



Standard Operating Procedure for Reporting SAE's

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SHIELD STUDY: A phase II Study VEPEMB in patients with Hodgkin's lymphoma aged > 60 years

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1. **ABBREVIATIONS**

Standard Operating Procedure – SOP

International Conference for Harmonisation – ICH

Good Clinical Practice - GCP

Site Trial Master File - TMF

Adverse Event – AE

Serious Adverse Event – SAE

Multi Research Ethics Committee - MREC

Medicines & Health Care Products Regulatory Agency – MHRA

Study Steering Committee – SSC

Data Monitoring & Ethics Committee - DMEC

2. **BACKGROUND**

This SOP highlights how Adverse Events (AEs) and Serious Adverse Events (SAEs) should be reported in order to conform to ICH GCP guidance (<http://www.emea.europa.eu/pdfs/human/ich/013595en.pdf>).

Researchers must ensure they are aware of the following definitions.

Definition of an AE

Any untoward medical occurrence in a patient which does not necessarily have a causal relationship with the study treatment. This includes any unfavourable and unintended sign (including an abnormal laboratory finding), symptom or disease temporally associated with the study drug. This may include, for example, a cold or an accident.

Definition of an SAE

The definition of an SAE is one that fulfils at least one of the following criteria:

- Is fatal – results in death
- Is life-threatening
- Requires inpatient hospitalisation or prolongation of existing hospitalisation
- Results in persistent or significant disability/incapacity
- Is a congenital anomaly/birth defect

If any site staff are in doubt as to whether to report an occurrence as a SAE contact the SHIELD Study centre (0191 222 7632) for further advice from the Chief Investigator (CI).

The ICH GCP guidelines state that all SAEs should be reported by the Principal Investigator (PI) at site to the Study sponsor or Chief Investigator (CI) within 24 hours of the event and that any intermediate reports should be followed promptly by detailed written reports.

The CI, on behalf of the sponsor, should also comply with applicable regulatory requirement relating to Serious Adverse Reactions (SARs) and Suspected Unexpected Serious Adverse Reactions to the Sponsor (SUSARs). This includes reporting to the Sponsor, MHRA, MREC, Study Steering Committee (SSC), Data Monitoring & Ethics Committee (DMEC) and site investigators involved in the study.

3. **OBJECTIVE**

To describe the procedure for identifying, recording and reporting AEs and SAEs.

4. **SCOPE**

All personnel at centre and site level who are involved in the SHIELD Study.

5. **RESPONSIBLE PERSONNEL**

Chief Investigator, Principal Investigators, medical staff and all study personnel involved in the SHIELD Study.

6. **POLICY**

All AEs and SAEs will be reported in accordance with ICH GCP guidelines.

7. **PROCEDURE**

Who?

All site staff at investigator level who are in contact with patients are responsible for noting adverse events that are reported by the patient and making them known to appropriate medical staff. Patients entered into clinical trials must be encouraged from the outset of any study to contact their research nurse/team at the time of an event occurring. It is important that if patients are admitted to ward areas that site study staff are informed of the hospital admission as soon as possible. The appropriate research nurse should conduct study assessments, and ensure that all adverse events are identified for each patient as far as possible.

The PI (or designated trial staff) should record all adverse events in the clinical notes and report each adverse event on the electronic case report form.

When?

At each visit, or study assessment, adverse events that might have occurred since the previous visit or assessment should be elicited from the patient. For source documentation verification these events need to be detailed in the patients medical notes including the start dates (if known) of the onset of the event as well as the date the event stopped or changed, if applicable. Adverse events ongoing on completion of the study should be followed up as required by the protocol and as clinically indicated.

How?

Adverse Event

Document event in a clear way as far as possible. For example, the patient may say that they 'felt sick'. This can be interpreted in many ways: either they felt nauseated or they may have felt unwell, or they may even have been vomiting.

Ask patient the date and start and stop time of event. If the patient cannot remember, then annotate a date as near as possible to the event.

Document the severity – this may be graded by using the toxicity criteria found in the SHIELD study protocol which can be found in the DOCUMENTS CENTRE of the SHIELD STUDY HOMEPAGE (www.shieldstudy.co.uk).

Document the action taken regarding the study drug – if any e.g. was the treatment dose reduced, or was study drug/treatment delayed etc.

Document any treatment/medication given for the event, including the dates the treatment/medication was commenced and the date it was stopped/changed, if applicable.

Document the event outcome.

Serious Adverse Events

All adverse events will be documented as above. However, if they come under the serious definition (see page 1) then the event will be classed as an SAE,

Inform the study centre as soon as possible (but within **24** hours) of the PI or site staff's knowledge of the event. SAEs are recorded on the appropriate form, found on the SHIELD study website (www.shieldstudy.co.uk) and faxed to the study centre, 0191 222 5524.

If the SAE is unresolved, an SAE Follow-Up Form is required (also available on the SHIELD study website). This should also be faxed to the study centre on 0191 222 5524.

The methodology is fully explained in the study protocol, and these procedures must be followed.

Respond promptly to requests for follow-up information from the CI or other actions such as notification to the site R&D Department, if applicable. Store all correspondence in the Trial Master File (TMF).

Store all completed serious adverse events in TMF as stipulated by the protocol.

8. References

ICH GCP - (<http://www.emea.europa.eu/pdfs/human/ich/013595en.pdf>).

9. SOP Links

SHIELD SOP : SS/SOP/001 – Essential Documentation and Trial Master File

10. Appendices

Appendix 1 – Serious Adverse Events Form

Appendix 2 – Follow Up Serious Adverse Events Form

Author: Mrs J Wilkinson, Study Manager

Signature: 

Date: 15.3.08

Authorised by: Professor S J Proctor, Chief Investigator

Signature: 

Date: 15.3.08

Must be signed and dated by both parties before the SOP can be made effective.

CONTACT DETAILS

Professor S J Proctor
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0191 222 7791

Mrs J Wilkinson
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0191 222 7632

APPENDIX 1

**SHIELD STUDY
Serious Adverse Event Report**

Study Central Office
Haematology
Leech Building
Medical School
University of Newcastle
NE2 4HH

Telephone : 44 191 222 7791
Fax: 0191 222 5524

**Please fax this form to :
Professor S J Proctor
44 191 222 5524**

Chief Investigator: Professor S J Proctor

Event reported by: _____ **Date:** _____

Patient initials : _____

Patient trial number: _____

DOB : _____

Study Drug Details :	
Name:	
.....	
Dose :	Route :

SAE DETAILS

Diagnosis (es)	Intensity	Date of Onset	Date Ended	Relationship to Study drug (s)

↑
1=mild
2=moderate
3+severe

↑
A=none D=probable
B=unlikely E=definite
C=possible

Details of SAE(s) and comments

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Concomitant drug administration

Brand name/generic name	Indication	Dosage	Start date	End date	Ongoing (y/n)

Treatment for Serious Adverse Event

1	2	3
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Study medication action taken

	NO	YES		NO	YES
Dose reduced	<input type="checkbox"/>	<input type="checkbox"/>	Did the SAE abate after dose Reduction/interruption	<input type="checkbox"/>	<input type="checkbox"/>
Medicine interrupted	<input type="checkbox"/>	<input type="checkbox"/>	Did the SAE appear after Reintroduction	<input type="checkbox"/>	<input type="checkbox"/>
Medicine discontinued	<input type="checkbox"/>	<input type="checkbox"/>			

Outcome

<input type="checkbox"/>	Recovered	
<input type="checkbox"/>	Recovered with persistent damage →	specify :
<input type="checkbox"/>	Not yet recovered	
<input type="checkbox"/>	Not known	
<input type="checkbox"/>	Patient died	Cause of death:
	Confirmed by post mortem	<input type="checkbox"/>

Name of investigator: Date :

Signature of investigator:

Please continue on a separate form if necessary
Fax to Central Trial Office : 44 191 222 5524



SHIELD : A phase II study (VEPEMB) in patients with Hodgkin's lymphoma aged > 60 years

FOLLOW-UP REPORT – to a Serious Adverse Event Report (SAE)

UNIQUE PATIENT NUMBER PATIENT'S INITIALS

INITIAL EVENT:

.....
 DATE OF EVENT:

FOLLOW UP INFORMATION:

Please give relevant follow-up information and if possible relevant diagnosis

.....

OUTCOME (to date)

Check the box appropriate to SAE	<input type="checkbox"/> recovered/resolved <input type="checkbox"/> recovering/resolving <input type="checkbox"/> not recovered/not resolved → further information to be provided as soon as possible <input type="checkbox"/> recovered/resolved with residual effects → specify <input type="checkbox"/> fatal → date of death <input type="checkbox"/> unknown
In case of death	Cause of death <input type="checkbox"/> progression of study disease <input type="checkbox"/> serious adverse event <input type="checkbox"/> other Details of cause of death No Yes <input type="checkbox"/> <input type="checkbox"/> Post Mortem done <input type="checkbox"/> <input type="checkbox"/> PM report available → please fax with report or asap.
Has your initial assessment of relationship between SAE and study treatment changed?	No Yes <input type="checkbox"/> <input type="checkbox"/> → please provide your change assessment below.
Indicate revised classification	<input type="checkbox"/> none <input type="checkbox"/> unlikely <input type="checkbox"/> possible <input type="checkbox"/> probable <input type="checkbox"/> definite <input type="checkbox"/> unclassifiable
COMMENTS/REASON FOR RE-CLASSIFICATION	
.....	
DATE:	SIGNATURE OF TRIAL INVESTIGATOR

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Please fax to : Jennifer Wilkinson, Study Manager at 0191 222 5524