

## Safety reporting SOP

R&amp;D GCP SOP 07 version 11 – 18.03.19

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This page details the version history and the main changes made for each new version.  
The new changes are in red font.

<b>Version Log</b>		
<b>Version number and date</b>	<b>Author</b>	<b>Details of significant changes</b>
Version 1, 27.10.10	J Pacynko	First SOP approved by R&D Committee on 27.10.10
Version 2, 31.01.11	J Pacynko	Unnecessary wording removed from page 6 line 8.
Version 3, 09.03.11	J Pacynko	Change of SSAR to SAR to be in-line with NIHR GCP training. Contacts with study patients that fall pregnant should be <u>monthly</u> .
Version 4, 12.07.12	J Pacynko	Front cover - SOP available on HEY R&D internet. Internet links updated. Who should use SOP updated. Links and appendices updated. Mention of monthly monitoring under investigator trend analysis.
Version 5, 19.03.13	J Pacynko	Appendix 2 Instructions for processing SAE reports up-dated.
Version 6, 25.11.13	J Pacynko	Checking and up-dating all links  Page 6 - Addition of electronic Medicines Compendium link  Page 8 - Pregnancy section has been amended to include partners of patients in a clinical trial.  Page 8 – Addition of a section on the IMP and reference to the IMP recall SOP  Appendix 2 Instructions for processing SAE, SAR & SUSAR report forms, up-dated.
Version 7, 19.10.15	J Pacynko	Main changes are in red font.  Checking and up-dating all links.  Page 7 - Removal of 5 day timeline for reporting of additional information on serious events to R&D.  Pages 5, 8, 13 & 14 - Information regarding reporting of patient safety incidents has been up-dated.
Version 8, 27.10.15	J Pacynko	Renaming of serious event initial and follow-up report forms to SAE initial and follow-up report forms.  Sponsor (HEY R&D) together with PI to notify REC of eSUSAR reports. Previously this task was delegated to the PI.  Removal of notifying REC of SAE reports of the death of a trial patient where the death is <u>not</u> related to the IMP as assessed by the PI, as

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		<p>these reports are not required by REC.</p> <p>Added that scanned SAE reports to be emailed to R&amp;D Office at <a href="mailto:research.development@hey.nhs.uk">research.development@hey.nhs.uk</a></p>
Version 9, 31.01.18	S Moffat J Pacynko	<p>Pages 7, 8 and 10 – Information regarding the use of SPCs for assessing expectedness has been updated to reflect the MHRA requirements.</p> <p>Page 8 - addition of assessments of adverse events table.</p> <p>Checking and updating hyperlinks.</p> <p>Removal of Appendices.</p>
Version 10, 23.10.18	J Pacynko	<p>3.3 and 4.1.3 - AE reporting starts after consent</p> <p>4.1.2 – Protocol must list which AEs /SAEs do not need to be recorded/reported.</p> <p>4.3.7 – Study medical doctor at site (PI or Co-I) to assess severity, seriousness and causality of SAEs.</p> <p>4.3.10 - R&amp;D Director for single-site and CI for multi-site trials to assess causality and expectedness of SAEs on behalf of the Sponsor.</p> <p>4.3.12 – Reference Safety Information (RSI) for assessment expectedness is section 4.8 of SmPC or relevant section in the IB.</p> <p>4.3.15 – RSI must be specified in covering letter of MHRA CTA submission.</p> <p>4.3.16 – RSI updates must be submitted as a substantial amendment and approved by MHRA prior to implementation.</p> <p>4.3.19 – CI must not influence or downgrade PIs assessment of causality.</p> <p>4.3.21 – R&amp;D Director cannot downgrade PIs assessment of causality</p> <p>4.3.24 – Causality will now be assessed by PI/Co-I as either unrelated to the IMP or possibly related to the IMP.</p> <p>4.3.33 – Summary of assessments made on SAE forms.</p> <p>4.3.27 – PI to assess causality again on Follow-up SAE form.</p> <p>4.8.1 – In multi-site trials, a potential SUSAR will be notified to sites regardless of whether the subject was on placebo or IMP to minimise the risk of unblinding staff.</p> <p>4.10 – Urgent Safety Measures (USM) added here. USM SOP will be removed.</p> <p>4.11 – Incident reporting up-dated.</p> <p>5.4.4 - SUSAR reporting; Day 0 is when the Sponsor received the SAE form.</p> <p>5.4.6 – SUSAR reporting; PI/CI to unblind in medical emergency.</p> <p>5.4.7 – If not a medical emergency the R&amp;D or QA manager will unblind for expedited SUSAR reporting.</p> <p>5.5.1 – For double-blind trials, if an unblinding has occurred, R&amp;D QA staff will need to submit the DSUR to the MHRA, to keep PI/CI blind.</p>
Version 11, 13.03.19	J Pacynko	<p><b>4.1.2</b> Safety section of the protocol needs to specify AEs and SAEs that need to be recorded and reported and those that are expected and may not need to be recorded/reported.</p> <p><b>4.2.1</b> If there is a difference of opinion between the PI and CI/R&amp;D Director as to whether the event is related or not then a SAR or SUSAR (as relevant) will always be reported.</p> <p><b>4.7 &amp; 5.5.2</b> For single-site Type A trials, submitted under the Notification Scheme, the APR will now be used to submit annual safety updates to the MHRA and REC. Multi-site Type A and Type B trials will continue to use the DSUR.</p>

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**Please note for definitions of acronyms refer to Appendix 1 of Management of SOPs. Refer to Appendix 2 of Management of SOPs for the standards to which clinical trials that investigate the safety and/or efficacy of a medicinal product are conducted.**

**All the R&D GCP SOPs are available at:**

**<https://www.hey.nhs.uk/research/researchers/gcp-sops-for-hey-sponsored-ctimps/>**

## 1 Introduction

- 1.1 This SOP applies to clinical trials of investigational medicinal products (CTIMPs) sponsored by Hull University Teaching Hospitals NHS Trust (HUTH).
- 1.2 The requirements for safety reporting can be found in Part 5 (Pharmacovigilance Regulations 32, 33, 34 and 35) of the Medicines for Human Use (Clinical Trials) Regulations 2004: SI 2004/1031  
<http://www.legislation.gov.uk/uksi/2004/1031/contents/made>
- 1.3 These regulations specify the recording and reporting requirements for research related adverse events.
- 1.4 Compliance with these requirements helps ensure the safety of clinical trial subjects.
- 1.5 It is a legal requirement for HUTH-sponsored trials involving IMPs to comply with the safety reporting procedures specified in this SOP.
- 1.6 When the MHRA inspect clinical trials, the GCP inspectors focus on the compliance of investigators, sponsor and monitor with these safety requirements.
- 1.7 Within this SOP, the requirements have been transcribed into investigator and sponsor responsibilities.

## 2 Purpose and who should use this SOP

- 2.1 The purpose of this SOP is to describe the responsibilities of investigators and Sponsor when recording and reporting serious and non-serious adverse events to ensure compliance with the UK clinical trials regulations.
- 2.2 This SOP should be used by:
  - All research staff involved with HUTH-sponsored CTIMPs – Chief/Principal Investigator, co-investigators, research nurses, clinical trial assistants, trial managers, clinical trial co-ordinators, data managers, administrators etc.
  - Clinical trials pharmacy staff – technicians and pharmacists.
  - All HUTH R&D staff who manage the sponsorship of HUTH-sponsored CTIMPs.
  - Research staff involved with clinical trials sponsored by an external organisation where the sponsor has no SOP for safety reporting. HUTH R&D SOPs are defaulted to in this case.

### 3 Acronyms and Definitions

#### 3.1 Adverse event (AE)

Any untoward medical occurrence in a clinical trial subject administered an investigational medicinal product (IMP) which may or may not be caused by or related to that IMP.

#### 3.2 Adverse reaction (AR)

Any untoward and unintended response in a subject to an IMP which is related to any dose administered to that subject.

#### 3.3 Serious adverse event (SAE) or serious adverse reaction (SAR)

Any AE or AR that at any dose of IMP:

- (a) results in death
- (b) is life-threatening
- (c) requires inpatient hospitalisation or prolongation of existing hospitalisation
- (d) results in persistent or significant disability or incapacity
- (e) consists of a congenital anomaly or birth defect.

Important medical events that may not be immediately life-threatening or result in death or hospitalisation but may jeopardise the patient or may require intervention to prevent one of the other outcomes listed in the definition above should also be considered serious.

Any hospitalisation that was planned prior to consent of the subject will not meet SAE criteria. Any hospitalisation that is planned post consent, will meet the SAE criteria.

#### 3.4 Suspected unexpected serious adverse reaction (SUSAR)

A SUSAR is any AR that is classified as serious (3.3), is suspected to be caused by the IMP and is not consistent with the safety information in section 4.8 of the Summary of Product Characteristics (SmPC) or in the Investigator's Brochure (IB).

Further guidance on safety reporting can be found in:

'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) – June 2011  
[https://ec.europa.eu/health/documents/eudralex/vol-10\\_en](https://ec.europa.eu/health/documents/eudralex/vol-10_en)

**3.5 Incidents:** An SAE, SAR or SUSAR may also require reporting on a HUTH DATIX Incident Report Form. For definitions of patient safety incidents that require reporting refer to the Incident Reporting Policy CP379. For guidance on which research related incidents require reporting on DATIX, refer to section 8.24 of the R&D Operational Policy (CP264) or contact the R&D QA staff for advice.

**3.6 Investigational medicinal product:** An IMP is a pharmaceutical form of an active substance or placebo being tested or used as a reference (comparator) in a clinical trial including products:-

- already with a marketing authorisation but used or assembled (formulated or packaged) in a way different from the authorised form.
- used for an authorised indication.
- used to gain further information about an authorised form.

## 4 Investigator responsibilities

### 4.1 Identifying AEs

- 4.1.1 The Chief/Principal investigator (CI/PI) and Sponsor must decide what AE data to record depending on the risk associated with the study.
- 4.1.2 The safety section of the protocol must define and justify;
- which AEs are expected and therefore do not need to be recorded in the CRF AE log unless they are required as part of the primary or secondary outcomes. These may be AEs that are expected for the patient's medical condition or listed in the Reference Safety Information (in section 4.8 of the SmPC for licensed IMPs).
  - which AEs will be recorded.
  - which SAEs are expected and therefore not required to be reported on an SAE form within 24 hours to the Sponsor (or delegate). These may be SAEs that are expected for the patient's medical condition or listed in the Reference Safety Information. These SAEs will still need to be recorded on the CRF AE log.
  - which SAEs will be recorded and reported within 24 hours.
- 4.1.3 AEs and SAEs should be recorded from the time the subject signs the consent form to take part in the trial, unless otherwise defined in the protocol.

### 4.2 Recording all adverse events (non-serious and serious)

- 4.2.1 Document all adverse events on the AE log at the back of the patient's CRF. The R&D monitor will provide investigators with an electronic AE log template at study set up in case further logs are required.
- 4.2.2 Record clinically significant lab test values that are different from baseline as AEs unless expected according to the protocol or normal for the patient's condition.
- 4.2.3 Record relevant details of the adverse event in the patient's medical records. Enter a description of the adverse event, the start and stop date/time and any action taken. Document in the medical records all tests and procedures performed.
- 4.2.4 Record any follow-up information of the event in the patient's medical records.
- 4.2.5 All adverse events should be assessed for **trends in nature and frequency** on an ongoing basis throughout the trial. Reminders to do this are on the CRF AE logs and on the Monitoring Visit Report forms. Any trends should be reported **immediately** to the R&D monitor, QA manager, R&D manager or director **and will be escalated to the Sponsor Oversight Group** and reported on to the MHRA and Research Ethics Committee (REC).

### 4.3 Reporting serious adverse events to R&D (SAE/SAR/SUSAR)

- 4.3.1 The safety section of the protocol will define the 'expected SAEs' that do not require reporting on the SAE form but will require recording on the CRF AE log and in the patient's medical records. All other SAEs will require reporting to R&D QA within 24 hours on an initial SAE form.

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**4.3.2 SAE initial report form – timeline, sending and filing**

As soon as possible and **within 24 hours** of becoming aware of a serious adverse event, complete the SAE initial report form. It is important to respect this timeline since the MHRA closely inspect the reporting of SAEs.

4.3.3 The R&D monitor will provide investigators with a study specific SAE form template at study set up.

4.3.4 Complete the form electronically and as far as possible with the information available at the time.

4.3.5 Either email a scanned copy of the SAE form to the R&D office at [research.development@hey.nhs.uk](mailto:research.development@hey.nhs.uk) or fax (01482 461886) a copy to the R&D office.

4.3.6 Telephone the R&D office (01482 461883) to alert R&D that the email or fax has been sent.

4.3.7 File the original signed SAE form in the safety section of the Investigator Site File.

**4.3.8 SAE initial report form – assessment of severity, seriousness and causality**

A study medical doctor (PI or co-investigator, Co-I) must assess the severity, seriousness and causality of the event. Definitions are given in 4.3.25.

4.3.9 The PI/Co-I will need to decide whether the serious event is an SAE or SAR by assessing whether the event is related to the IMP or not (causality).

**4.3.10 SAE initial report form – assessment of expectedness and Reference Safety Information**

If the event is a SAR, an assessment needs to be made by the Sponsor as to whether the event is expected or not for the IMP. It is important to note, that this is **not** whether the event is expected or not for the subject's medical condition.

4.3.11 If the trial is a single-site trial at HUTH only, then the R&D Director (medical professor) will assess expectedness. If the trial is a multi-site trial, then the Chief Investigator will make this assessment. Both the R&D Director and CI must sign that they understand the regulatory requirements and that they will be assessing expectedness on behalf of the Sponsor.

4.3.12 In order to assess expectedness, the R&D Director/Chief Investigator will need to check if the event is listed in the Reference Safety Information (RSI).

4.3.13 The RSI for IMPs with a marketing authorization (MA) is section 4.8 (Undesirable Effects) of the MHRA approved Summary of Product Characteristics (SmPC) or for IMPs without an MA, the RSI is the MHRA approved relevant section in the Investigator Brochure (IB).

4.3.14 If the SAR is listed in the RSI then it is expected. If the event is not listed in the RSI then it is unexpected and is a SUSAR and subject to expedited reporting to the MHRA and REC (see section 5.4).



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- 4.3.15 The MHRA approved SmPC or IB is the version that was first submitted to the MHRA for clinical trial authorization unless an up-dated version has been approved by the MHRA as a substantial amendment.
- 4.3.16 The covering letter for submission to the MHRA for clinical trial authorization must include what the Reference Safety Information is for the trial e.g. section 4.8 of the SmPC for the IMP. This is an MHRA requirement. R&D QA has a template covering letter that should be used. **This is Working Instruction 08 available on the ClinicalGov Y Drive in Research\GCP SOPs & forms\Working instructions.**
- 4.3.17 **SAE initial report form – reviews**  
The PI must always review the SAE form and sign to confirm the contents of the report are accurate and complete and that he/she has also assessed the severity, seriousness and causality of the SAE. See table in 4.3.33.
- 4.3.18 **If the trial is multi-site**, the Chief Investigator must review and sign off all SAE forms on behalf of the Sponsor. The timelines for CI review will usually be **within 7 days for SAEs and SARs and within 24 hours for SUSARs.**
- 4.3.19 In addition to the PI, the CI will also be required to assess causality and document their assessment on the SAE form. The CI must assess causality after the PI and must confirm that they have not influenced the PI. The PIs assessment of causality must not be downgraded by the CI.
- 4.3.20 If the event is a SAR, the CI will be required to check expectedness on behalf of the Sponsor and to document the version of the RSI used on the SAE form and if the event is present in the RSI, the medical term under which the SAR falls.
- 4.3.21 **If the trial is single-site (HUTH only)** the R&D Director will be required to review the SAE form and document their review on the form. The timelines for review will usually be **within 7 days for SAEs and SARs and within 24 hours for SUSARs.**
- 4.3.22 As well as the PI, the R&D Director will also be required to assess causality and if the event is a SAR, to check expectedness. The PIs assessment of causality must not be downgraded by the R&D Director.
- 4.3.23 **If there is a difference of opinion between the PI and CI/R&D Director as to whether the event is related or not then a SAR or SUSAR (as relevant) will always be reported.**
- 4.3.24 Both the CI and R&D Director will need to sign that they understand the safety regulations and will be reviewing causality and expectedness on behalf of the Sponsor.

**4.3.25 Definitions**

<p><b>Severity</b></p> <p>Assessed by the Co-I and PI or just PI</p>	<p>The assessment of severity of an SAE will be based on the investigator's clinical judgement using the following definitions:</p> <p><b>Mild:</b> An event that is easily tolerated by the trial subject, causing minimal discomfort and not interfering with everyday activities.</p> <p><b>Moderate:</b> An event that is sufficiently discomforting to interfere with normal everyday activities.</p> <p><b>Severe:</b> An event that prevents normal everyday activities.</p>
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<p><b>Seriousness</b></p> <p>Assessed by the Co-I and PI or just PI</p>	<p>An event is considered serious if it meets one or more of the following criteria:</p> <ul style="list-style-type: none"> <li>(a) results in death</li> <li>(b) is life-threatening</li> <li>(c) requires hospitalisation or prolongation of existing hospitalisation</li> <li>(d) results in persistent or significant disability or incapacity</li> <li>(e) consists of a congenital anomaly or birth defect.</li> </ul> <p>Important medical events that may not be immediately life-threatening or result in death or hospitalisation but may jeopardise the patient or may require intervention to prevent one of the outcomes listed in the definition above should also be considered serious.</p>
<p><b>Causality</b></p> <p>Assessed by the Co-I and PI or just PI</p>	<p>The investigator will make an assessment of whether the SAE is likely to be related to the IMP according to the following definitions:</p> <ul style="list-style-type: none"> <li>• <b>Unrelated:</b> Where an event is not considered to be related to the IMP.</li> <li>• <b>Possibly related:</b> The nature of the event, the underlying medical condition, concomitant medication or temporal relationship make it possible that the SAE has a causal relationship to the study drug.</li> </ul>
<p><b>Expectedness</b></p> <p>Assessed by the CI for multi-site trials or by the R&amp;D Director for single-site trials</p>	<p>In order to assess expectedness, the Chief Investigator/R&amp;D Director will need to check if the SAR is listed in the Reference Safety Information (RSI).</p> <p>The RSI for IMPs with a marketing authorization (MA) is section 4.8 (Undesirable Effects) of the <u>MHRA approved</u> Summary of Product Characteristics (SmPC) or for IMPs without an MA, the RSI is the relevant section in the Investigator Brochure (IB).</p> <p>If the SAR is listed in the RSI then it is expected. If the event is not listed in the RSI then it is unexpected and is a SUSAR and subject to expedited reporting to the MHRA and REC.</p>

4.3.26 **SAE follow-up report form – sending to R&D and filing**

As soon as further information becomes available, investigators should complete the SAE follow-up form.

4.3.27 The PI is required to assess causality again on the follow-up form. If the PI has a change of opinion on causality after considering the additional follow-up information, the CI/R&D Director will be required to reassess causality and if a SAR, then to assess expectedness.

4.3.28 If the SAE has involved the hospitalisation of a patient, then a follow-up form should be completed on discharge of the patient.

4.3.29 The R&D monitor will provide investigators with an electronic study specific follow-up form template at study set up.

4.3.30 Either email a scanned copy of the SAE form to the R&D office at [research.development@hey.nhs.uk](mailto:research.development@hey.nhs.uk) or fax (01482 461886) a copy to the R&D office. Telephone the R&D office on 01482 461883 to alert R&D that the email or fax has been sent.

4.3.31 File the original signed form in the safety section of the Investigator Site File.

4.3.32 Use additional follow-up forms for extra data until the SAE has resolved or a decision has been made for no further follow-up. Send forms to R&D via email or fax as above.

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## 4.3.33 Assessments done on SAE forms (initial and follow-up)

Who	Initial form	Follow-up form	Timeline	Comments
Co-I	<ul style="list-style-type: none"> <li>Severity</li> <li>Seriousness</li> <li>Causality - related or not to IMP</li> </ul>	<ul style="list-style-type: none"> <li>Causality reassessed</li> </ul>	Initial form must be sent to Sponsor within 24 hours of awareness of SAE. Follow-up form(s) as soon as new information is available.	A medically qualified doctor on the Delegation Log must assess severity, seriousness and causality. This can be the Co-I or PI.
PI	<ul style="list-style-type: none"> <li>Severity</li> <li>Seriousness</li> <li>Causality</li> </ul>	<ul style="list-style-type: none"> <li>Causality reassessed</li> </ul>	Initial form must be sent to Sponsor within 24 hours of awareness of SAE. Follow-up form(s) as soon as new information is available.	PI must always, review and sign off the forms.
CI Multi-site trial	<ul style="list-style-type: none"> <li>Causality If SAR</li> <li>Expectedness</li> </ul>	If PI has change of opinion, CI will be required to reassess <ul style="list-style-type: none"> <li>Causality If SAR</li> <li>Expectedness</li> </ul>	SAEs and SARs Within 7 days  SUSARs Within 24hrs	PIs assessment must not be influenced or downgraded
R&D Director Single-site trial	<ul style="list-style-type: none"> <li>Causality If SAR</li> <li>Expectedness</li> </ul>	If PI has change of opinion, CI will be required to reassess <ul style="list-style-type: none"> <li>Causality If SAR</li> <li>Expectedness</li> </ul>	SAEs and SARs Within 7 days  SUSARs Within 24hrs	PIs assessment must not be influenced or downgraded

## 4.4 Breaking the blind in an emergency

4.4.1 For double-blind trials, on rare occasions, the blind for the study patient may need to be broken for emergency reasons to establish the best course of treatment for the patient. The Chief/Principal Investigator should follow the unblinding procedure for emergencies set-up and tested for the trial. Clinical trials pharmacy's CT016 code break SOP will be followed.

## 4.5 Pregnancy during trial

- 4.5.1 If a study patient, or the partner of a study patient, falls pregnant when participating in a clinical trial, the study patient should be withdrawn from the trial unless the Chief/Principal Investigator decides that the risk to the patient is not clinically significant.
- 4.5.2 The patient, or the partner of the study patient, should be followed up by monthly or two monthly visits/telephone contacts during pregnancy and at birth and at 3 months after the birth of the baby. Whether the visits are every month or two months will depend on clinical judgement and will be agreed with R&D and documented in the TMF.
- 4.5.3 The visits/telephone contacts need to be documented in the Pregnancy Follow-up Form and signed off by a study medic. The form will be provided by the monitor and is saved in Y:\Research\GCP SOPs & forms\GCP forms\Pregnancy follow-up.
- 4.5.4 Should there be a congenital anomaly or birth defect, then report as an SAE/SAR/SUSAR as above.

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**4.6 Safety findings flagged by DMC**

- 4.6.1 Any significant findings and recommendations raised by an independent data monitoring committee or equivalent body established for the trial must be reported to the MHRA and REC.

**4.7 Annual safety reporting**

- 4.7.1 Safety updates must be provided annually to the MHRA and REC.
- 4.7.2 For single-site trials, authorised under the MHRA's Notification Scheme (Type A trials), the Annual Progress Report will be used to report the safety information. The APR is available on the HRA website. The R&D monitor will help with the completion and submission of the APR. A covering letter will also need to be submitted which includes the EudraCT number and CTA reference number and that the APR is in place of a full DSUR. A list of all the SARs will need to be added to section 6 of the APR.
- 4.7.3 For Type B trials and multi-site Type A trials, the Development Safety Update Report (DSUR) will be completed. The R&D monitor will complete the administrative parts of the DSUR and then send to the CI/PI for completion of the clinical safety information and assessments. The R&D monitor will submit the DSUR to the MHRA and REC. If the trial is being managed by a Clinical Trials Unit, the CTU will submit the DSUR.
- 4.7.4 The MHRA approved SmPCs will need to be reviewed for updates annually at the time the APR or DSUR is completed. This check will be documented in the APR or DSUR.
- 4.7.5 If the SmPC or IB has been updated, the CI/PI, Sponsor and Pharma Company (if IB) will risk assess the changes and decide if they have an impact on patient safety. If the decision is that the updated SmPC/IB needs to be used as the new Reference Safety Information (RSI) then this must be submitted to the MHRA as a substantial amendment. The updated SmPC/IB can then be used once approved by the MHRA.
- 4.7.6 The process for reporting APRs and DSURs is given in the [Annual Reporting SOP 10](#).

**4.8 Safety notifications**

- 4.8.1 In multi-site trials, the Chief Investigator must inform all sites rapidly of emerging safety issues, such as the occurrence of potential SUSARs. For double-blind trials, a potential SUSAR will be notified to all sites regardless of whether the subject was on placebo or IMP to minimise the risk of unblinding staff. A basic description of the event should be provided, but the sites will remain blind. The Sponsor must be copied into the correspondence to all sites.
- 4.8.2 If the trial is being managed by a CTU, the responsibility for informing all sites of a potential SUSAR may be delegated to them. Receipts must be obtained from Principal Investigators confirming that they have read the safety notifications.

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**4.9 Concerns with Investigational Medicinal Product**

4.9.1 The investigator team must alert R&D straight away of any concerns regarding the IMP, this may be to do with the expiry of the IMP or the reaction of patients to the IMP or other concerns. R&D will inform pharmacy and with pharmacy and the CI/PI will decide whether it is appropriate to trigger the IMP recall SOP.

**4.10 Urgent safety measures**

4.10.1 If a major safety issue occurs during a clinical trial, the Chief/Principal Investigator may take appropriate urgent safety measures immediately in order to protect clinical trial subjects against any threat to their health or safety.

4.10.2 These urgent safety measures may be taken without prior authorization from the MHRA, REC or Trust (HUTH R&D).

4.10.3 The investigator must alert HUTH R&D (Sponsor) as soon as possible of the urgent measures taken by contacting the R&D Office telephone number 461883 or 461903 (Mon – Fri 8am – 5pm) or the Trust Switchboard 875875 (out-of-office hours) and asking for either the R&D Manager (James Illingworth) or R&D Director (Prof Maraveyas or Prof Loubani).

4.10.4 The CI/PI or HUTH R&D should phone the Clinical Trial Unit at the MHRA and discuss the issue with a medical assessor as soon as possible. Contact the MHRA CTU via the clinical trials for medicines helpline 020 3080 6456 (Monday - Friday 08.30am to 4.30pm).

4.10.5 HUTH R&D should notify pharmacy clinical trials staff as soon as possible.

4.10.6 The CI/PI must notify the MHRA, REC and Trust (HUTH R&D) in writing **within 3 days** after the urgent measures have been taken, by emailing the clinical trial helpline at [clintrialhelpline@mhra.gov.uk](mailto:clintrialhelpline@mhra.gov.uk) and by submitting a substantial amendment notification form. See Amendments SOP 08.

4.10.7 Note that if the decision is made with HUTH R&D to halt the study due to the urgent safety measures then this can be added to the substantial amendment form and would save submitting another substantial amendment for the temporary halt.

4.10.8 The substantial amendment form and any supporting documents should be sent with a covering letter detailing;

- the urgent measures taken
- the reasons for them
- the medical assessor contacted

**4.11 Patient safety incident reporting**

4.11.1 If the SAE also comes under the definition of a patient safety incident then report electronically on the DATIX Incident Reporting form and submit to the Risk Management Department. For definitions of patient safety incidents that require reporting refer to the HUTH Incident Reporting Policy CP379. For guidance on which research related incidents require reporting on DATIX, refer to section 8.24 of the R&D Operational Policy (CP264) or contact the R&D QA staff for advice. For the Datix form click on the Report an Incident icon on the HUTH Intranet Homepage.

## 5 Sponsor responsibilities

### 5.1 Sponsor oversight

- 5.1.1 The Sponsor is responsible for overseeing the safety of trial participants. Therefore, all aspects of recording, assessing, reviewing, reporting and documenting AEs and SAEs will be checked by HUTH R&D QA staff.
- 5.1.2 For multi-site trials being managed by a CTU, R&D QA staff will be put on copy of all SAE forms sent to the CI for assessment. QA staff will have ongoing access to the pharmacovigilance spreadsheet being maintained by the CTU, which will include details of the SAE medical term, causality, expectedness and status (e.g. resolved, ongoing). The spreadsheet will be reviewed monthly by QA staff and quarterly at Sponsor Oversight Group meetings. For trials where there is no direct ongoing access to the pharmacovigilance spreadsheet, CTUs will be required to send it to R&D QA **quarterly**. Reviews will be done quarterly at Sponsor Oversight Group meetings.

### 5.2 At monitoring visits

- 5.2.1 Check that all AEs have been recorded on CRF AE Logs.
- 5.2.2 Check that SAEs have been reported within the time limits.
- 5.2.3 Check all clinically significant laboratory abnormalities have been recorded as AEs.
- 5.2.4 Check that relevant details about AEs have been entered in the patient's medical records.

### 5.3 Processing SAE initial and follow-up report forms

- 5.3.1 All SAEs will be processed by either R&D QA staff for single-site trials or by CTU staff for multi-site trials.
- 5.3.2 QA/CTU staff will process SAE reports **within 24hrs** of receipt of report.
- 5.3.3 R&D QA staff (monitor or manager) will use Working Instruction 02 for processing SAE report forms. This is saved on the Y drive in Y:\Research\GCP SOPs & forms\Working instructions. These instructions are regularly up-dated.
- 5.3.4 As part of processing SARs, the QA/CTU staff will check whether the event is present in the RSI.
- 5.3.5 If the trial is single-site (at HUTH only) the R&D Director will be required to review the SAE form and document their review on the form. The R&D Director will also be required to assess causality and check the Reference Safety Information and if the event is a SAR, to assess expectedness. If the trial is a multi-site trial, the Chief Investigator will be required to do the same review, checks and assessments.
- 5.3.6 If the event is a potential SUSAR, the Working Instruction 03 will be used for eSUSAR reporting, saved in Y:\Research\GCP SOPs & forms\Working instructions (see section 5.4).

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5.3.7 All SAEs reported to HUTH R&D are logged in a CTIMP spreadsheet saved in Y:\Research\GCP SOPs & forms\SAEs, SARs & SUSARs\Spreadsheet. SAEs are also logged chronologically on EDGE.

**5.4 Reporting SUSARs**

5.4.1 R&D QA staff are responsible for reporting SUSARs to the MHRA and REC.

5.4.2 A SUSAR which is fatal or life-threatening must be reported to the MHRA and REC as soon as possible and no later than **7 days** after learning of the event. Any additional information must be reported within **8 days** of sending the first report.

5.4.3 A SUSAR which is not fatal or life-threatening must be reported to the MHRA and REC as soon as possible and no later than **15 days** after learning of the event.

5.4.4 Day 0 for reporting is when the Sponsor receives the SAE form.

5.4.5 For double-blind trials, the blind will need to be broken before SUSARs are reported to the MHRA or REC.

**5.4.6 Emergency unblinding:**

In order to quickly establish the study treatment the patient has been receiving. The Chief/Principal Investigator will be responsible for unblinding by following the unblinding procedure for a medical emergency (see section 4.4.1).

**5.4.7 Unblinding for expedited reporting:**

If it is not a medical emergency, the R&D or QA Manager will be responsible for unblinding by following the unblinding procedure for expedited reporting. In order to maintain the blind, the CI/PI, research team and CTU (if involved) will not be informed of the unblinding result, including the reporting or not to the MHRA and REC.

5.4.8 Unblinding procedures must be set-up, tested and documented prior to issuing Sponsor greenlight

5.4.9 SUSARs reported for subjects receiving placebo will not be reported to the MHRA or REC. Unless, in the opinion of the CI/PI or Sponsor the event was related to the placebo (e.g. an allergic reaction to an excipient).

5.4.10 The MHRA require SUSARs to be reported to them electronically via the following website: <http://esusar.mhra.gov.uk/>. The data should be complete; any missing data should be requested from the site immediately. In the event of a delay in receiving missing data, the report should still be submitted to the MHRA within the timeline. The missing data can then be entered into the Follow-up Form made available after submission of the initial form.

5.4.11 R&D QA staff will need to use Working Instruction 03 for the process of eSUSAR reporting, saved in Y:\Research\GCP SOPs & forms\Working instructions.

5.4.12 Both the PI and Sponsor (R&D Director for single-site or CI for multi-site trials) will need to confirm the causality assessment prior to submission.

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- 5.4.13 R&D will make sure that the eSUSAR report is also sent to REC, along with the HRA cover form entitled 'CTIMPs safety report form' available at: <https://www.hra.nhs.uk/approvals-amendments/managing-your-approval/safety-reporting/>
- 5.4.14 R&D QA staff will save a copy of all paper SUSAR forms in the paper Trial Master File or Sponsor Study File (SSF) and pdf copies for saving electronically in the eTMF/eSSF.

**5.5 Annual Safety Reporting**

- 5.5.1 For double-blind trials, if an unblinding has occurred, R&D QA staff will need to submit the DSUR to the MHRA, to keep the PI/CI blind.
- 5.5.2 R&D QA staff will review the MHRA approved SmPCs annually, at the time the APR (for Type A Notification Scheme trials) or DSUR (for Type B or multi-site Type A trials) is completed, to check for any updates and this will be documented on the APR or DSUR.
- 5.5.3 If the SmPC or IB has been updated, the CI/PI, Sponsor and Pharma Company (if IB) will risk assess the changes and decide if they have an impact on patient safety. If the decision is that the updated SmPC/IB needs to be used as the new Reference Safety Information (RSI) then this must be submitted to the MHRA as a substantial amendment. The updated SmPC/IB can then be used once approved by the MHRA.

**5.6 Trend analysis**

- 5.6.1 A trend analysis of the SAEs reported to R&D will be performed **every 6 months** by the R&D director, unless concerns are raised by the investigator or R&D about the number or type of SAEs in a trial in which case the R&D Director will become involved straight away.
- 5.6.2 During the 6-month trend analysis, the R&D Director will assess the nature and frequency of the SAEs for each trial and any trends will be discussed with the investigator and reported to the MHRA and REC.

**6 Implementation**

- 6.1 Implementation of this SOP will conform to the process outlined in [R&D SOP 01 Management of SOPs](#).