



Policy and Procedures for Responding to Allegations of Research Misconduct

January 2026

General Policy

Memorial Sloan Kettering Cancer Center (MSK) is committed to upholding the highest standards of scientific rigor in research. The institution is committed to fostering an environment that promotes research integrity and the responsible conduct of research, discourages research misconduct, and deals promptly with allegations or evidence of possible research misconduct.

This document describes the MSK policies and procedures that guide how all allegations of research misconduct are handled, regardless of the funding source. It is written to comply with federal regulations involving 42 CFR Parts 93 ([PHS Policies on Research Misconduct](#)), as is required for managing misconduct proceedings that involve research support from agencies of the US Public Health Service (PHS), including the National Institutes of Health. If the source of funding for the work in question is not an agency of the US Public Health Service, these policies and procedures will be followed but reporting to the Office of Research Integrity (ORI), PHS, is not required.

Scope and Applicability

MSK's definition of research misconduct and procedures for investigating and reporting allegations of misconduct conform to the definitions and federal regulations. This policy applies to all research conducted at MSK, regardless of funding source.

These policies and procedures apply only to research misconduct occurring within the six years of the date MSK or a federal regulatory agency receives an allegation of research misconduct, subject to the following exceptions:

- The six-year limitation does not apply if the respondent continues to potentially benefit from the alleged misconduct that occurred before the six-year period by using, republishing, or citing the fabricated, falsified, or plagiarized parts of the research record.
- The six-year time limitation also does not apply if the Office of Research Integrity (ORI) or MSK, following consultation with ORI, determines that the alleged research misconduct, if it occurred, would possibly have a substantial adverse effect on the health and safety of the public.

Definitions

Allegation – an allegation is a disclosure of possible research misconduct through any means of communication, and brought to the attention of the institution or federal agency

Assessment - a review of an allegation of research misconduct to determine if the allegation falls within the scope of research misconduct as defined by federal regulations (falsification, fabrication, and plagiarism). The purpose of the assessment is to determine if an inquiry is needed.

Complainant – individual(s), who in good faith, make an allegation of research misconduct.

Deciding Official (DO) – the institutional official who makes the final determinations on allegations of research misconduct and any institutional actions. The same individual cannot serve as the DO and RIO.

Evidence - anything offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an allegation. Evidence can include documents, whether in hard copy or electronic form, information, tangible items, and testimonies.

Fabrication - making up data or results and recording or reporting them

Falsification - manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

Good Faith – (a) For complainants or witnesses, good faith means a reasonable belief in the truth of the individual's allegation(s) or testimony, based on information known to the individual at the time. An allegation or cooperation of a research misconduct proceeding is not in good faith if made with the knowledge of, or reckless disregard for, information that would disprove the allegation or testimony. (b) An institutional member or committee member, cooperating with the proceedings with impartiality and helping the institution meet its responsibilities according to this policy. An institutional or committee member does not act in good faith if their acts or omissions during the research misconduct proceedings are dishonest or influenced by personal, professional, or financial conflicts of interest with any individuals involved in the research misconduct proceedings.

Inquiry - preliminary information gathering and preliminary fact-finding to determine if the allegation or apparent instance of misconduct warrants an investigation.

Institutional Certifying Official (ICO) - responsible for assuring that the institution has written policies and procedures for addressing allegations of research misconduct. The MSK Research Compliance Office serves as the ICO.

Institutional Record – institutional records compiled or generated during the research misconduct proceedings, except records that were not considered or relied upon during the course of the proceedings.

The institutional record includes, but is not limited to, the following:

- Documentation of the performance of the assessment of an allegation of research misconduct
- The inquiry report and all records (other than drafts) and all records considered or relied upon during the inquiry, including but not limited to research records, transcripts of any transcribed interviews conducted during the inquiry, information provided by the respondent(s), and any decision not to proceed with an investigation.
- The investigation report and report (other than drafts) considered or relied on during the investigation, including, but not limited to, research records, transcripts of each interview conducted as per sponsor requirements, and information the respondent provided to the institution.
- Decision of the DO

- A single index listing all research records and evidence that the institution compiled during a research misconduct proceeding, except for records the institution did not consider or rely on.
- A general description of the records that were sequestered but not considered or relied on.
- The complete record of any institutional appeal

Institutional Member – an individual who is employed by, is an agent of, or is affiliated by contract or agreement with MSK. Institutional members may include, but are not limited to, officials, tenured and untenured faculty, teaching and support staff, researchers, research coordinators, technicians, postdoctoral and other fellows, students, volunteers, subject matter experts, consultants, or attorneys, or employees or agents of contractors, subcontractors, or sub-awardees.

Intentionally – acting with the aim of carrying out the act.

Investigation – the formal development of a factual record and the examination of that record that allows the DO and sponsors, as applicable, to make a final determination on allegations of research misconduct.

Knowingly – acting with the awareness of the act.

Plagiarism - appropriating another person’s ideas, processes, results, or words without giving appropriate credit. This applies to all forms of publications, including, but not limited to the following: articles, papers, reports, books, presentations, posters, abstracts, and grant applications.

Does not include:

- The limited use of identical or nearly identical phrases that describe a commonly used methodology.
- Self-plagiarism
- Authorship or credit disputes, including disputes among collaborators who participated in developing or conducting research projects.

Preponderance of the evidence – proof by evidence that, compared with evidence opposing it, leads to the conclusion that the fact at issue is more likely true than not.

Recklessly – proposing, performing, or reviewing research, or research reporting, with indifference to a known risk of fabrication, falsification, or plagiarism.

Research Integrity Officer (RIO) – the institutional official responsible for administering the institution's written policies and procedures for addressing allegations of research misconduct. The same person cannot serve as the RIO and DO.

Research Misconduct - the fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Further, it must have been committed intentionally, knowingly, or recklessly. Research misconduct does not include honest error or differences of opinion.

Respondent – the individual against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.

Research record – the record of data or results that embody the facts resulting from scientific inquiry. Data or results may be in physical or electronic form. Examples of items, materials, or information that may be considered part of the research record include, but are not limited to, research proposals, raw data, analyzed data, clinical research records, laboratory records, project records, laboratory notebooks, progress reports, manuscripts, abstracts, theses, records of oral presentations, online content, lab meeting reports, and journal articles.

Retaliation – an adverse action taken against a Complainant, witness or committee member by MSK or one of its members in response to (a) a good faith allegation of research misconduct or (b) good faith cooperation with a research misconduct proceeding.

Responsibilities and Protection/Rights

Confidentiality

Disclosure of the identity of those who are accused of research misconduct (respondent) and those who raise allegations of misconduct (complainant), and witnesses is limited, to the extent possible, to those who need to know, consistent with a thorough, competent, objective, and fair research misconduct proceeding, and as allowed by law. Those who need to know may include, but are not limited to, institutional review boards, journals, editors, publishers, co-authors, and collaborating institutions. To the maximum extent possible (except as prescribed by law), any information obtained during the research misconduct proceeding that might identify the subjects of research shall be maintained securely and confidentially and shall not be disclosed, except to those who need to know in order to carry out the misconduct proceedings. The limitation on disclosure of the identity of respondents, complainants, and witnesses no longer applies once MSK has made a final determination of the research findings.

MSK is not prohibited from managing published data or acknowledging that data may be unreliable during the research misconduct proceeding.

Deciding Official (DO)

The Chief Executive Officer (CEO) appoints the DO. The DO has the following responsibilities:

- Makes final determination on allegations of research misconduct and any institutional administrative action that may be taken as a result of the misconduct proceedings. Determinations must be made in writing and become a part of the institutional record.
- May appoint the RIO and Deputy RIO
- Assists the RIO with identifying committee members to serve on inquiry and investigation committees.

Research Integrity Officer (RIO)

The DO will appoint the RIO and Deputy RIO. The Deputy RIO may assist the RIO with any misconduct proceedings. The Deputy RIO may serve as an interim RIO if the RIO has a conflict of interest with the complainants, respondents, witnesses, or other individuals involved in the research misconduct proceedings. If both the RIO and Deputy RIO have a conflict of interest, the Research Compliance Office will consult with the Chief Risk Officer to identify an interim RIO for proceedings. The RIO has the following responsibilities:

- Assess allegations of research misconduct
- Conduct or convene a committee to conduct an inquiry to determine if an investigation is warranted
- Oversee and convene a committee to conduct the investigation process and ensure compliance with this policy and associated procedures
- Report to external sponsors of research, as required by regulation.
- Responsible for ensuring all documents and evidence are kept confidential, secure, and maintained.

Research Compliance Office

The MSK Research Compliance Office will work with the RIO, DO, and senior leaders to ensure all research misconduct proceedings are conducted as per policy and procedures. The Director of the Research Compliance Office will serve as the Institutional Certifying Official. The Research Compliance Office has the following responsibilities:

- Assist the RIO with assessing allegations, as delegated.
- Help maintain all documents and evidence securely.
- Ensure all evidence is properly inventoried and documented for the institutional record.
- Assist both the RIO and DO, as needed.

Institutional Members

Institutional members will cooperate with the RIO and other Institutional officials in the review of allegations and the conduct of inquiries and investigations. Institutional members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other Institutional officials.

Protecting the Complainant(s), Respondent(s), Witnesses, and Committee Members:

Following a final finding of no research misconduct, including (where the matter involves PHS funding jurisdiction) concurrence by ORI, the institution must, at the request of the respondent(s), undertake all reasonable, practical, and appropriate efforts to restore the reputation of the respondent(s). This might include notifying those individuals aware of or involved in the investigation of the outcome and expunging all reference to the research misconduct allegation from the personnel file of the respondent(s).

During the research misconduct proceeding, and upon its completion, regardless of whether the institution or ORI determines that research misconduct occurred, the Institution must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant(s) who made allegations of research misconduct and of any witnesses and committee members who cooperated with the research misconduct proceeding.

Procedures for Addressing Research Misconduct

Overview:

Allegations may be raised by anyone who believes that research misconduct has been committed. The individual(s) who make such allegations are termed the complainant(s). Allegations may be conveyed either orally or in writing. An allegation including the following information is most useful: the name of the person(s) about whom the allegation is made (termed the respondent[s]), the name of the complainant(s), the names of potential witnesses, and a description of the alleged misconduct. Allegations can be reported directly to the RIO, using the MSK compliance hotline, or to other MSK leadership, who will forward the complaint to the Research Compliance Office. If the RIO is not the original recipient of the allegations, the Research Compliance Office will notify the RIO. The following stages of the research misconduct proceedings will take place as described below: assessment, inquiry, and investigation. At the end of all required stages, the DO will make the final determination, and MSK will report to any regulatory agencies as required.

Assessment:

The RIO, or delegate (Deputy RIO or Research Compliance Office), will conduct the assessment promptly. The assessment is to determine whether the allegation warrants an inquiry. The following criteria are to be used to determine if an inquiry is warranted:

- Falls within the definition of research misconduct,
- Is within the applicability criteria as stated above, and
- Is sufficiently credible and specific so that potential evidence of research misconduct may be identified

The assessment can have two outcomes:

- Determined inquiry warranted:
 - Assessment must be documented
 - Promptly sequester all research records/ evidence
 - Promptly initiate the inquiry
 - Determined no inquiry warranted:
 - Assessment must be documented with details describing reasons why an inquiry was not warranted, for review by regulatory agencies, if requested.
 - Document must be retained for 7 years
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- During the assessment, the RIO will also ascertain whether the research in question involves PHS funding jurisdiction.
 - If, during the initial assessment, the RIO and the DO agree that the likelihood of misconduct is sufficiently strong, it is possible to move directly to the investigation phase without an inquiry.

Inquiry:

The inquiry is the initial review of evidence to determine whether an investigation is warranted and does not require a full review of evidence. The RIO, delegate of RIO, or a convened inquiry committee can be used to perform this review. Subject matter experts may be used to assist in the inquiry. The inquiry will be completed within 90 days unless circumstances warrant a longer period, which, if extended, will be documented why extension is needed in the inquiry report.

- The respondent should be notified at the time of or before the beginning of the inquiry. All notifications must be in writing, which includes a summary of the allegation brought forth. If there are multiple respondents, each respondent should be notified individually, and only allegations related to them should be included in the summary. If additional allegations are made during the inquiry, the respondent (s) will be notified in writing.
 - Within 14 days of receiving notice of the inquiry from the RIO, the respondent(s) shall provide the RIO with a detailed written response to the allegation, unless an extension of time has been granted. The response shall address the substance of the allegation in detail, specifically referencing any research records that support the response to allow the RIO to readily understand the respondent's position and the basis for it and readily locate and consult the relevant portions of the records. In addition, the response shall clearly identify all research records and explain how these records were created and their relevance to the allegation. The respondent(s) shall provide those records that have not already been produced.
- Sequestration of records:
 - The RIO, with assistance from the Research Compliance Office, must take all reasonable steps to obtain all research records and other evidence needed to conduct the inquiry. This includes examining devices and cloud storage platforms.
 - All evidence will be numbered and logged in the evidence inventory log maintained by the Research Compliance Office.
 - All research records will be stored securely.
 - The laboratory, program, and/or department shall assist with the sequestration, providing information prior to the sequestration regarding the nature of the potential material involved and making personnel available with the necessary technical expertise to assist the RIO during the sequestration. This assistance may include inventorying the research records and evidence and providing for the storage of materials that require special handling, such as biological or chemical materials.
 - During the sequestration, the respondent(s) shall be instructed by the RIO to provide all potentially relevant research records that relate to the allegation. The respondent(s) must identify and arrange to immediately provide the RIO with all such records that could reasonably relate to the research that is the subject of the allegation, regardless of where the research records are located. The respondent(s) have a continuing obligation to identify and provide such research records during the research misconduct proceeding. To the extent that any research records are not identified at the time of the initial sequestration but, instead, are identified later in the research misconduct proceeding, the respondent(s) must give a clear written explanation of the reason for this. Late submission of research records or questions regarding the authenticity of research records may undermine the credibility of the evidence and may be a basis for requiring an investigation.
 - The Research Compliance Office shall retain the original research record. Where appropriate, the respondent(s) shall be provided with copies of, or reasonable supervised access to, the research record.
- During the inquiry, the RIO (or the Inquiry Committee) has the discretion to interview the complainant(s), the respondent(s), and pertinent witnesses, as well as examine relevant research records and materials. Based on the evaluation of the evidence, the RIO (or the Inquiry Committee as applicable) will recommend whether an investigation is warranted and prepare a written report as described below.
- An investigation is warranted if there is a reasonable basis for concluding that:
 - The allegation falls within the definition of research misconduct noted earlier in this policy and
 - The preliminary fact-finding from the inquiry indicates that the allegation may have substance.
- Findings of research misconduct, including the determination of whether the alleged misconduct is

intentional, knowing, or reckless, cannot be made at the inquiry stage.

Inquiry Report

The inquiry report will be written to determine whether an investigation is warranted or not. The Research Compliance Office, in consultation with RIO and/or the Inquiry Committee, will prepare the draft report.

The inquiry report shall contain the following:

- The names, professional aliases, and positions of the respondent and complainant(s).
- A description of the allegation(s) of research misconduct.
- Details about the PHS funding, including any grant numbers, grant applications, contracts, and publications listing PHS support.
- The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise.
- An inventory of sequestered research records and other evidence, and a description of how sequestration was conducted.
- Transcripts of interviews, if transcribed.
- Inquiry timeline and procedural history.
- Any scientific or forensic analyses conducted.
- The basis for recommending that the allegation(s) warrant an investigation.
- The basis on which any allegation(s) do not merit further investigation.
- Any comments on the inquiry report by the respondent or the complainant(s).
- Any institutional actions implemented, including internal communications or external communications with journals or funding agencies.
- Documentation of potential evidence of honest error or difference of opinion

Institutional counsel should review the report for legal sufficiency. Modifications should be made as appropriate in consultation with the RIO.

Notifications of the results of Inquiry:

The RIO shall notify the respondent(s) in writing as to whether an investigation is warranted and will provide a copy of the draft Inquiry Report to the respondent(s) for comment. The respondent(s) will be given 10 days to reply. The RIO shall also give the respondent(s) a copy of 42 CFR Part 93 (if the misconduct proceedings involve PHS funding jurisdiction) and a copy of this Policy.

MSK is not required to notify a complainant whether the inquiry found that an investigation is warranted. MSK may, but is not required to, provide relevant portions of the report to a complainant for comment. If MSK provides notice to one complainant in a case, it shall provide notice, to the extent possible, to all complainants in the case.

The RIO will provide the final Inquiry Report to the DO, including any comments.

Notifying the Office of Research Integrity (ORI) Following an Inquiry:

If it is determined that an investigation is warranted and the research in question falls under PHS funding jurisdiction, the RIO will provide ORI (and/or any other applicable funding agency) a copy of the final inquiry

report. This reporting must be done within 30 calendar days of the decision.

If it is decided that there is insufficient evidence of possible misconduct to warrant an investigation, ORI does not need to be notified. If there is no PHS funding jurisdiction, regardless of the final decision, ORI does not need to be notified.

If it is decided that an investigation is not warranted, the institution shall secure and maintain for seven years after the termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by ORI of the reasons why an investigation was not conducted.

Investigation:

The investigation must begin within 30 calendar days after the determination that an investigation is warranted.

The purpose of the investigation is to explore the allegations in detail, to examine the evidence in depth, and to determine specifically whether misconduct has been committed, by whom, and to what extent. The investigation shall also determine whether there are additional instances of possible misconduct that would justify broadening the scope beyond the allegations.

This is especially important in cases that involve clinical trials or potential harm to human subjects or the general public.

Notifying the Respondent(s) and Sequestering Records:

On or before the date on which the investigation begins, the RIO must notify the respondent(s) in writing of the allegations to be investigated and provide a copy of the inquiry report and the institutional policy of research misconduct. The RIO must also give the respondent(s) written notice of any new allegations of research misconduct not addressed in the inquiry.

The RIO will take steps to obtain custody of and sequester all research records and evidence that were not previously sequestered during the assessment and inquiry phases.

Selecting and Charging the Investigation Committee:

The RIO, in consultation with the DO, senior leaders, and Research Compliance Office will appoint an Investigation Committee as soon after the beginning of the investigation as practical.

The Investigation Committee should consist of individuals who do not have unresolved potential, perceived or actual personal, professional, or financial conflicts of interest with those named in the investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation. The members may come from institutions other than MSK. If needed and as appropriate, experts/consultants may be brought in to assist in the investigation. The RIO will define the subject matter of the investigation in a written charge to the Committee that:

- describes the allegations and related issues identified in the inquiry;
- identifies the respondent(s);
- defines research misconduct;
- informs the Committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;

- informs the Committee that, to determine that the respondent(s) committed research misconduct, it must find that a preponderance of the evidence establishes that:
 - research misconduct, as defined in this policy, occurred;
 - the research misconduct is a significant departure from accepted practices of the relevant research community; and
 - the respondent(s) committed the research misconduct intentionally, knowingly, or recklessly; and
 - informs the Committee that it must review and approve the written Investigation Report prepared by the RIO, which meets the requirements of this policy.

Conducting the Investigation:

The RIO will convene the first meeting of the Investigation Committee to review the charge, the final Inquiry Report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality.

The Investigation Committee and the RIO must:

- use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
- take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
- interview each respondent, complainant, and any other available witnesses, record and transcribe each interview, provide the transcript to each interviewee for correction, and include the recording and transcript (including any corrections) in the record of the investigation;
- any evidence shown must be numbered and referred to by number during interviews;
- respondents must not be present during any interviews of witnesses, but must be provided a transcript of the interviews; and,
- pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct.

The investigation is to be completed within 180 days of its beginning. This 180-period includes conducting the investigation, preparing the report of findings, providing the draft report to the respondent(s) for comment, and sending the final report to ORI (if necessary, as per this Policy). If the RIO determines that the investigation will not be completed within this 180-day period, that time frame may be extended. If the investigation relates to research funded by PHS, the RIO must seek such an extension from ORI.

Burden of Proof:

MSK bears the burden of proof for making a finding of research misconduct. A finding of research misconduct requires proof by a preponderance of the evidence that:

- Research misconduct, as defined in this policy, occurred;
- The research misconduct is a significant departure from accepted practices of the relevant research community; and
- The respondent committed the research misconduct intentionally, knowingly, or recklessly.

The respondent has the burden of going forward with and proving by a preponderance of evidence any affirmative defenses raised, including honest error or difference of opinion.

The respondent's destruction of research records documenting the questioned research is evidence of research misconduct where a preponderance of evidence establishes that the respondent intentionally, knowingly, or recklessly destroyed the records after being informed of the research misconduct allegations. Similarly, the respondent's failure to provide research records documenting the questioned research is evidence of research misconduct where the respondent claims to possess the records but refuses to provide them upon request.

Investigation Report:

The Investigation Committee and the RIO (with assistance from the Research Compliance Office) are responsible for preparing a written draft report of the investigation that:

- describes the nature of the allegations of misconduct, including any additional allegation(s) addressed during the research misconduct proceedings;
- describes and documents PHS support, if any;
- describes the specific allegations of research misconduct considered in the investigation;
- composition of investigation committee, including name(s), position(s), and subject matter expertise;
- inventory of sequestered research records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the investigation;
- transcripts of all interviews conducted;
- identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other research records that allegedly contained the falsified, fabricated, or plagiarized material;
- any scientific or forensic analyses conducted;
- includes this MSK policy and procedures document;
- any comments made by the respondent and complainant on the draft investigation report and the investigation committee's consideration of those comments; and
- includes a statement of findings for each allegation of research misconduct identified during the investigation.

Each statement of findings must:

- 1) identify whether the research misconduct was falsification, fabrication, or plagiarism, and whether it was committed intentionally, knowingly, or recklessly;
- 2) summarize the facts and analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent(s), including any effort by the respondent(s) to establish by a preponderance of the evidence that he or she did not engage in research misconduct because of honest error or difference of opinion;
- 3) identify the specific PHS support, if any;
- 4) identify whether any publications need to be corrected or retracted;
- 5) identify the person(s) responsible for the misconduct;
- 6) list any current support or known applications or proposals for support that the respondent(s) has pending with non-PHS federal agencies; and
- 7) if the investigation committee does not recommend a finding of research misconduct for an allegation, the investigation report must provide a detailed rationale.

Opportunity to Comment:

The RIO must give the respondent(s) a copy of the draft investigation report for comment and, concurrently, a copy of, or supervised access to, the evidence on which the draft investigation report is based. The respondent(s) shall be allowed 30 days from the date he/she receive the draft report to submit comments to the RIO.

Final Determinations:

The DO will, in writing, determine: 1) whether the institution accepts the investigation report and its findings, and 2) the appropriate institutional actions in response to any accepted findings of research misconduct. If the decisions of the DO vary from the findings or recommendations of the Investigation Committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the conclusions of the Investigation Committee. Alternatively, the DO may return the report to the Investigation Committee with a request for further fact-finding or analysis before making a final determination.

Once a final decision on the case has been reached by the DO, the RIO will notify the respondent(s) in writing. As part of this notification, if the case falls under the funding jurisdiction of PHS, the respondent(s) will be provided with a copy of 42 CFR Part 93, "Public Health Service Policies on Research Misconduct," for reference to actions that may be taken by PHS on the basis of research misconduct proceedings conducted at the institutional level.

Appealing a Misconduct Determination:

The respondent has the right to appeal the MSK's finding(s) of research misconduct in writing to the DO within thirty (30) calendar days after being sent the final decision. If the respondent filed an appeal, the complete record of any institutional appeal also becomes part of the institutional record. If there is an appeal in a case involving PHS funding jurisdiction and submitted prior to the institutional record being sent to ORI, the institution must wait until the appeal is concluded to send. If the appeal is submitted after sending Institutional records to ORI, the institution must provide a complete record to ORI once the appeal is concluded.

Reporting to the Office of Research Integrity (ORI):

If the investigation involves research under PHS funding jurisdiction, the RIO must, within the 180-day period for the investigation, submit the institutional record to ORI (and/or any other applicable funding agency). This record will include the DO's final written decision to the investigation report and include all required materials as defined above under institutional record. The institutional record will be organized in a logical manner for review.

Notifying Relevant Parties and Maintaining Records:

After a final decision on the case is reached, the RIO is responsible for determining whether law enforcement agencies, professional societies, professional licensing boards, editors of involved journals, collaborators of the respondent(s), or other relevant parties should be notified of the outcome of the case.

The Research Compliance Office and RIO are responsible for maintaining and providing to ORI upon request (if the matter involves PHS funding jurisdiction) all relevant research records and records of the institution's research misconduct proceedings, including the results of all interviews and the transcripts or recordings of those interviews.

Such records must be maintained for seven years after the misconduct proceeding is concluded.

Other Considerations

Continuing or Initiating Proceedings if the Respondent(s) Leave or are No Longer Employed at the Institution:

If the respondent(s) terminate institutional employment at any time during the research misconduct proceedings, either by resignation or otherwise, the proceedings shall continue. If the respondent(s) refuse to participate in the misconduct proceedings after terminating employment, the RIO and the Investigation Committee will continue to use their best efforts to reach a conclusion concerning the allegations. If an allegation of research misconduct occurs after the respondent(s) have left the institution, the procedures described in this policy shall apply in collaboration and coordination as needed with the current employer of the respondent.

Multiple Institutions:

If an allegation of research misconduct involves multiple institutions, MSK will work with other affected institutions to determine whether a joint research misconduct proceeding will be conducted. If a joint research misconduct proceeding is chosen, the institutions will choose an institution to serve as the lead institution. The lead institution will be responsible for obtaining all research data and other evidence from all participating institutions, including witness testimony. The institutions should agree on whether committee members will include members from all institutions and determine how they plan to proceed with the joint research misconduct proceeding, including any institutional actions to be taken, whether these will be made jointly or assigned to the lead institution.

Respondent Admission:

If the respondent(s) admit to research misconduct at any point during the proceedings (including the assessment, inquiry, investigation, or appeal stage), the DO may choose to close the research misconduct case through a settlement with the respondent. A respondent's admission of research misconduct must be made in writing and signed by the respondent. The admission must state the specific fabrication, falsification, or plagiarism that occurred, which records were affected, and that it constituted a significant departure from accepted practices of the relevant research community. If PHS has funding jurisdiction, MSK must report plans for reaching a settlement with respondent(s) and the respondent's signed admission statement to ORI in advance of closing the case. If PHS has funding jurisdiction, MSK must also provide a statement to ORI describing how it determined that the scope of the misconduct was fully addressed by the admission and confirm the respondent's culpability.

Notifying ORI of Special Circumstances:

The RIO shall immediately notify ORI if, at any time during the research misconduct proceeding, the RIO has reason to believe that any of the following conditions exist:

- the health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- PHS resources or interests are threatened;
- research activities should be suspended;
- there is an indication of possible violations of civil or criminal law;
- federal action is required to protect the interests of those involved in the research misconduct

- proceeding;
- the research misconduct proceeding may be made public prematurely, and PHS action may be necessary to safeguard evidence and protect the rights of those involved; or
 - the research community or public should be informed.

Contacts for Reporting Research Misconduct:

By phone: MSK Compliance Hotline – 844-6675-5463

By email: Research Compliance Office at rtmri@mskcc.org or compliance@mskcc.org