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SCIMITAR
Smoking Cessation in Mental Ill health Trial

Serious Adverse Event Reporting Standard Operating Procedure

TITLE: Serious Adverse Events Reporting	
Version number: 1.2 **Date:** 04/08/2011	
Prepared by: Helen Cox Date: 04/08/2011	
Purpose: To describe the process of adverse event reporting and follow-up of adverse events for all of the care team involved in the SCIMITAR study.	

1. BACKGROUND
This SOP highlights how Adverse Events and Serious Adverse Events should be reported and conforms to ICH GCP guidance (1996). Researchers must ensure they are aware of the following definitions.

The definition of an adverse event is: *"Any untoward medical occurrence in a patient which does not necessarily have a causal relationship with this treatment". This includes "any unfavourable and unintended sign (including an abnormal laboratory finding), symptom or disease temporally associated with any research procedure.* This may include, for example, a cold, or an accident.

The definition of a **serious adverse event** (SAE) is one that fulfils at least one of the following criteria:
• Is fatal – results in death (NOTE: death is an outcome, not an event)
• 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 the medical occurrence does not fulfil at least one of the above criteria, it is classified as a **non-serious adverse event**.

An adverse reaction is 'unexpected' if its nature and severity are not consistent with the information about the medicinal product (NRT/pharmacotherapy) or illness in question.

All serious adverse events should be reported to the trial coordinating centre **within 24 hours** of the investigator becoming aware of the event. Adverse event definitions and procedures will be detailed in the study protocol. If any trial staff is in doubt whether to report an occurrence as a SAE, contact the trial centre for further advice.

2. PURPOSE
To describe the procedure for identifying, recording and reporting adverse events and serious adverse events in the SCIMITAR study.

3. PROCEDURE

3.1 Who?
All trials researchers that are in contact with patients are responsible for noting adverse events that are reported by the patient and making them known to York Trials Unit. Patients entered into clinical trials must be encouraged from the outset of any study to contact their researcher at the time of an event occurring.

It is important that if patients are admitted to ward areas that the research team are informed of the hospital admission as soon as possible. The researchers should conduct study assessments, and ensure that all adverse events are identified for each patient as far as possible.

3.2 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. In many cases this will be captured at the point of data collection. Where a patient indicates particularly a hospital visit/admission or any other health related event at the point of data collection, this will need to be elaborated on and where necessary an adverse events form completing. These events need to be detailed in the patients adverse events form 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. The clock starts from the time the study team were made aware of the event.

The ICH GCP Guidelines state that: *"All serious adverse events should be reported immediately to the sponsor"* (trial organisers), and that *"immediate reports should be followed promptly by detailed written reports"*.

3.3 How?
1. Document event in a clear way as far as possible using the using the SCIMITAR adverse events data collection form (Appendix B).

2. Ask patient the date and start and stop time of event; If the patient cannot remember, then as near as possible.

3. Document the action taken regarding study drug – if any. For example was the treatment dose reduced, or was study drug/treatment delayed etc. Please document any medication the patient is receiving.

4. 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.

5. Document and date the event outcome. (ie ongoing/resolved)

6. Events ongoing at study completion should be followed up as detailed in the protocol and as clinically indicated.

7. Adverse events should be recorded on a CRF and reported to the study centre as required by the protocol.

<u>Serious Adverse Events</u>

8. All adverse events/adverse drug reactions must be documented as above. For definitions of a serious adverse event, see section 1.

9. Inform York Trials Unit as soon as possible **within 24 hours** of knowledge of the event. This can be done by faxingthe Adverse Event form to York Trials Unit (01904 321387). It is important that the timeline for reporting (i.e. when theresearcher became aware of the event, and when the trial centre wasnotified) are documented.

10. Should the event be initially reported orally (e.g. by telephone), a written report should follow within 24 hours.

11. Note that for specific trials, certain kinds of event may be exempted from immediate reporting – this will be documented in the protocol.

12. Respond promptly to requests for additional information from the Sponsor, and send follow-up reports as required to document the progress of the event.

14. Copies of all correspondence (including emails) relating to the SAE should be retained in the patients individual patients research records or master site file including summaries of telephone conversations. All conversations with the study centre must be documented on the communications log. Reasons for late reporting must be documented on the SAE form and in the patients research records or the master site file.

15. Pregnancy in a patient or in the trial should always be reported to York Trials Unit.

York Trials Unit is responsible for:

7a. Promptly notifying any investigators, RECs and Competent Authorities (CAs) (e.g. Medicines and Healthcare Products Regulatory Agency/ Funder) of any findings that may affect the health of the subjects.

7b. Keeping detailed reports of all AEs reported and performing an evaluation with respect to seriousness, causality and expectedness.

7c. Reporting all unexpected and related AEs to CAs and RECs within given timelines.

7d. Breaking treatment codes before submitting expedited reports to CAs and RECs for specific subjects, even if the PI has not broken the code.

7e. Setting up of an independent Data Monitoring Ethics Committee (DMEC) with the role to monitor data and make recommendations to the Trial Steering Committee (TSC) on whether there are any ethical or safety reasons why the trial should not continue.

7f. Reporting to the TSC and DMEC on a regular basis the occurrence of all AEs and the immediate reporting of any unexpected or related SAEs.

Data Monitoring Ethics Committee (DMEC) and the Trial Steering Committee (TSC).

The occurrence of adverse events during the trial will be monitored by an independent Data Monitoring Ethics Committee (DMEC) and the Trial Steering Committee (TSC). The DMEC/TSC will immediately see all SERIOUS adverse events thought to be treatment related. They will see the following events at the next scheduled meeting:-

- Serious adverse events not thought to be treatment related by the Trial Management Group
- Non-serious adverse events thought to be related to the treatment
- Non-serious adverse events thought to be unrelated to the treatment

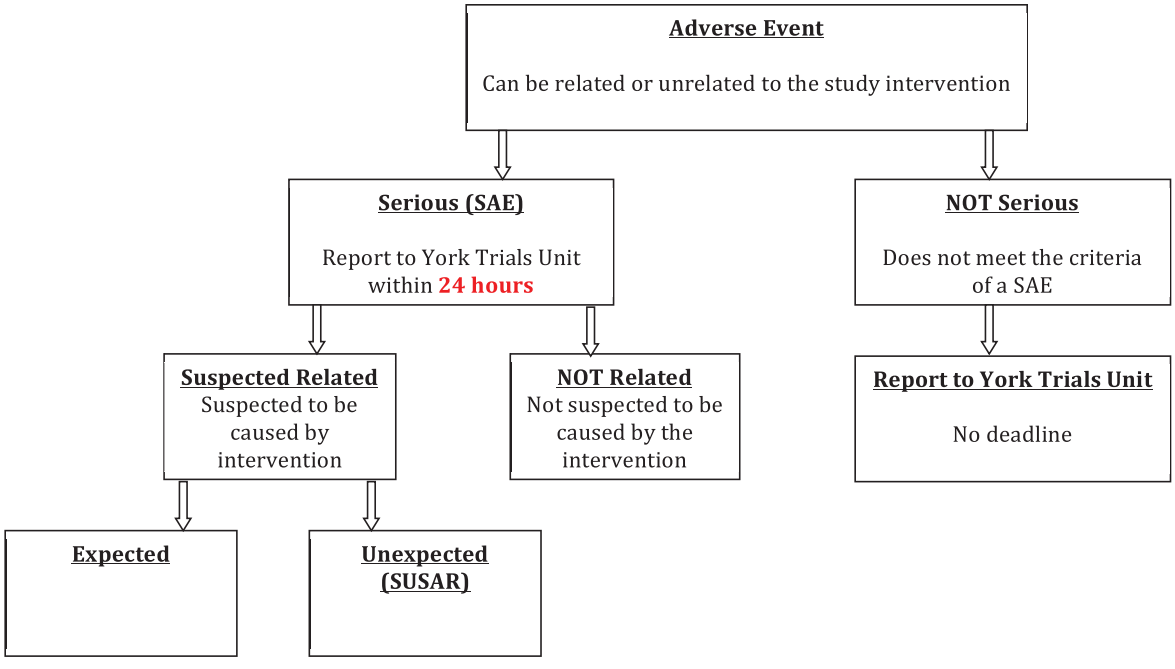
4. REFERENCES AND FURTHER READING

ICH Harmonised Tripartite Guideline for Good Clinical Practice (1996)
The Medicines for Human Use (Clinical Trials) Regulations 2004 Statutory Instrument 2006/1031, implemented 1st May 2004, as amended.
Some of the text of this SOP adapted from:
National Cancer Research Network SOP, Study files and filing, 2004.

5. APPENDICES

Appendix A - Classification of Adverse Event
Appendix B - SCIMITAR Adverse Events Collection Form

APPENDIX A



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Patient Trial Number

Date of birth (day / month / year)

Date of onset of event (day / month / year)

How were you notified of the event? **Date notified:**

Full description of the event:
(including any current medication)

The local research team deem this event to be: **SERIOUS** ☐ **Non-Serious** ☐

Classification if SERIOUS:

- Death ☐
- Persistent or significant disability/incapacity ☐
- Hospitalisation required/prolonged ☐
- Is a congenital anomaly or birth defect ☐
- Is life threatening ☐
- Other medically important condition ☐

Please state outcome of event at time of this report (tick one box only)

- Recovered fully ☐
- Recovered partially ☐
- Died ☐
- Ongoing ☐

Date recovered / died (Day / Month / Year)

Researcher Name

Signature

Date

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Relationship of the event to any of the research procedures ***(to be completed by reviewer)***

Unrelated	Unlikely to be related	Possibly related	Probably related	Definitely related	Not able to assess if related
☐	☐	☐	☐	☐	☐

Any further important information:

Is this event expected

(Is the adverse event an expected or common occurrence in this patient group)

☐ *Yes* ☐ *No*

Ongoing Notes if Applicable ***(to be completed by York Trials Unit if patient is followed up)***

Date

Reviewed by

Reviewer's signature