



PELI-IRB-SOP-11-06-2026

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SOP 11
Review of SAEs and SUSARs

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I. Policy

The PELI IRB shall designate a standing SAE Reviewer (medical doctor) responsible for centralized review of all SAE and SUSAR reports to ensure consistency, quality, and timely evaluation.

All Serious Adverse Events (SAEs) reported to the PELI-IRB shall undergo structured causality assessment to determine their relationship to the investigational product or research procedures.

This involves a systematic evaluation of the relationship between an SAE and the investigational intervention using criteria such as timing, alternative explanations, dechallenge/rechallenge, and known safety profile. For the purposes of this SOP, the WHO-UMC causality categories shall be used.

The PELI-IRB shall use the WHO-UMC causality assessment system, which classifies events as:

- a. Certain
- b. Probable/Likely
- c. Possible
- d. Unlikely
- e. Conditional/Unclassified
- f. Unassessable/Unclassifiable

II. Purpose

To describe the IRB review procedures for Serious Adverse Events (SAE) and Suspected Unexpected Serious Adverse Reactions (SUSAR).

III. Scope

This SOP applies to the review of Serious Adverse Events (SAE) and Suspected Unexpected Serious Adverse Reactions (SUSAR) submitted by investigators and sponsors to the PELI-IRB to comply with the ICH-GCP.

- a. Serious Adverse Event (SAE): Any untoward medical occurrence that results in death, is life-threatening, requires inpatient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability/incapacity, or is a congenital anomaly/birth defect.
- b. Suspected Unexpected Serious Adverse Reaction (SUSAR): An SAE that is both (a) suspected to be causally related to the investigational product or research procedures, and

- c. (b) unexpected in nature, severity, or frequency based on current safety information (e.g., Investigator's Brochure).

The IRB reviews such reports to determine appropriate action.

This SOP begins with the receipt of SAE/SUSAR report and ends with IRB decision, communication, and documentation in the IRB database.

IV. Responsibility

1. Principal Investigator

- a. **Identify, document, and report SAEs and potential SUSARs in accordance with reporting timelines**
- b. **Provide required source documentation, clinical interpretation, and causality assessment information using WHO-UMC criteria.**
- c. Inform the sponsor within twenty-four (24) hours upon knowledge of an SAE
- d. Inform **the** IRB within seven (7) calendar days upon **knowledge of an SAE.**

2. IRB Chair

- a. **Confirm receipt of SAE/SUSAR reports and assign to qualified reviewers**
- b. Ensure causality assessment is documented and determines whether an SAE is a SUSAR
- c. Oversight and decision-making

3. Designated SAE Reviewer

- a. Centralized review and recommendation

4. IRB Members

- a. Determine appropriate actions during full board review

V. Process Flows/Steps

STEP	ACTIVITY	PERSON RESPONSIBLE	TIMELINE
1	Receive and log SAE/SUSAR report	Staff Secretary	1 calendar day
2	Notify Chair and SAE Reviewer	Staff Secretary	1 calendar day
3	Determine Review Pathway	Chair	1-2 calendar days
4	Conduct SAE/SUSAR review	SAE Reviewer	7 calendar days
5	Include in IRB Agenda	Staff Secretary	7 calendar days
6	IRB decision and action	SAE reviewer IRB Members	Not applicable
7	Communicate Decision	Staff Secretary	1-3 calendar days
8	Update database	Staff Secretary	1-3 calendar days

VI. Detailed Instructions

Step 1 Receipt and documentation of submission of report of SAEs and SUSARs in the logbook/database:

For On-site SAE's the Staff Secretary shall receive the following SAE report submission packet:

- a. Cover Letter
- b. Form 11 Serious Adverse Event Report Form (section 1 for the PI)

For Off-site SAE's, the PI receives notification of these events from the Study Sponsor, usually referred to as Sponsor Safety Reports or Safety Memos, and a copy of the said report is given to PELI-IRB.

The Staff Secretary ensures completeness of submissions, logs both on-site and off-site reports, and verifies submission within 7 calendar days from knowledge of occurrence.

Step 2 The Staff Secretary notifies the Chair and forwards the report via SMS and email within 1 calendar day of receipt.

Step 3 Once the Chair is notified of the SAE report, Chair determines a need for an expedited IRB review using the following algorithm based on the WHO-UMC criteria for causality assessment. An SAE shall be classified as a Suspected Unexpected Serious Adverse Reaction (SUSAR) when it meets all three of the following criteria;

- a. the event is serious;
- b. there is a reasonable possibility of a causal relationship to the investigational product or study intervention; and
- c. the event is unexpected based on the approved protocol, Investigator's Brochure, or product labeling

SUSARs shall trigger:

- a. expedited IRB safety review

- b. prompt communication to the sponsor and regulatory authorities, as applicable;
and
- c. re-evaluation of the study's risk–benefit ratio, including consideration of protocol amendment, informed consent revision, study suspension, or termination

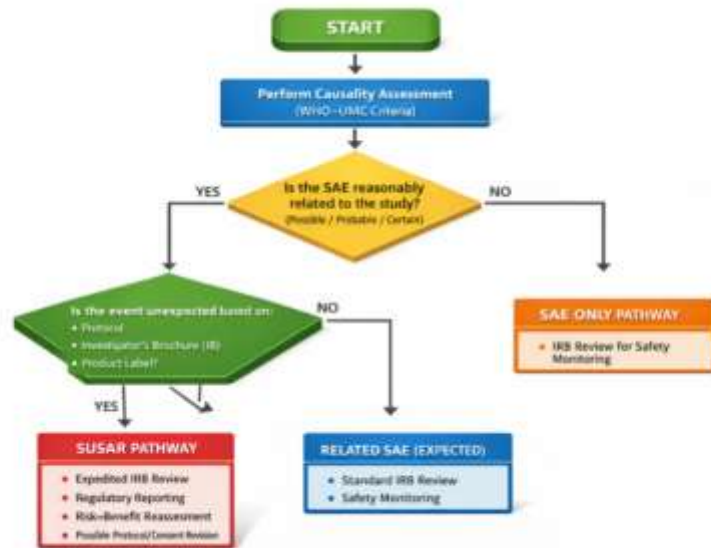
SAEs not meeting SUSAR criteria shall follow the SAE pathway for safety monitoring and trend analysis.

Step 4 The designated SAE reviewer reviews the SAE Report.

Offsite SAEs are those from multicenter international or national studies. For these, SAE reviewer should note the trend of occurrence of SAE/SUSAR in study sites in offsite study sites.

Onsite SAEs are those that occur within PELI study sites. Reviewer characterizes the SAE using the WHO-UMC causality assessment categories (See Annex SOP 11) to include the following:

1. Causality (WHO-UMC)
2. Severity
 - Mild
 - Moderate
 - Severe
3. Seriousness (existing but clarify)
 - death
 - hospitalization
 - disability
4. Expectedness
 - based on Investigator's Brochure / protocol
5. Relationship
 - drug-related
 - procedure-related
 - unrelated



The SAE Reviewer recommends the appropriate action.

Step 5 All SAE/ SUSAR reports are added to the agenda of the next full board meeting before decision is made. Prompt IRB recommendation may be given by the Chair for SUSARs as these are expedited. The Chair may also call for a special meeting for a discussion of SUSARs. See SOP 23, Conduct of IRB Meetings

Step 6 The designated SAE/SUSAR reviewer shall summarize the report, or Sponsor Safety Report/ Safety Memo if the SAE or SUSAR is off-site, and give the recommended action for ratification discussion and final decision by the board Form 11 Serious Adverse Event Form, possible actions of the board include:

- a. Notation with no further action required
- b. Further information or action required
- c. Request amendment to protocol and/or ICF
- d. Suspension or termination of study

Step 7 The Staff Secretary communicates the IRB decision within 1–3 calendar days using appropriate forms signed by the Chair (see SOP 27).

Step 8 The Staff Secretary shall keep an updated database to track all SAE occurrences and shall ensure access to the SAE reviewers, members and officers. (See SOP 28).

VII. Forms

1. Form 11 Serious Adverse Event Report Form

2. Form 4.9 Approval Letter for Post-Approval Procedures
3. Form 4.8 Request Information for Post-Approval Procedures

VIII. References

1. ICH -GCP E6
2. Difference between On-site and Off-site SAEs: <http://louisville.edu>
3. 2020 PHREB SOP Workbook
4. PELI-IRB SOP 2017
5. International Council for Harmonisation (ICH E6[R3])
6. World Health Organization (WHO) & Uppsala Monitoring Centre (UMC), “Causality Assessment of Suspected Adverse Reactions: Information Document,” WHO, 2011
7. ICH E2A: Clinical Safety Data Management
8. CIOMS International Ethical Guidelines (2016), Guideline 23
9. WHO Standards and Operational Guidance for Ethics Review (2011)
10. National Ethical Guidelines for Health and Health-Related Research, PHREB

IX. Annex: WHO-UMC CAUSALITY ASSESSMENT TABLE

Category	Description
Certain	Event occurs with a plausible time relationship, cannot be explained by disease or other drugs, and responds to withdrawal (dechallenge)
Probable / Likely	Reasonable time relationship, unlikely to be explained by other factors, response to withdrawal is clinically reasonable
Possible	Reasonable time relationship but could also be explained by underlying disease or other drugs
Unlikely	Temporal relationship makes causal relationship improbable
Conditional / Unclassified	More data needed for assessment
Unassessable / Unclassifiable	Insufficient or contradictory information

X. Revision Index

Version	Date	Reasons For Revision
01	August 8, 2013	Patterned SOP after the SOP drafted by the DOH SOP Team (based on the FERCAP template)

02	February 3, 2014	Revised section 3.7 (additional requirements from the PI for premature suspension or termination of a research study), added section 3.8 suspension or termination of IRB approval, added Form 3.11 (Reminder Letter), added section 3.9 continuing review, added Form 3.12 Application for Continuing Review
03	January 26, 2016	Changed logo of “Pacific Eye and Laser Institute” to “Peregrine Eye and Laser Institute” in the document header and in the header of forms 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.11, 3.12

04	June 15, 2017	<p>The following major revisions of both SOP and forms 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.11, 3.12 made in compliance with PHREB recommendations of official finding report last June 8, 2017:</p> <p>State in the SOP 3 that the IRB reviews by full board reports of onsite SAE/SUSARs and indicate timelines for reporting (SOP 3.1.5.2 SAE reporting timelines should comply with the ICH-GCP guidelines)</p> <p>Ensure that Protocol violations and deviations are categorized accordingly</p> <p>Define major and minor violations</p> <p>Organize the sequence of discussion of the protocol (i.e. Scientific, then ethical issues, ICF; include the PDPVs and reasons for that)</p> <p>Ensure appropriate timelines for SAE reporting are incorporated in the SOP AND communicated to the PI</p> <p>Ensure timely review of the continuing reports</p> <p>Indicate reviewers of SAEs in the minutes</p> <p>Ensure that SAE reviewer is a medical doctor</p> <p>Categorize protocol deviations into major or minor and how deviations will affect risk</p> <p>Reflect recommended actions required of PI on deviations/violations in the meeting minutes</p> <p>Consistently require Final reports for all studies</p> <p>Communicate to the PI the results of review of final report.</p> <p>Ensure consistency of the flow chart with the detailed instructions (e.g. person responsible for a particular process).</p>
5	July 16, 2022	<p>Reformat numbering to conform to 2020 PHREB SOP workbook</p> <p>Refer to SOP 3.1 of version 4 of PELI IRB</p> <p>Add references within the SOP and transfer all cited ones to this item</p> <p>Rewrite “responsibility “section to make it more concise and add the role of the SAE/ SUSAR reviewer.</p> <p>make a more detailed workflow</p> <p>Add “forms” to include forms used in the SOP</p>
6	March 9, 2026	<p>Revised and reclassified as SOP 11 to align with the PHREB Accreditation Policy 2024 for Specialty Clinics</p> <p>Added a Policy section to define the governing principles and general guidelines of the SOP.</p> <p>Convert all timelines to calendar days</p> <p>Forms were re-numbered to correspond with the SOP in which they are used to ensure consistency, traceability, and proper document control. All</p>

		<p>form numbers mentioned in the SOP were updated accordingly to align with the revised numbering system</p> <p>Include separate pathways and WHO causality assessment</p> <p>Include Annex : WHO-UMC CAUSALITY ASSESSMENT TABLE</p> <p>Provide definitions and procedures for review of causality or relationship to the product and/or the protocol (drug related or protocol related), expectedness (documented in IB if CT), seriousness (gravity), severity (intensity) of outcomes, and management of SAEs</p>
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