coordinator for assignment to an IRB Chair for review and to be brought before the full convened IRB as applicable.

All records applicable herein must be maintained by the HRPP for at least three (3) years from the date of review if no conflicts or from the date that the management plan was accepted. All records pertaining to the IRB must be maintained for at least three (3) years post completion of the research.

If the Director of the HRPP finds that any JCHR employee or IRB Member has been noncompliant with fulfilling disclosure requirements, timelines, or established management plans, then the Director will take additional action. For JCHR employees, the supervisor and the Executive Director will be notified and consequences such as suspension or termination of employment may occur. For JCHR IRB Members, an IRB Chair or Vice Chair will be notified and the individual's membership may be suspended or terminated.

JCHR RESPONSIBILITIES FOR INVESTIGATORS AT OTHER INSTITUTIONS

In addition to its responsibilities with respect to JCHR employees and Board members, JCHR has COI oversight responsibility for investigators at other institutions in the following circumstances (in this context, institution refers to the entity employing the investigator to conduct the research, which could be a university, private practice, or other type of entity):

1. Institution is participating as a clinical site in Public Health Service (PHS) funded research for which JCHR is the grantee organization:
    - JCHR must assure that all applicable institutions either have an institutional FCOI policy that will be followed or agree to follow the JCHR policy.
        - Where institutions follow the JCHR policy, SFIs must be reported where institution refers to the entity that employs the investigator. Frequency of training must occur as defined herein.
    - For purposes of PHS reporting, a Site Investigator is any person, regardless of title or position, who is responsible for the design, conduct, or reporting of research, which may include, for example, collaborators or consultants. "Responsible for the conduct of research" is not the same as performing a study procedure. For instance, a study staff member who conducts visual acuity testing on a study participant would typically not be considered an Investigator.
    - JCHR must review SFIs of all participating investigators, irrespective of whether the investigator is covered by his/her own institution's policy or the JCHR policy, and report to PHS any FCOIs related to the funded research, with a management plan as described herein.
        - An external investigator will be required to consider payments to his/her institution as having the same relevance as payments to the investigator (or the investigator's spouse/children) if the investigator has any type of equity interest in the institution.
2. Institution is participating as a clinical site in a protocol for which JCHR is the holder of an IND/IDE or is serving as the contract research organization (CRO) and has been delegated FCOI review responsibilities by the Sponsor:
    - Investigator must report FIs meeting FDA requirements for reporting as described in this SOP.

3. Institution is receiving coverage for a protocol by the JCHR IRB:
    - All applicable Investigators (PIs and Co-Is) submitting for coverage to the JCHR IRB are trained on this policy via the JCHR IRB Investigator Handbook.
    - Investigator disclosure forms must have been completed within ninety (90) days prior to submission to the JCHR IRB.
    - JCHR IRB must review SFIs as defined in this SOP for the site protocol principal investigator and any co-investigators at the time of submission of IRB application for a protocol and any time there is a new SFI or a change in a SFI as described herein.
    - Investigators will be reminded to report disclosures upon continuing review by the IRB of the site's activities.

REPORTING REQUIREMENTS

a. Public Health Service (PHS) Funded Research

As a primary recipient of PHS funding for a project or study, the JCHR PD/PI must ensure that all JCHR staff and site investigators on a given project/protocol receiving PHS funding have been trained on the provisions of COI, have provided their disclosures, and that all COIs have been managed in accordance with 42 CFR 50 Subpart F. The Director of Grants Administration or designee must ensure that confirmation of these processes and procedures that are part of the JCHR COI policy is made in each funding application to PHS.

Any SFI considered a FCOI must be reported to the PHS. Elements of the PHS FCOI report shall include, but are not necessarily limited to the following:

- Project number
- PD/PI or Contact PD/PI if a multiple PD/PI model is used
- Name of the individual with the financial conflict of interest
- Name of the entity with which the individual has a financial conflict of interest
- Nature of the financial interest (e.g., equity, consulting fee, travel reimbursement, honorarium)
- Value of the SFI (ranges acceptable) 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 SFI relates to the PHS-funded research and the basis for JCHR's determination that the financial interest conflicts with such research
- A description of the key elements of JCHR's management plan

FCOIs must be reported along with mitigation strategies/management plans to PHS prior to the expenditures, or within sixty (60) days for new or changed financial interests of existing Investigators. The PD/PI must continue to monitor compliance with established management plans on an ongoing basis and provide annual updates to PHS for Investigators with identified conflicts (by informing the Director of Grants Administration who typically reports via eRACommons). If the PD/PI finds that any Investigator has been noncompliant with fulfilling disclosure requirements, timelines, or established management plans, then the PD/PI must conduct a "retrospective review" of that Investigator and report to PHS within 120 days (by informing the Director of Grants Administration who typically reports via eRACommons).

The retrospective review must include, but is not necessarily limited to, the following elements:

- Project number
- Project title
- PD/PI or contact PD/PI if a multiple PD/PI model is used
- Name of the individual with the FCOI
- Name of the entity with which the individual has a financial conflict of interest
- Reason(s) for the retrospective review
- Detailed methodology used for the retrospective review (e.g., methodology of the review process, composition of the review panel, documents reviewed)
- Findings of the review
- Conclusions of the review

Based on the results of the retrospective review, if appropriate, JCHR shall update the previously submitted FCOI report pertaining to the PHS research, specifying the actions that will be taken to manage the financial COI going forward. All records applicable herein must be maintained for at least three (3) years from the date that the final expenditure report is submitted to PHS.

b. FDA-Regulated Research

When JCHR is the sponsor of an IND or IDE study, or has been delegated such responsibilities as the Contract Research Organization (CRO), then the JCHR Protocol Director must ensure that each Site Investigator has disclosed financial interests as defined below. For such FDA regulated research, Site Investigators include any individual who is directly involved in the treatment or evaluation of research subjects (e.g., all individuals listed on the 1572). The JCHR Protocol Director will need to obtain from each Investigator, evaluate, and manage the identified financial interests as it pertains to any party supporting a study, prior to the start of the study. The Protocol Director will also need to receive from Investigators additional disclosures as financial interests change throughout the course of the study, including changes for one (1) year after the completion of the study.

When evaluating financial interests for FDA regulated research, it is important to note that the FDA provides specific categories for what conflicts need to be tracked, managed and reported. The documentation of the disclosures and management plans will need to be available for inspection during the course of the study, and these materials may need to be provided to the FDA upon request (usually with the submission of a Premarket Application (PMA)). The

FDA can consider studies and/or the data inadequate if it determines that bias has not been minimized (21 CFR 50, 54, 56, 312, and 812). All records applicable herein must be maintained for at least two (2) years post approval or withdrawal of an applicable Premarket Application (PMA). The specific thresholds and categories that the FDA requires be addressed are as follows:

- **Proprietary Interest in Tested Product:**Interests including, but not limited to, patents, trademarks, copyrights or licensing agreements in the product under investigation (regardless of dollar amount received).
- **Significant Equity Interest in the Sponsor:** Includes any ownership interest, stock options, or other financial interests with a value not readily determinable; or any equity interests in a publically traded corporation that exceeds or will exceed $50,000.00 during the course of a study and for one (1) year following the completion of the study, received from the sponsor of that study ("sponsor" being a FIC that holds the IND or IDE for the study).
- **Other Sponsor Arrangement:** When the value of compensation to the Investigator for the conduct of the study could be influenced by the study outcome (e.g., recruitment bonus, other bonus for favorable outcomes), regardless of dollar amount received.
- **Significant Payments of Other Sorts (SPOOS):** Payments made by the study sponsor to site Investigator or their institutions with a monetary value of more than $25,000.00 (other than the cost for conducting the study) during the conduct of the study and for one (1) year after the completion of the study (e.g., ongoing open grant, retainer for ongoing consultation, equipment or honoraria).

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