

# **HOW TO REPORT ADVERSE EVENTS**

Protocol number: ISRCTN62396133 Version 1.0; date 05 April 2019

# **ASSESSING PARTICIPANTS FOR ADVERSE EVENTS**

- The medical records should be checked daily for any reported medical problems
- Additionally, participants should be asked an open question e.g. Have you had any new problem since yesterday?
- Any event reported by the participants should be checked against the Protocol to see if onward reporting is needed

# DEFINITIONS

Adverse event (AE)	<ul> <li>Any untoward medical occurrence in a participant to whom a medicinal product has been administered, including occurrences which are not necessarily caused by or related to that product.</li> <li>An AE can therefore be any unfavourable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of an investigational medicinal product (IMP).</li> </ul>
Serious Adverse Event (SAE)	<ul> <li>A serious adverse event is any untoward medical occurrence that:</li> <li>results in death;</li> <li>is life-threatening;</li> <li>requires inpatient hospitalisation or prolongation of existing hospitalisation;</li> <li>results in persistent or significant disability/incapacity</li> <li>other 'important medical events' may also be considered serious if they jeopardise the participant or require an intervention to prevent one of the above consequences.</li> </ul>

# DEFINITIONS

Adverse Reaction (AR)	Any untoward and unintended response in a participant to an investigational medicinal product which is related to any dose administered to that participant. The phrase "response to an investigational medicinal product" means that a causal relationship between a trial medication and an AE is at least a reasonable possibility, i.e. the relationship cannot be ruled out.
Serious Adverse Reaction (SAR)	An adverse event that is both serious and, in the opinion of the reporting investigator, believed with reasonable probability to be due to the trial treatments, based on the information provided.
Suspected Unexpected Serious Adverse Reaction (SUSAR)	A serious adverse reaction, the nature and severity of which is not consistent with the information about the medicinal product in question set out in the in the Investigator's Brochure (IB).

# WHAT SHOULD BE REPORTED?

#### **1. WHILE THE PARTICPANT IS IN HOSPITAL:**



Any <u>untoward</u> medical event that occurs **up to 42 days** after randomisation and **NOT** collected on the outcome form

### What does not need to be reported :

- Data already collected on the outcome form
- Events that are part of the natural history of anaemia, PPH or childbirth, or expected complications of these
- Events relating to a pre-existing condition or any planned hospitalisations for elective treatment of a pre-existing condition

If in doubt: Please call the 24-hour helpline for advice or email woman2@lshtm.ac.uk

# WHAT SHOULD BE REPORTED?

### **2. AFTER PARTICIPANT DISCHARGE**



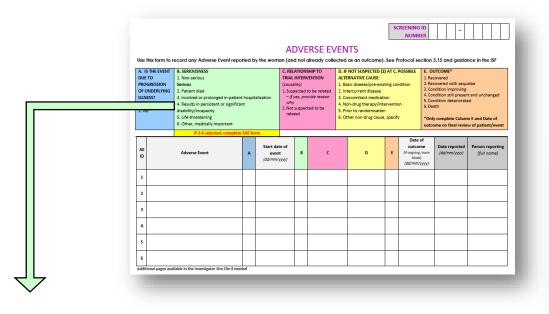
After discharge, <u>any</u> untoward medical event, which develops **up to 42 days** after randomisation **(including those listed on the outcome forms)** 

• All participants should be given an ALERT CARD at discharge which contains information on who to contact if they develop any problems

If in doubt: Please report or call the 24-hour helpline for advice



- Record all Adverse Events (AEs) in the Case Report Form (CRF) Booklet
- The report can be completed by any clinical member of staff and should be completed at first knowledge of the event



- If the event meets **ANY** of the 'seriousness' criteria, a Serious Adverse Event (SAE) report form should also be completed
- Copies of the SAE report form can be found in the Investigator Site File, Section 4

SITE NAME	5	ITE ID			COUNTRY		
PARTICIPANT INITIALS	rst Last II	CREENING	-		BOX- PACK	-	
TRIAL TITLE: Tranexa randomised, double-bl	ind, placebo controlle	d trial				wen	nan2
	se this form to repo er to the Protocol/St	rt any serious	adverse ever		42 days after		
Report type (circle)	Initial	,	w-up	1. Age	while the par		ospital
2. Serious Adverse E	vent in medical ter	ms (diaanosis	needed – avo	id signs and sympto	oms if nossible	e)	ars
						-7	

### **Event Medical Term and Seriousness Criteria**

#### Adverse event medical term

- Record only <u>one</u> diagnosis per event/form
- Multiple diagnoses needed to be reported separately
- Signs and symptoms should be avoided unless diagnosis/cause is unknown

#### Seriousness criteria

- Indicate ALL that apply can be more than one
- Should be an assessment of the seriousness in relation to the specific event only, not the participant status as a whole

### Causality

#### **Assessment of causality**

• The site PI or medical delegate must assign a causality using the definitions in the table below:

Relationship	Description
Suspected to be related	There is evidence to suggest a causal relationship with administration of the trial treatment and the influence of other factors is unlikely.
Not suspected to be related	There is little or no evidence to suggest there is a causal relationship (e.g. the event did not occur within a reasonable time after administration of the trial treatment). There is another reasonable explanation for the event (e.g. the participant's clinical condition, other concomitant treatment).

### **Event follow up and outcome**

- Some serious events may take longer to resolve and the final outcome may not be available at discharge
- Events will require follow-up until the event has stabilised or resolved
- A follow-up report (new SAE form but follow-up/indicated at Q2 'Report type') should be completed when any additional/new information becomes available e.g. change in the patients status from 'condition improving' to 'resolved'
- There may be more than one follow up form between the initial report and resolution of the event
- All changes between initial and follow up should be reflected on the follow up form.
   E.g. if patient has received additional treatment for the adverse event, Q12 'Action taken' should be updated in line with this

# **COMPLETING THE ADVERSE EVENT FORM (IN CRF BOOKLET)**

- Complete one line per event reported
- For questions A-E, use the coloured key to find the correct response and enter the corresponding number into the table
- If the event meets any of the seriousness criteria, i.e. if B is any of 2-6, a Serious Adverse Event form needs to be completed **in addition to the AE form**

										S	REENING			-					
Use	this form to r	ecord any Adverse Event repo	rted b	y the worne				E EV dy colle			See F	rotocol se	ction 3	.15 a	nd guid	lanc	e in t	he IS	F
DUE PRC OF U		<ul> <li>B. SERIOUSNESS</li> <li>1. Non-serious</li> <li>Serious</li> <li>2. Patient died</li> <li>3. Involved or prolonged in-patient</li> <li>4. Results in persistent or significant disability/incapacity</li> <li>5. Life-threatening</li> <li>6. Other, medically important</li> </ul>		alisation	TRIAL (causa 1.Susp – if ) why	ected t ves, pro	/ENTIO	DN related eason	ALTE 1. Ba 2. Int 3. Co 4. No 5. Pri	NOT SUSPECTED (2) RNATIVE CAUSE: sic disease/pre-exist tercurrent disease incomitant medication on-drug therapy/inte- ior to randomisation ther non-drug cause,	ting con on ervention	ndition on	3. Con 4. Con 5. Con 6. Dea *Only	overed dition dition dition th comp		ng ent a ated	and un E and I	Date o	f
AE ID 1		If 2-6 selected, complete Adverse Event	A A	rm Start dat even (dd/mm/)	t	в		с		D	E	Date o outcon (if ongoing, blank) (dd/mm/)	ne leave		e reporte (mm/yyyy)		Persor (ful	n repo II nami	-

## **COMPLETING THE SERIOUS ADVERSE EVENT FORM**

- Any event that meets any of the seriousness criteria should be recorded on the SAE form in addition to the AE form
- All 3 pages must be completed per serious adverse event

51	ITE NAME		4	SITE ID			COUNTRY			
1	ARTICIPANT NITIAL5	First		CREENING D	-		BOX- PACK	_		
	RIAL TITLE: Tra andomised, dou				eding in wome	en with anaemia: an inte	ernational,	woma	n2	
L	SERIOUS ADVERSE EVENT REPORT FORM									
•						nt that occurs up to 4 need to be reported v			tal	
R	eport type (ci	rcle)	Initial	Follo	w-up	1.470				
	1. Age years									
2.	. Serious Adve	erse Event in	medical ter	r <b>ms</b> (diagnosis	needed – av	oid signs and symptor	ms if possible)	)		
2.	. Serious Adve	erse Event in	medical ter	r <b>ms</b> (diagnosis	needed – av	oid signs and symptor	ms if possible)	)		
2.	. Serious Adve	rse Event in	medical ter	r <b>ms</b> (diagnosis	needed – av	oid signs and symptor	ms if possible)	)		
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				rms (diagnosis	needed – av		ms if possible)			
3.	. Serious Adve . Is the event onderlying illne	due to progr		rms (diagnosis	needed – av	oid signs and sympton 4. Onset of first signs/symptoms of			year	

# FORM COMPLETION TIPS

- Please write **clearly** on all paper forms
- All fields must be completed do not leave <u>any</u> fields blank.
  - > If there is no information to record, write NK (not known) or NA (not applicable)
- The information supplied must be consistent and fully representative of the data recorded on the source data i.e. medical records and other data forms
- Guidance for completing the questions is provided in Trial Procedures File, 8.2

Once the initial paper report is complete, enter into the database within <u>24 hours</u> of notification of event:

See presentation 'The Trial Database and Online Data Queries' for guidance on database entry

https://ctu-auth.lshtm.ac.uk/woman2/

IF YOU NEED URGENT ADVICE ABOUT REPORTING AN ADVERSE EVENT PLEASE CALL +44(0)7768 707500

# **PRINCIPAL INVESTIGATOR CERTIFICATION**

- When an event is resolved, and the final follow-up form received, there will be a request for Principal Investigator (PI) certification
- It is the PI's responsibility to:
  - Review the adverse event in its entirety (initial and any follow-ups)
  - Confirm that the final report form is accurate according to the medical records, and are representative of the whole event
  - > Confirm the final diagnosis
  - Record their name, date and signature (Q21 on the paper form for SAE, or page 41 on CRF booklet for AE)
  - > Update the PI certification fields on the database

# **COMPLETING PI CERTIFICATION ON THE DATABASE**

- The PI will receive an email once an event is ready for certification •
- The email link will take PI directly to the adverse event •
- PI must review Adverse event data and once happy, complete 'Principal Investigator' tab •

倄 Home > Patient > Vie	ew	🖀 Home > Adverse Ev	ents > View	A Home > CrfPlCertification > Add				
Patients		1 To patient		Adverse Event     Adverse Events				
atabase entry #	5	AE ID #8 -	Patient Trial ID: 2010-202	Add Pi Certification				
reening ID	100-00004			1. PI certification provided as confirmation that all information present is accurate and representative of the event as a who				
ndomisation status	Randomised	Patient Details		Pl certified				
x-pack	2010-202	Country	United Kingdom	Not certified				
e   Country	Sunnyside Hospital   🎛 United Kingdom	Site & Site ID	Sunnyside Hospital, #10	2. Comments				
urce of data	Online	Patient Initials	AA					
tient initials	AA	Patient Trial ID	2010-202					
te of randomisation	29/11/2018	(Participant ID)	2010 202					
tient outcome		DOB or Age	(age 25)	2a. A final version of this adverse event and all correspondence regarding any data amendments must be stored in the site Study File. Please confirm that you have printed all forms and correspondence and stored these in your Study File				
		Patient Start Date	29/11/2018	Ves				
aseline Outcome	Queries Adverse Events	Patient Start Time		◎ No				
+ Add Adverse Event		Patient Outcome		Pin				
SAR #2 Nausea		Patient Outcome Date		By entering my pin below I declare that the information presented in this Case Record Form accurately reflects the medical records, including the results of tests and evaluations performed on the dates specified				
Query ID 2	hello	raten outcome bate		*Note: does not evaluations performed on the dates specified				
SAR #3 Pneumonia	View PI Certification	Adverse Event Report For	m PI Certification Querits					
		🖋 Add		🖺 Submit				
SAE #8 Allergic reaction	>							
	-							
	ant record and	Click o	n PI Certification tab	Complete fields and press 'Submit'				

Find patient record and adverse event to certify **Click on PI Certification tab** and 'add'

## FOR FURTHER GUIDANCE PLEASE SEE:

- Trial Procedure file, section 8:
- 1. Adverse Event reporting flowchart, guidance number 8.1
- 2. Guidance on Adverse Event Reporting, guidance number 8.2
- Trial protocol (Section 3.15)

<b>T</b> 4 7	100	GUIDANCE NUMBER 8.1	PORTING FLOWCHART waman2
- VV	69	Adverse Event (AE): "Any untoward medical occur clinical trial".	rence affecting a trial participant during the course of a
• •			very Event does not require
TRANEXAMIC ACID		Is the event already captured on the outcome form?	YES Event does not require reporting as an Adverse Event
WOMEN WITH ANA B	LIND, PI	Adverse Event (AE) - Record on the paper Adverse Event form in the CRF - Report this to the CTU by entering into the WOMAN	booklet -2 database within <u>24 hours</u>
С	LINIC	Does the event fulfil any of the following seriou	
	Protocol N NCT (clinic	results in death     is life threatening     requires in-patient hospitalisation or prolongation of e     results in persistent or significant disability/incapacity	GUIDANCE NUMBER 8.2 wstman2
	NUMI	other, medically important	GUIDANCE ON ADVERSE EVENT REPORTING
FINAL VERSION	10	Serious Adverse Event (SAE)	REPORTING - POINTS TO CONSIDER
AMENDMENT	1.0	<ul> <li>Complete a paper Serious Adverse Event report fo</li> <li>Report this to the CTU by entering into the WOMA</li> </ul>	Ensure the participant is assessed daily for any untoward medical events     If there is an untoward medical event, assess if this meets the adverse event reporting criteria
		CAUSALITY Does the investigator / CTU suspect that the SAE is possibly linked to the trial drug?	WHAT TO REPORT Any adverse event as defined in the Trial Protocol that occurs up to 42 days after randomisation See Protocol Page 20 for full adverse event definitions
AMENDMENT	1.2	YES	Consider: o is the event untoward for that participant or the natural history of the primary trial disease under
	-	Serious Adverse Reaction (SAR)	investigation i.e. anaemia > low haemoglobin? o Is it a new medical occurrence, not present prior to randomisation?
		Is the SAR expected?	<ul> <li>Has a pre-existing chronic condition appeared to worsen post-randomisation?</li> <li>Is it an event that is NOT already reported on the outcome form e.g. PPH, anaemia, vomiting etc.?</li> </ul>
		CTU to assess against Reference Safety Information	IF YES = REPORT
		All SAEs, SARs and SUSARs are reported through an annual report to the relevant Regulatory Authorities	Record all Adverse Events (AEs) in the Case Report Form (CRF) Booklet. Complete one row per Adverse Event
	_	and Ethics Committees. Report includes:	ADVERSE EVENTS To the base of an adverse to the second or adverse to the second or the base of the bas
		Ist of SAEs, SARs and SUSARs     Data Monitoring Committee report	Network         Name
		Reported annually on the anniversary of the first Regulatory agency approval.	
		Regulatory agency approval.	
		The Site File contains:	
		Guidance on AE Reporting for the WOMAN-2 trial (Tria     Additional copies of AE CRF (from CRF booklet) and bla     Completed AE forms and SAE report forms should be	
		box file 1 CTU will coordinate the reporting to all relevant Ethics C	<ul> <li>If the event meets ANY of the seriousness criteria (i.e. any of 2-6 in Column B), a Serious Adverse Event</li> </ul>
		IF URGENT ADVICE REQUIRED: CTU emergency number +44	(SAE) report form should also be completed. Copies of the SAE report form can be found in the Investigator Site File, Section 4
			All adverse event data (serious and non-serious) should be entered directly
			into the database within 24 hours of completion. See How to use the trial database and send trial data, guidance number 7.6 for instructions
			In the rare event you are unable to access the database in time, you may send adverse event data to the CTU via email or fax (details on the forms)
			Additional copies of the AE form can be found in the Investigator Site File, Section 4
			WDMAN-2 Guidance on Adverse Events Reporting 1944 v1.0, 07 January 2015 Protocol Number: ISRCIN62396133 Page 1 of 4



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