

# Standard Operating Procedure CCTU/SOP002

## Pharmacovigilance Process for Investigator Teams

### 1. Scope

For use by Chief Investigators working on Cambridge Sponsored CTIMPs that have been delegated the responsibility for pharmacovigilance by the Sponsor.

### 2. Purpose

To document the responsibilities delegated to the Chief Investigators by the Sponsor.

To provide clear guidance to ensure that adverse events are appropriately recorded, reviewed, and reported to the Research Ethics Committee (REC) and the Medicines and Healthcare Products Regulatory Agency (MHRA).

### 3. Definitions and Abbreviations

The headings below contain the definitions of terms and meaning of abbreviations used within the document.

#### 3.1. Definitions

Term	Definition
Cambridge Sponsored	Sponsored by Cambridge University Hospitals NHS Foundation Trust (CUH); or the University of Cambridge (UoC); or jointly by CUH and UoC OR Sponsored by: Cambridge University Hospitals NHS Foundation Trust (CUH) or CUH jointly with the University of Cambridge or Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) or CPFT jointly with the University of Cambridge
Form	CCTU/FRM001 for SAE/SAR/SUSAR in this SOP all are referred to as reporting form
eSUSAR	Electronic reporting of SUSAR's to the MHRA
Adverse Event (AE)	Any untoward medical occurrence that happens to a patient or research participant to whom investigational medicinal product has been administered in a clinical trial, which may or may not necessarily have causal relationship with the research being undertaken.
Adverse Reaction (AR)	An untoward and unintended reaction that is considered to be related to the administration of the IMP.
Serious Adverse Event (SAE)	Any AE or effect that at any dose: Results in death Is life threatening Requires hospitalisation or prolongation of existing hospitalisation

	Results in persistent or significant disability/incapacity Is a congenital anomaly/birth defect Is an other important medical event
Serious Adverse Reaction (SAR)	An SAE that is considered to be possibly, probably or definitely related to the IMP.
Suspected Unexpected Serious Adverse Reaction (SUSAR)	An adverse reaction, which is both serious and unexpected, i.e. the nature or severity of which is not consistent with the applicable product information and which fulfils one or more of the criteria listed above for SAE.
Pharmacovigilance	Pharmacovigilance is the on-going monitoring of the safety profile, combined with the on-going assessment and evaluation of the risk-benefit of medicines. This process is important to identify adverse reactions, identify previously unrecognised adverse reactions and changes in patterns of known adverse reactions. Pharmacovigilance is the key activity to prevent harm to the trial participant and patients by ensuring that medicines put onto the market are safe.

### 3.2. Abbreviations

Abbreviation	Meaning
CUH	Cambridge University Hospitals NHS Foundation Trust
SAE	Serious Adverse Event
SAR	Serious Adverse Reaction
SUSAR	Suspected Unexpected Serious Adverse Reaction
DSUR	Developmental Safety Update Report
MHRA	Medicines and Healthcare Products Regulatory Agency
REC	Research Ethics Committee
IMP	Investigational Medicinal Product
nIMP	Non-IMP
ISF	Investigator Site File

### 4. Undertaken by

This SOP applies to Chief/Principal Investigators and their trial teams involved in the management of Cambridge Sponsored CTIMPs.

### 5. Items Required

- CCTU/FRM001 SAE/ SAR Reporting Form
- CCTU/FRM003 Pregnancy Reporting Form
- CCTU/FRM004 Other Important Safety Issues
- CCTU/SOP029 Data Transfer

### 6. Summary of Significant Change

Removal of references to fax machines

### 7. Method

The following sections provide a description of the processes to be followed when implementing this document's procedures.

The Sponsor expects all adverse events to be recorded from the point of informed consent regardless of whether a patient has yet received IMP, except in exceptional circumstances and with prior agreement from the Sponsor.

#### 7.1. Documentation

All events must be recorded using trial specific reporting forms. These will be generated by the PV team prior to trial initiation.

CCTU/FRM001 SAE/ SAR Reporting Form

CCTU/FRM003 Pregnancy Reporting Form

CCTU/FRM004 Other Important Safety Issues

#### 7.2. Adverse Events (AEs)

All AEs should be recorded by the Investigator in the medical notes as source data. They should also be captured in the AE Case Report Form (CRF) which should be kept and filed as part of the CRFs.

AEs should be recorded for each trial participant.

For blinded trials involving a placebo and an active drug, AEs should be evaluated as though the participant is receiving active drug. Where an AE is classed as serious the trial specific SAE/ SAR reporting form (CCTU/FRM001) should be completed. SAE/SAR forms should be filed in the ISF and the TMF.

#### 7.3. Serious Adverse Events (SAEs) Assessment

All AEs should be assessed by the Investigator (or delegate) for:

- Seriousness
- Expectedness of the event
- Causality between the investigational medicinal product(s) and/or concomitant therapy and the adverse event

##### 7.3.1. Seriousness:

An Adverse event becomes serious if it:-

- Results in death
- Is life threatening\*
- Requires hospitalisation or prolongation of existing inpatient hospitalisation
- Results in persistent or significant disability or incapacity
- Is a congenital anomaly or birth defect
- Other important medical event

*\*Life threatening in this case refers to an event where the participant's life was endangered at the time of the event. This is not an event that could have hypothetically caused death if it had been more severe.*

*This assessment is based on the medical judgement of the Investigator.*

### 7.3.2. Causality/Relatedness:

The CI/PI or delegate must make a decision on the causality/ relatedness of the event to the IMP. As per protocol, for example:

Relatedness	Expected	Unexpected
Definitely	SAR	SUSAR
Probably	SAR	SUSAR
Possibly	SAR	SUSAR
Unlikely	SAE	
Not Related	SAE	

#### Note:

The Sponsor cannot downgrade an Investigator's causality assessment, if the Sponsor disagrees that the event is related to the drug, clarification will be sought from the Investigator. If the Sponsor still disagrees both opinions must be provided with the report. Note that the same applies for the assessment by the Chief Investigator, who cannot downgrade a Principal Investigator's assessment of relatedness. However, up-grading is possible.

### 7.3.3. Expectedness:

Expectedness should be based on the trial specific reference safety information that has been approved by MHRA; this could be either information in the Protocol, in the Investigator's Brochure or in the Summary of Product Characteristics.

#### Note:

It is possible to list common expected side effects of an IMP clearly in the protocol. With prior agreement from the Sponsor, Regulatory Authority and the REC, these SARs can be excluded from the normal reporting process and timelines although they still need to be recorded.

It is also possible to list SAEs which do not need to be recorded and reported (those known to be common in an underlying disease i.e. death due to disease progression in cancer)

Other Points to consider when assessing SAE/SAR/SUSARs:

Could the event be as a result of a drug-drug interaction between the study IMP and a concomitant medication?

Could the event be as a result of a reaction to a study placebo?

Could the event be as a result of a reaction to a non IMP (NIMPs) also used in the trial?

All SUSARs associated with a comparator product in the clinical trial must be reported to the MHRA, the REC and the Sponsor, even if the product is authorised.

The Study team should also report SAEs associated with comparator products to the Sponsor as normal.

Events associated with placebo will usually not satisfy the criteria for a serious adverse drug reaction and therefore will not require expedited reporting. However, where SUSARs are causally associated with placebo (e.g. if the reaction due to an excipient), these should be reported as a SUSAR.

Reactions to comparators or placebos that do not satisfy the criteria for a serious adverse drug reaction can be reported as Other Important Medical Events if the Chief Investigator feels that this is appropriate.

Where there is a possibility of interaction between a nIMP and an IMP, these events must be reported as SUSARs (there is no need to report as a SUSAR if no interaction with the IMP is suspected).

Note: If it is not possible to determine if a SUSAR is related to IMP or nIMP then following the most conservative approach a SUSAR should be attributed as related to IMP

### 7.4. Reporting Procedure for Participating Sites

Principal Investigators at Participating sites are requested to report to the Chief Investigator as specified in the protocol.

The minimum information required for reporting is:

- An identifiable participant (i.e. date of birth, sex and participant number).
  - A suspected investigational medicinal product
  - An identifiable reporting source (Centre ID or Site Number)
  - An adverse event assessed as serious and for which there is a reasonable suspected causal relationship.
  - The EudraCT number and/or Sponsor Trial identifier must be used in all submissions.
  - Date of onset of the event
1. This information is recorded using the trial specific SAE/SAR Reporting Form (CCTU/FRM 001), the original should be retained in the ISF
  2. A copy should be scanned and attached to an email and sent to the appropriate addresses as specified in the protocol (usually to Chief Investigator).

### 7.5. Reporting Procedure for Chief Investigators to the Sponsor

It is the Chief Investigator's responsibility to forward all reporting forms received from participating sites to the CCTU PV team who collate the reports on behalf of the Sponsor.

- Following receipt of event information, the CI should review and assess the report, ensuring that causality, expectedness and seriousness have been provided correctly. Assessment of the need for any follow-up queries should

be undertaken. Ensure that any patient identifiable information is deleted. Refer to CCTU/SOP029 Data Transfer

- Following assessment, those events identified as SUSARs should be reported within the relevant timelines (see section 7.7)
- A copy of the reporting form should be scanned and attached to an email to the CCTU [cctupharmacovigilance@addenbrookes.nhs.uk](mailto:cctupharmacovigilance@addenbrookes.nhs.uk)
- Ensure the email subject line gives details of Study, Participant ID and the coordinating site Event Reference No.
- The Chief Investigator is also responsible for ensuring the follow-up of these events at their participating sites until solution

### 7.6. Event Queries / Follow-up

Event queries can be requested from participating sites by the Chief Investigator by email. Requests for information must include the following information to assist identification of the event being queried:

- Participant ID
- Event Name
- Onset Date
- Information requested
- Any other relevant information

When a query response is received from a participating site:

- Document and retain with the original event data in the CRF
- Forward to the CCTU as a follow-up report, within 24 hours of receipt

*If SUSAR was downgraded following a re-assessment of causality then it is expected that full justification of performed amendments will be provided by Principal Investigator to the Sponsor*

#### SAE Timelines

Action	Timeline
Reporting to the CI from Participating sites	24 hours of Principal Investigator awareness
Reporting SAE/SAR to Sponsor by sending it to CCTU PV team	1 working day of Chief Investigator awareness
Reporting SUSAR to Sponsor by sending it to CCTU PV team (Initial and Follow up reports)	24 hours of Chief Investigator awareness
Reporting SUSAR to MHRA, REC & all Investigators concerned of relevant information by Chief Investigator	7 days – fatal and life threatening 15 days – all others
Returning query responses to CCTU PV team	As advised in query, depending on the nature of query and urgency

### 7.7. Suspected Unexpected Serious Adverse Reactions (SUSARs)

All SAEs considered to be both related to the IMP and unexpected are identified as SUSARs and are subject to expedited reporting

- The Chief Investigator must submit the initial report to the MHRA, REC and send a copy to the Sponsor within statutory timelines (7 days for fatal and life threatening (new information for an initial report could be submitted within additional 8 days) and 15 days for all others)
- The Chief Investigator should submit follow up SUSAR report to the MHRA, REC and send a copy to the Sponsor within 15 days from the Sponsor first obtaining significant new information
- The Chief Investigator or designee must enter the relevant data onto the eSUSAR reporting system for each SUSAR
- A SUSAR report can be printed off this system after completion. A copy of this report should be provided to CCTU PV team who collate these on behalf of the Sponsor
- The minimum regulatory requirements to be contained in the SUSAR documentation are:
  - Participant ID (i.e.: date of birth, sex and participant number)
  - A suspected investigational medicinal product
  - An identifiable reporting source
- An adverse event assessed as serious and unexpected and for which there is a reasonable suspected causal relationship
- The EudraCT number and/or Sponsor's protocol code must be used in all submissions
- The SUSAR deadline date will be confirmed by the CCTU PV team (due date should be defined by date of first knowledge by the sponsor of SUSAR case)

### 7.8. SUSARs in Blinded Trials

- For blinded CTIMPs, SUSARs must be unblinded prior to reporting to the MHRA, REC and pharmaceutical company (if required by the contract)
- The CTC or designee not directly involved in the patient management, data-analysis or interpretation of results could perform unblinding
- Upon receipt of a SUSAR from a site, the CTC/designee will forward it to the CCTU PV team within 24 hours of the CI/CTC awareness
- Following receipt the CCTU PV team will review the form and request the CTC/designee to verify if a potential SUSAR is reportable
- The CTC/designee will unblind a participant's allocation following their own processes
- If after unblinding it is evident that the participant received the IMP, the CTC/designee will follow the procedures described in sections 7.7 and 7.8
- If after unblinding it is evident that the participant received a placebo the event would not require expedited reporting via the SUSAR website, unless in the opinion of the PI the event was related to placebo (e.g. an allergic reaction to an excipient)

- To reduce the potential for bias occurring following a SUSAR, each trial must clearly document their procedures and the location of the unblinding information to ensure that all relevant trial personnel remain blinded

### 7.9. Pregnancy

If a trial participant or partner becomes pregnant while on the trial, this must be reported by the Participating Site to the CI and by the CI to the Sponsor (by sending the reports to the CCTU).

**Please note:**

Pregnancy ONLY becomes an SAE/SAR/SUSAR if the mother or the foetus suffers any complication of pregnancy or childbirth or any abnormality which fulfils any serious criteria.

- a. Once informed of the pregnancy of:
  - A trial participant
  - The partner of a trial participant
- b. Complete the Pregnancy Reporting Form CCTU/FRM003
- c. Forward to the CCTU as a scan to:  
[cctupharmacovigilance@addenbrookes.nhs.uk](mailto:cctupharmacovigilance@addenbrookes.nhs.uk)
- d. If the mother is not the trial participant consent must be obtained in order to closely monitor the pregnancy
- e. Any complications in the progression of the pregnancy should be reported as follow up information on a new form, or if serious on a SAE form. Provide enough administrative details to identify the event and the participant and then only enter new information
- f. Once the outcome of the pregnancy is determined, any untoward event may qualify as a Serious Adverse Event and the CI must assess for the causality of this event and relatedness to the study drug
- g. If the treating clinician decides that the adverse outcome was due to the IMP the pregnancy becomes a SAR or SUSAR and should be reported as such

### 7.10. Multicentre Trial SUSARs

It is the Chief Investigators responsibility to alert other investigators that a SUSAR has occurred. This must be done in a timely manner and can be in the form of:

- A regular report
- A newsletter/ safety alert
- An email alert

### 7.11. Other Important Safety Issues

Other safety issues which are subject to expedited reporting include but are not limited to:

- Single case reports of an expected Serious Adverse Reaction which have an unexpected outcome (i.e. a fatal outcome)
- An increase in the rate of occurrence of an expected Serious Adverse Reaction, which is judged to be clinically significant
- Post trial SUSARs that occur after a participant has completed a clinical trial



- A new event relating to the conduct or the development of a clinical trial:
  - A serious adverse event relating to trial procedures and which could modify the conduct of the trial
  - Lack of efficacy of an IMP used for the treatment of life threatening disease
  - A major safety finding from a newly completed animal study

In these cases:

- Complete CCTU/FRM004 Other Safety Issues and forward to the CCTU in a timely manner
- Follow CCTU/SOP019 Urgent Safety Measures and Temporary Halt for CTIMPs if applicable
- To report follow up information complete the administrative details to enable the event and the trial to be identified. Only record new information about this specific event
- If you are in any doubt of whether an event should be classed as an Other Safety Issue contact the CCTU who can facilitate prompt discussion and clarification with the Sponsor

### **7.12. Developmental Safety Update Reports**

Refer to CCTU/SOP003 Developmental Safety Update Report for details.

## **8. Monitoring Compliance with and the Effectiveness of this Document**

### **a. Process for Monitoring Compliance and Effectiveness**

As part of routine monitoring visits, audit and inspection

### **b. Standards/Key Performance Indicators**

This process forms part of a quality management system and is reviewed according to CCTU procedures. Standard Operating Procedures are reviewed every two years.

## **9. References**

The Institute of Clinical Research, Abbreviations used in Clinical Trials.  
MHRA, Good Clinical Practice "Grey Guide"

The medicines for Human Use (Clinical Trials) regulations 2004

Detailed guidance on the collection, verification and presentation of adverse event/reaction reports arising from clinical trials on medicinal products for human use ('CT-3')

## **10. Associated Documents**

CCTU/SOP003 Development Safety Update Report and the Annual Progress Report for Investigators

CCTU/SOP019 Urgent Safety Measures and Temporary Halt for CTIMPs

### 11. Equality and Diversity Statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

### 12. Disclaimer

It is the user's responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

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