

PROCESS FOR REPORTING SERIOUS ADVERSE EVENTS

Investigators must promptly report to the REB all adverse events that are both serious and unexpected and any new information regarding the safety of research subjects. Based on international guidance documents (ICH E2B (R3 - <http://www.ich.org/LOB/media/MEDIA632.pdf>), the following always constitute SAEs: congenital anomalies, significant disability or incapacity, prolonged hospitalization, and any other life-threatening or medically-important events. Occasionally, changes to the study documentation are required as a result of these events. These revised documents must be submitted to the office for approval.

The reporting form provided on page 61 can be used for this purpose. The Chair and the Pharmacy representative to the board review the SAE reports regularly. These SAEs are also presented to the REB members for their review. A signed copy of the report will be returned to the Research Assistant or Primary CHEO Site Investigator. Please submit two copies of this submission form (with appropriate documentation), or you may submit reports directly from the sponsor.

The investigator must verify the dose and administration of all study medications associated with SAEs having occurred at CHEO (see Policy with respect to considering Medication Error in the Differential Diagnosis of Severe Adverse Events (SAE) Associated with Drugs Administered in a Clinical Trial, please see page 63. Also, listed on CHEONET, at http://cheonet/data/1/rec_docs/3792_Medical%20Error%20Policy%20revised%20january%2020061.doc

POLICY WITH RESPECT TO CONSIDERING MEDICATION ERROR IN THE DIFFERENTIAL DIAGNOSIS OF SEVERE ADVERSE EVENTS (SAE) ASSOCIATED WITH DRUGS ADMINISTERED IN A CLINICAL TRIAL

Manual/Section: Clinical Manual/Other	Policy No. OTH-2
Key Words: Severe Adverse Events, Clinical Trials, Medication Error, Research	

- 1. PURPOSE:** 1.01 To ensure that medication error is considered in the differential diagnosis of local SAEs associated with the drugs administered in a clinical trial.
- 2. POLICY:** 2.01 In the event of a local SAE, the QI (Qualified Investigator; or his/her representative) must re-compute the drug dosing and administration using the research protocol as a source document. The study pharmacist must similarly retrace the steps involved in the drug preparation.
- 2.02 The local SAE report submitted to the CHEO REB must be signed and dated by the QI (or his/her delegate) and clearly indicate that the dosing and administration of drugs associated with a local SAE were verified.
- 2.03 The QI (or his/her delegate) must also notify other research staff (including the study pharmacist) of the occurrence of a local SAE.
- 2.04 Given the importance of timely SAE reporting, all health care providers must notify the QI (or his/her representative) of patient symptoms that, to the best of their knowledge, may be related to the drugs administered in the context of a clinical trial.
- 3. SCOPE:** 3.01 This policy applies to all clinical drug trials that are conducted by staff of CHEO or the CHEO Research Institute.
- 4. DEFINITIONS:** 4.01 **Serious Adverse Event:** A serious adverse event is an untoward medical occurrence that may include, but is not limited to:
- any medical occurrence that results in death
 - any life-threatening ailment
 - any congenital birth defects or congenital anomaly
 - any ailment that results in persistent or significant disability or incapacity
 - any hospitalization or prolongation of existing hospitalization
 - any symptom that is unexpected and has a severity grading of 4 or more based on the Common Toxicity Criteria.

In the context of a clinical drug trial, the research protocol specifies both the nature and severity of symptoms that constitute the basis for a ‘serious adverse event’.

Local SAE: is an SAE occurring within CHEO.

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5. RESPONSIBILITY: As described above.

6. PROCEDURE: As described above.

7. CROSS-REFERENCES: None.

8. REFERENCES:

Canadian Law & guidance document

Division 5, Food and Drug Act

<http://gazette.gc.ca/archives/p2/2001/2001-06-20/html/sor-dors203-eng.html>

&

http://www.hc-sc.gc.ca/dhp-mps/prodpharma/applic-demande/guide-ld/clini/ctdcta_ctddec_e.html

International guidance document

International Conference on Harmonization –

E6 - Guideline for Good Clinical Practice (GCP)

<http://www.ich.org/cache/compo/276-254-1.html>

United States (and NIH – funded studies occurring within Canada)

Code of Federation regulations (CFR Title 21 Food & Drugs; revised April 1, 2003),

Department of Health and Human Services

<http://www.hhs.gov/>

Food and Drug Administration. Information sheets: Guidance for Institutional Review Boards (IRB) and clinical investigators.

<http://www.fda.gov/oc/ohrt/irbs/default.htm>

Common Toxicity Criteria (CTC): The CTC is a taxonomy that can be used to categorize adverse events. A grading (severity) scale is provided for each adverse event term

(http://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm#ctc_v30)

9. ATTACHMENTS None.

10. DEVELOPED BY:

- Chair, Research Ethics Board
- Chief, Division of Hematology/Oncology and Medical Director, Oncology/Medical Day Unit
- Pediatric Oncology Pharmacist
- Clinical Leader for Inpatient Oncology
- CCRP, Clinical Research Professional, MDU/Oncology

Approved By: AEC
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