

# **DCP Safety Committee**

## **Update and Review**

**January 19, 2017**

# Overview:

- **FDA's IND Safety Final Rule**
- **DCP's Response**
  - DCP Safety Committee
  - Harmonizing Medical Monitors' Process
- **SAE Reporting**
  - SAE Flow Chart Process
  - SAE Tracking and Signal Assessment
- **Defined Regulatory Terms**
  - Expectedness, Causality, Hospitalization

# FDA's IND Safety Final Rule:

- **21 CFR §312.21**
  - September 29, 2011
- **Shifts from Strict Compliance to Interpretation and Medical Judgment**
  - Reduce number of meaningless safety reports
  - Focus on SAEs that define a safety profile
  - Expedite FDA's review of critical safety data

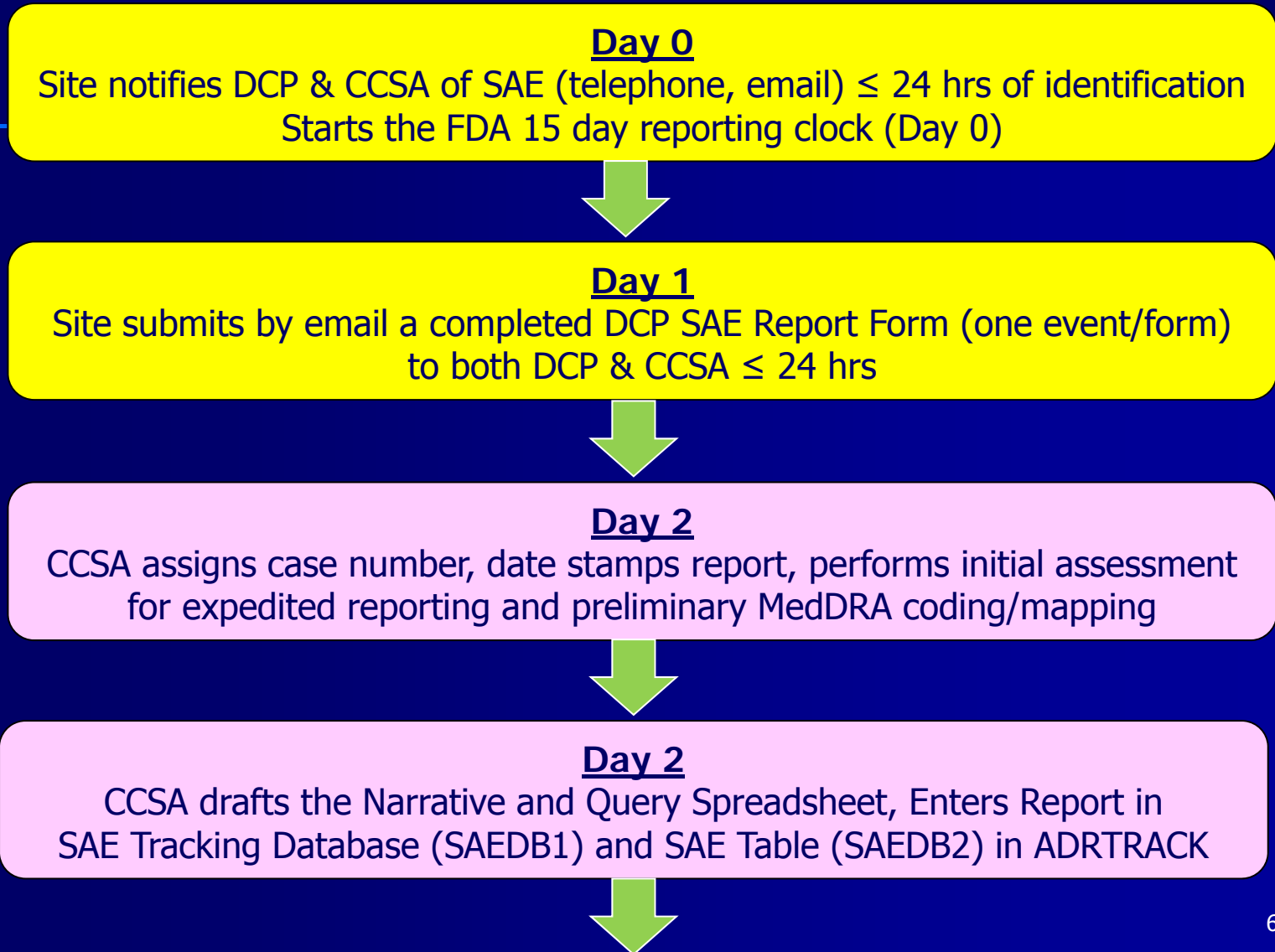
# DCP's Response:

- **Establish DCP Safety Committee**
  - October 27, 2014
- **Multi-Disciplinary Team**
  - Leslie Ford
  - Gary Della'Zanna
  - Margaret Wojtowicz
  - Chen Suen
  - Judy Smith
  - Vikrant Sahasrabuddhe
  - Don Johnsey
  - Linda Doody
  - Janet Rosecan

# SAE Processing

- **Harmonize Medical Monitor Processing:**
  - **DCP's Electronic SAE Report Form  
508 Compliant fillable PDF**
  - **Electronic Signature (mandatory)**
  - **SAE Reporting and Data Base Monitoring**

# DCP SAE Process Flow Chart



# DCP SAE Process Flow Chart



## Day 3

CCSA emails Medical Monitor the case file (Triage Form, SAE Report Form, Supporting Documents, Query Spreadsheet) ≤ 24 hrs



## Day 4

MM types assessment on the last page of DCP's SAE Report Form (not handwritten) Emails the signed review, with any information requests on the Query Spreadsheet back to CCSA ≤ 24 hrs  
MM must have designated backup if unavailable



## Day 5

CCSA updates SAE Tracking Database and SAE Table in ADRTRACK  
Emails Signed case file to site for resolution of any Queries  
If no Information Requests this will complete their records.  
CCSA will process/report all SAEs/Expedited SAEs per FDA Regs

# DCP's SAE E-Form:

NCI Protocol/Grant No. \_\_\_\_\_

IRB Protocol No. \_\_\_\_\_

PID No. \_\_\_\_\_

## NCI, DIVISION OF CANCER PREVENTION (DCP) SERIOUS ADVERSE EVENT REPORT FORM

### REQUIRED FIELDS ON ALL REPORTS

Today's Date:	Sponsor: NCI, DCP	Study (Indication):
Drug(s) under Investigation:	IND No.:	

### A. Study Subject Information

1. Study Participant # or PID # _____	2. Year of Birth: _____	3. Weight at Time of Event: _____ <input type="radio"/> kg <input type="radio"/> lbs. <input type="radio"/> not available	4. Height at Time of Event: _____ <input type="radio"/> cm <input type="radio"/> in <input type="radio"/> not available
Gender: (choose one) <input type="radio"/> M <input type="radio"/> F		Race: _____	Ethnicity: _____

### B. Event Information

<input type="radio"/> Initial Event Report <input type="radio"/> Follow-up Report _____	
Event Onset Date: (Month/Day/Year)	Primary Event (diagnosis):
Event Approx. Time: (Indicate A.M./P.M.)	



# DCP's SAE E-Form:

NCI Protocol/Grant No. _____	PID No. _____
IRB Protocol No. _____	
<b>F. Comments/Clarifications:</b>	
<b>FOR NCI USE ONLY</b>	
1. Date NCI notified of event (Month/Day/Year): _____	
2. Medical Monitor Review:	
Medical Assessment of Event (including drug relationship and expectedness): (continue on page 7 if necessary)	
Medical Monitor's opinion of seriousness:	
<input type="checkbox"/> Results in death <input type="checkbox"/> Is life-threatening <input type="checkbox"/> Requires inpatient hospitalization or prolongation of existing hospitalization	
<input type="checkbox"/> Results in persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions	
<input type="checkbox"/> Is a congenital anomaly/birth defect <input type="checkbox"/> Important medical event, specify: _____	
<input type="checkbox"/> Not serious, specify _____	
Medical Monitor's opinion of expectedness (based on Investigator's Brochure or other information provided to the site):	
<input type="radio"/> Expected <input type="radio"/> Unexpected	
Medical Monitor's opinion of the relationship between the event and the study drug:	
<input type="radio"/> Unrelated <input type="radio"/> Unlikely <input type="radio"/> Possible <input type="radio"/> Probable <input type="radio"/> Definite	
Is this an FDA reportable (7 calendar days) event? <input type="radio"/> Yes <input type="radio"/> No	
Is this an FDA reportable (15 calendar days) event? <input type="radio"/> Yes <input type="radio"/> No	

# DCP's SAE E-Form:

Is this event to be communicated to other NCI contractors using this investigational drug?  Yes  No

>> If Yes, how? By telephone (attach a TC Form):  Yes, attach TC Form  No

Other (FAX, mail, e-mail, *etc.*):  Yes, attach a copy of the correspondence  No

Medical Monitor: Print name Gary Della'Zanna D.O. M.Sc.

Signature



I hereby agree to have a full name of  
signature, which is required for security purposes.  
Please print name and title in the box below.

Date January 19, 2017

# DCP Safety Committee :

- **Consortia Update Meeting:**
  - Process Improvements based on “user” input
  - Communicate SAEs
  - Discuss any potential signal
- **Education in evolving SAE “Definitions”**

# Overview

## Terms and Definitions

# Serious Adverse Event (SAE):

- **Death**
- **Life-threatening event**
- **Inpatient or prolongation of existing hospitalization**
- **Persistent or significant incapacity or disruption of the ability to perform ADLs**
- **Congenital anomaly or birth defect**
- **Important medical events that may not be immediately life-threatening- but require intervention to prevent one of the above.**

# Life-threatening event

- Allergic reaction resulting in angioedema of the larynx, allergic bronchospasm or anaphylaxis is considered life-threatening
- Allergic reaction resulting in only a rash on the face or generalized angioedema is not life-threatening.

# Hospitalization

- DCP defines hospitalization as a hospital admission or stay equal to or greater than 24 hours.
- Exceptions:
  - hospitalization for procedures described in the protocol (e.g., surgery, colonoscopy or pharmacokinetic sampling)

# Important Medical Event

- **FDA's examples:**
  - **Bronchospasm requiring intensive treatment**
  - **Convulsions/Seizures – regardless of whether or not it requires hospitalization.**
  - **Developing drug dependency or drug abuse.**



# Attribution/Causality

- **Definite**
- **Probable**
- **Possible**
- **Unlikely**
- **Unrelated.**

# Expectedness

- **Sponsor's Responsibility (DCP's MM)**
- **Unexpected is defined as:**
  - Events not listed or not listed in the same specificity or severity in the Investigator's Brochure or other document providing risk information (e.g., package insert).

# Expedited Reporting

- **15-Day Reporting**
  - Serious
  - Unexpected
  - Any degree of attribution
- **7-Day Reporting**
  - Life Threatening or Death

# Baseline Assessments vs. AEs

- A sign, symptom or abnormal lab value present at the baseline should NOT be reported as an AE
- Any change in severity (worsening) or frequency since baseline assessment should be reported as an AE.
- Abnormal laboratory values determined to be of no clinical significance should not be reported as AEs.

Questions ???