

An Investigator's Brochure (IB) is a compilation of data on an investigational product that is relevant to its study in humans. It contains information such as:

- Identification: The sponsor's name and the product's identity, including research number, generic and trade names
- Confidentiality: A statement that the document is confidential and should only be used by the investigator's team, review boards, and ethics committees
- Results: A compilation of results from non-clinical and clinical studies
- Background: Information on the product's history and properties
- Overview: A complete overview of the product's physical, chemical, and pharmaceutical properties
- Description: A description of non-clinical pharmacology and product metabolism in animals, as well as toxicology



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# INTRODUCTION



- The Investigator's Brochure (IB) is a compilation of the clinical and nonclinical data on the investigational product(s) that are relevant to the study of the product(s) in human subjects.
- IB is a comprehensive document summarizing the information about the investigational product obtained during a clinical trial.
- The information should be presented in short, simple, objective, and non-promotional form that enables a clinical or potential investigator to understand it.
- IB is prepared by sponsor and having up to date information about IMP.



# PURPOSE OF IB

- To provide the information to investigators and others involved in the trial such as the dose, dose frequency/interval, methods of administration and safety monitoring procedures.
- The IB also provides insight to support the study, subjects to clinical management during the course of the clinical trial.
- For assessment of appropriate proposed clinical trial a medically qualified person should be participate in editing of IB.



## □ General Considerations:

The IB should include

### 1) Title Page:

This should provide the

- Sponsor's name:
- Product:
- Research Number:
- Name(s): Chemical, Generic (if approved) & Trade Name(s).
- Edition Number:
- Release Date:
- Replaces Previous Edition Number:
- Date:





## 2) Confidentiality Statement:

The sponsor may wish to include a statement instructing investigator/recipients to treat the IB as a confidential document for the sole information and use of the investigator's team and the IRB/IEC.

## □ Contents of the Investigator's Brochure:

The IB should contain the following sections

- Confidentiality Statement (optional)
- Signature Page (optional)
- Table of Contents:
- Summary :

A brief summary (preferably not exceeding two pages) should be given, highlighting the significant physical, chemical, pharmaceutical, pharmacological, toxicological, pharmacokinetic, metabolic and clinical information.





➤ **Introduction:**

Contains the chemical name (generic and trade name when approved), all APIs, pharmacological class, the rationale for performing research of the investigational products, and the anticipated prophylactic, therapeutic, or diagnostic indication(s).

➤ **Physical, Chemical, and Pharmaceutical Properties and Formulation:**

A description including the chemical and structural formula, relevant physical, chemical, and pharmaceutical properties. description of the formulations, including excipients, Instructions for the storage and handling of the dosage form.





## ➤ Nonclinical Studies :

The information provided may include the following

- Species tested.
- Number and sex of animals in each group.
- Unit dose (e.g., milligram/kilogram (mg/kg)).
- Dose interval.
- Route of administration.
- Duration of dosing.
- Information on systemic distribution.
- Duration of post-exposure follow-up.





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- Results, including the following aspects:
    - Nature and frequency of pharmacological or toxic effects
    - Severity or intensity of pharmacological or toxic effects
    - Time to onset of effects
    - Reversibility of effects
    - Duration of effects
    - Dose response

(a) Nonclinical Pharmacology :

Efficacy models, receptor binding, and specificity other than the intended therapeutic effect.



## (b) Pharmacokinetics and Product Metabolism in Animals :

Absorption and the local and systemic bioavailability of the investigational product and its metabolites, and their relationship to the pharmacological and toxicological effect in animal species.

## (c) Toxicology:

Described under the following headings where appropriate

- Single dose
- Repeated dose
- Carcinogenicity
- Special studies (e.g. irritancy and sensitisation)
- Reproductive toxicity
- Genotoxicity (mutagenicity)



## > Effects in Humans:

### (a) Pharmacokinetics and Product Metabolism in Humans:

- Pharmacokinetics (including metabolism, absorption, plasma protein binding, distribution, and elimination).
- Bioavailability.
- Population subgroups (e.g., gender, age, and impaired organ function).
- Interactions (e.g., product-product interactions and effects of food).

### (b) Safety and Efficacy :

Safety, pharmacodynamics, efficacy, and dose response that were obtained from preceding trials in humans.(healthy volunteers and/or patient)





➤ **Summary of Data and Guidance for the Investigator:**

- provide an overall discussion of the nonclinical and clinical data.

- the published reports on related products should be discussed. This could help the investigator to anticipate adverse drug reactions or other problems in clinical trials.

➤ **References on**

1. Publications

2. Reports





Sponsor :

An individual, company, institution or organization which takes responsibility for the initiation management and/or financing of a clinical trial.

Responsibilities :

1. Quality assurance and quality control.
2. Contract research organization (CRO)
3. Medical expenditure.
4. Trial design.
5. Trial management, data handling and record keeping.
6. Investigator selection.
7. Allocation of Responsibilities.
8. Compensation to subjects and investigators.
9. Financing.
10. Notification / submission to regulatory authority.
11. confirmation of review by IRB / IEC.
12. Information on investigational products.
13. Manufacturing, packaging labeling and coding investigational products.
14. Supplying and handling investigational product.
15. Record access.

1. Quality Assurance and Quality control :

The sponsor is responsible for implementing and ~~more~~ maintaining quality assurance and quality



Control systems with written SOPs to ensure that trials are conducted and data are generated, documented (recorded) and reported in compliance with the protocol GCP and the applicable regulatory requirements.

## 2. Contract Research Organization (CRO) :

A Sponsor may transfer any or all of the sponsor's trial-related duties and functions to a CRO, but the ultimate responsibility for the quality and integrity of the trial data always resides with the Sponsor. The CRO should implement quality assurance and quality control.

## 3. Medical expertise :

The Sponsor should designate appropriately qualified medical personnel who will be readily available to advise on trial related medical questions or problems.

## 4. Trial design :

The Sponsor should utilize qualified individuals as appropriate throughout all stages of the trial process, from designing the protocol and CRFs and planning the analyses to analyzing and preparing interim and final clinical trial reports.



## 5. Trial management, Data handling and Record Keeping :

The sponsor should utilize appropriately qualified individuals to supervise the overall conduct of the trial to handle the data to verify the data to conduct the statistical analyses and to prepare the trial reports.

## 6. Investigator Selection:

The sponsor is responsible for selecting the investigator each investigator should be qualified by training and experience and should have adequate resources to properly conduct the trial for which the investigator is selected.

## 7. Allocation of responsibilities:

Prior to initiating a trial the sponsor should define, establish and allocate all trial related duties and functions.

## 8. Compensation to subjects and investigators

If required by the applicable regulatory requirement the sponsor should provide insurance or should identify (legal and financial coverage) the investigator the institution against claims arising from the trial, except for claims that arise from malpractice and/or negligence.



## 9. Financing :

The financial aspects of the trial should be documented in an agreement b/w the sponsor and the investigator.

## 10. Notification / submission to regulatory authority :

Before initiating the clinical trials the sponsor or the sponsor and the investigator if required by the applicable regulatory requirements should submit any required application to the appropriate authority for review acceptance and/or permission as required by the applicable regulatory requirement(s) to begin the trial(s).

## 11. Information on investigational Product :

- When planning trials the sponsor should ensure that sufficient safety and efficacy data from non clinical studies and/or clinical trials are available to support human exposure by the route at the dosage for the duration and in the trial population to be studied.

## 12. Manufacturing, Packaging, Labeling and coding investigational products:

The sponsor should ensure that the investigational product is characterized as appropriate to the stage of development



## \* Case Report Form (CRF)

### Definitions:

Case report forms are the research instruments or tools designed to collect the data that are necessary to answer the research questions of a specific protocol.

Good clinical practice (GCP) standard developed by the international conference on harmonization defines CRF as the printed, optical or electronic document designed to record all of the protocol required information to be reported to the sponsor on each trial subject.

Generally, data recorded on a CRF include basic subject-specific socio-demographic information such as birth date, ethnicity, race, education level, data from study specific examinations, measurements or specialty tests data abstracted from the subject's medical record or other source documents such as ambulatory and in-patient records, laboratory results, other tests and special procedure. Design of research survey and questionnaires require special considerations that are addressed in the ICH Research Practice guideline for developing surveys.



## I. Content Standards:

Include a data field for the unique, confidential subject identification (ZO) number on each page of every form.



- ① Never use the subject's name, medical record number or social security number as a study identifier and never include such identifiers on the same CRF that includes other research data.
- ② Include a standard section at the beginning of each form and include key variables that identify the subject and the research event.
- ③ The CRC routinely labels this as 'section A' General information and includes the subject's unique study ID number, date of study visit or event or event on visit code and T O / initials of person completing the form.
- ④ When possible use closed-ended questions and assign numeric codes to each of the response categories. Avoid open-ended open text questions.
- ⑤ List all parts of a question series on the same page.

## 2. Formatting Standards:

① To minimize data recording and data entry errors, consider who the end users will be when deciding about design issues such as formatting and font size.

② For paper CRFs use adequate font size for readability. The CRC routinely uses 11-point font as a default font size.



① Use adequate line spacing for easy readability to minimize data recording and data entry errors. The CRC commonly uses 1.5 line spacing.

① Assign a number to each question and sub-question to provide a clear reference to every item on paper.

① Use subsections to divide the form and organize it by topic.

① Use table format when there is a series of questions that have the same response categories and organize the questions in rows and responses in columns.

### 3. CRF Version Control :

When drafting CRFs, always save the most recent version of the document with a unique version date added as an extension to the MS word document name. Then update the version in the header and standard footer on each page of the CRF.

### 4. Quality control review for programmability.

A CRC project manager / Research Coordinator should complete a critical review of the CRFs prior to pre-testing to evaluate the form for programmability.

The project manager / Research Coordinator will evaluate variables and coding schemes for compatibility with the selected database application.



## 5. Pre-testing:

CRFs should be pre-tested prior to study start up to evaluate the logic, wording and general construction of the CRFs as well as the overall feasibility of the data collection plan and procedures. A pre test should be completed by experienced study staff with a small number of subjects or volunteers.

## 6. Review and approval of final CRFs.

The last step in the CRF development process is to incorporate all the changes that resulted from the pretest and obtain official sign-off from the principle investigator and the study Biostatistician prior to sending CRF for database programming.

The PI will ask all co-investigators Biostatistician, the study project director and/or study coordinator to review and sign-off on all or a sub-set of the CRFs prior to providing his/her own final sign-off.

## 7. Convert CRFs to PDF document for use in the field.

If the study uses hand copy CRFs always convert the study CRF documents to PDF documents prior to distribution to data collectors. Do not distribute the final approved CRFs as word documents to



## Informed Consent:

### Informed consent of trial subjects:

#### ICH GCP definition:

A process by which a subject voluntarily confirms his or her willingness to participate in a particular trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate.

Informed consent is documented by means of a written, signed and dated informed consent form.

1. In obtaining and documenting informed consent the investigator should comply with the applicable regulatory requirement and should adhere to GCP and to the ethical principles that have their origin.

2. The written informed consent form and any other written information to be provided to subjects should be revised whenever important new information becomes available that may be relevant to the subject consent.

3. Neither the investigator, nor the trial staff should coerce or unduly influence a subject to participate or to continue to participate in a trial.

4. None of the oral and written information concerning the trial, including the written informed consent form, should contain any



language that causes the subject or the subject's legally acceptable representative to waive or to appear to waive any legal rights or that releases or appears to release the investigator, the institution the sponsor, or their agents from liability for negligence.

5. The investigator or a person designated by the investigator should fully inform the subject or if the subject is unable to provide informed consent, the subject's legally acceptable representative of all pertinent aspects of the trial including the written information and the approval opinion by the IRB / IEC.

6. The language used in the oral and written information about the trial, including the written informed consent forms should be as non-technical as practical and should be understandable to the subject or the subject's legally acceptable representative and the impartial witness.

7. Before informed consent may be obtained the investigator or a person designated by the investigator, should provide the subject or the subject's legally acceptable representative ample time and opportunity to inquire about details of the trial and to decide whether or not to



participate in the trial.

8. Prior to a subject's participation in the trial the written informed consent form should be signed and personally dated by the subject or by the subject legally acceptable representative and by the person who conducted the informed consent discussion.

9. If a subject is unable to read or if a legally acceptable representative is unable to read an impartial witness should be present during the entire informed consent discussion.

10. Both the informed consent discussion and the written informed consent form and any other written information to be provided to subjects should include explanations of the following -

- a) That the trial involves research
- b) The purpose of the trial.
- c) The trial treatment and the probability for random assignment to each treatment.
- d) The trial procedures to be followed including all invasive procedures.
- e) The subject's responsibilities.
- f) Those aspects of the trial that are experimental.
- g) The reasonably foreseeable risk or inconveniences to the subject and when applicable to an embryo, fetus or



h) The reasonably expected benefits when there is no intended clinical benefit to the subject.

i) The alternative procedure or course of treatment that may be available to the subject.

j) The compensation and/or treatment available to the subject in the event of trial related injury.

k) The anticipated prorated payment, if any to the subject for participating in the trial.

l) The anticipated expenses if any to the subject for participating in the trial.

m) That the subjects participation in the trial is voluntary and that the subject may refuse to participate or withdraw from the trial.

n) That records identifying the subject will be kept confidential and to the extent permitted by dated consent from updates and a copy of any amendments to the written information provided to subjects.

11. When a clinical trial includes subjects who can only be enrolled in the trial with the consent of the subjects legally acceptable representative the subject, legally should be informed about the trial to the extent compatible with the subjects understanding and if capable the subject should sign and



Personally data the written informed consent.

12. Except as described in a non-therapeutic trial there is no anticipated direct clinical benefit to the subject, should be conducted in subjects who personally give consent and who sign and date the written informed consent form.

13. Non-therapeutic trials may be conducted in subjects with consent of a legally acceptable representative provided the following conditions are fulfilled.

- a) The objectives of the trial can not be met by means of a trial in subjects who can give informed consent personally.
- b) The foreseeable risks to the subjects are low.
- c) The negative impact on the subject's well-being is minimized and low.
- d) The trial is not prohibited by law
- e) The approval / favourable opinion of the IRB / IEC is expressly sought on the inclusion of such subjects and the written approval / favourable opinion covers this aspect.

Such trials unless an exception is justified should be conducted in patients having a disease or condition for which the investigational product is intended. Subjects in these trials should be particularly closely monitored and should be withdrawn if they appear to be unduly distressed.



# Informed Consent Process.

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Topic - 12

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Consent in the context of medical profession implies to permission by the patient to perform an act on his body either for diagnosis or therapeutic procedure.

It is a process of information exchange that may include reading and signing the informed consent document.

Institutional review Boards (IRB), clinical investigators and research sponsors all share responsibility for ensuring that the informed consent process is adequate.

The clinical investigator is responsible for ensuring that informed consent is obtained from each research subject before that subject participates in the research study.

In addition to signing the consent the subject / representative should enter the date of signature on the consent document to permit verification that consent was actually before the subject began participation in the study.

## Goals:

The goal of the informed consent process is to provide people with sufficient information so they can make informed choices about whether to begin or continue participation in clinical research.

## Types of IC/F:

There are three principal forms of



Informed consent

- i) presumed consent: in which participants are presumed to have consented to participation in the research unless they indicate otherwise.
- ii) verbal consent: in which the researcher verbally informs participants and receives oral confirmation of consent.

Written consent: in which the researcher provides written information regarding the research project to participants and retains a signed copy of this consent form.

Components of ICF

- ① Informed consent should involve the provision on collection of information:
  - ① Name and contact details of researcher
  - ① Name and contact details of participant
  - ① Aims and objectives of the research project
  - ① Role of the participant in the research project
  - ① Treatment of material / information collected
  - ① potential risks to the participant.
  - ① Sources of advice / help / support / treatment
  - ① Signature and date of researcher and participant
- ①

Basic elements of ICF:

The following elements are required in all consent forms as per FDA.



- ① A statement that the study involves research
- ① An explanation of the purpose of the research
- ① The expected duration of the subject's participation.
- ① A description of the procedures to be followed and identification of those being done for research purpose.
- ① Identification of any experimental procedures
- ① A description of any reasonable risks or discomfort to the subject.
- ① A description of any benefit to the subject or to others.
- ① A statement describing the extent to which confidentiality of records identifying the subject will be maintained.
- ① A statement that the FDA may inspect the records.
- ① For research involving more than minimal risk an explanation as to whether any compensation exists if injury occurs.
- ① For research involving more than minimal risk an explanation as to whether any medical treatment are available if injury occurs and if so what they consist.
- ① A statement that the subject may discontinue participation at any time without penalty or loss of benefit to which the subject is otherwise entitled.
- ① A copy of this consent form will be placed in your medical record.



Q. Write a note on QA and QC.

⇒ Quality Assurance

- ① It is known as QA and focuses on preventing defect.
- ① Quality Assurance ensures that the approaches, tech, methods and processes are designed for the projects and implemented correctly. Quality assurance activities monitor and verify that the processes used to manage and create the deliverables.
- ① Quality Assurance is a proactive process and is prevention in nature. It recognizes flaws in the process.
- ① QA is the tech of managing the quality.
- ① QA means planning for doing a process.

Different between QA and QC

- ① QA processes are planned to evade the defects.
- ① QC agnemen~~ts~~ts with discovery the defects and modifying them while making the product.
- ① QA detects weakness
- ① QC detects defects.
- ① QA is process oriented
- ① QA is product oriented.
- ① QA is failure prevention system.
- ① QC is failure detection system.



# Clinical Data Management

## And its Components.

classmate

Date

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### Introduction:

Data management includes all aspects of data planning, handling, analysis, documentation and storage and takes place during all stage of a study.

The objective is to create a reliable database containing high quality data.

Data management is too often neglected part of study design and includes.

- planning the data needs of the study
- Data collection.
- Data entry
- Data validation and checking.
- Data manipulation.
- Data files backup.
- Data documentation.

Each of these process requires throughout and time, each requires pains taking attention to detail.

The main element of data management are database files.

Database files contain text numerical images and other data in machine readable form such files should be viewed as part of a database management systems.

DBM system which allows for a board range of data functions, including data entry, checking updating documentation and analysis.



## 1. Data collection:

Before analyzing data must be collected, reviewed, coded, computerized, verified, checked and converted to forms suited for the analyses to be conducted.

The process must be adequately documented to provide the foundation for analyses and interpretation.

Data collection import baseline data from.

- Existing system.

- Import lab result.

- Scan results.

- And other digital data.

## 2. Data Management Software (Data analysis)

Many DBMs are available for personal computers options include -

- i) Spread sheet.

- ii) Commercial database program.

- iii) Specialty data entry program.

i) Spread sheet → are to be avoided for all but the smallest data system's since they are unreliable and easily corrupted.

ii) Commercial database program → are expensive tend to be large and slow and often lack controlled data entry facilities.

iii) Specialty data entry program are ideal for data entry and storage. For example using Epi data because it is fast reliable allows for controlled data entry and is open source.



① Epi data refers to a group of applications used in combination for creating documented data structures and analysis of quantitative data.

The epi data association, which created the software was created in 1999 and is based in Denmark.

② Data entry and validation:

① Data processing errors are errors that occur after data have been collected.

① This is distinct from measurement errors which are difference b/w the true state of affairs and what appears on the data collection form.

✓ Examples of data processing errors:

① Transpositions.

① Copying errors.

① coding errors.

① Routing errors.

① Consistency errors.

① Range errors.

① To prevent such errors, you must identify the stage at which they occur and correct the problem.

Methods to prevent data entry errors include:

1. Manual checks during data collection.
2. Range and consistency checking during data entry.



### 3. Double entry and validation following data entry.

#### Data backup and storage:

There are two kinds of computer users.

- i) Those that have lost a major chunk of data,
- ii) Those who are going to lose a major chunk of data.

- ① Data loss can be due to natural disasters, human error and computer failure.
- ① You've worked to hard to collect and enter data and you must now take care of it
- ① The most common loss of data among student is due to loss of data somewhere on the computer.
- ① The best way to prevent such loss is to know the physical location of your data (local drive, removable media, network) and to use logical filenames all too often students save files to unknown locations.
- ① But never find saved files or have the saved files deleted by the local area network as a part of routine data clean up.

#### 2 Documentation:

Documentation should include:

- i) The objectives and methods of the study
- ii) detailed of events and activities.
- iii) For each data collection activity a record of the detailed procedures used and an accounting of the number of subjects in scope the number selected for data collection



Q. Write the application of computers in clinical data management (5 mark)

⇒ The use of computers for data processing and statistical analysis requires careful planning and execution by experienced personnel. Errors are liable to happen in the recording of data in the CRFs as well as in the transfer of data to the computer using a database management software.

① In a typical trial the sequence of data collection might be registration and randomization and record of the patient's name or code, trial number, date of birth, date of randomization, and allocated treatment, will be entered into the database.

② Quality data management via computers entail careful planning and execution by well-trained data managers. As the process of data transcription and entry into computers are highly susceptible to producing errors a series of checks for validity and completeness should be carried out immediately upon the return of CRFs.

③ That are commonly verified include range checks for clinical parameters such as serum levels. These may be excessively high or extremely low (due to out of range or wrong units recorded) in the case qualitative variables a nonpermitted code.



## WHAT IS ARCHIVING? (1,3,4)

- Document archiving means putting information you no longer use regularly into secure storage for extended periods of time.
- It is the long-term storage of all essential documents which individually and collectively permit the evaluation of the conduct of a clinical trial and the quality of the data produced.
- Essential documents must be archived for sufficient periods to allow for audit and inspection by regulatory authorities.



## WHY IS ARCHIVING IMPORTANT ?(1,3)

- Archiving is a key requisite to ensure post-trial monitoring, and evaluation..  
facilitate further research.

- Document archiving is securely storing information (both digital and paper format) that are not used regularly.

It's important because it:

- stops from losing data.
- ensures only the right people can access the right documents.
- keeps documents organized and easy to access.
- saves valuable storage space in office and on server.
- helps business meet legal requirements for auditing.



## REASONS FOR ARCHIVING DOCUMENTS

- Data is well organized so it's easier to find the right documents when needed.
- Records can be easily audited and retrieved for legal reasons.
- Improves security—only the right people can access the right documents.
- Saves space in office and organizations.
- Prevents from data loss.



## TYPES OF ARCHIVING<sup>(2)</sup>

- There are two types of archiving

**Onsite** – It is the archiving of the data , at the site or the server of the organization within the premises of the Research institute, CRO's , or the institute.

**Offsite** - It is the archiving of the data , at the site or server which is not in the organization and is archived by other institutes or companies . It is based on a legal agreement and documentation.



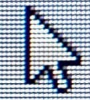




## DOCUMENTS TO BE ARCHIVED

Some examples are:

- source documents,
- case record forms,
- informed consent documents,
- investigator site file,
- biological samples,
- trial supplies, etc.







## ARCHIVAL STRATEGY-

- Prior to initiation of a trial, an archival strategy must be developed, which addresses the regulatory requirements .It should include the following elements:
- Personnel responsible for implementing the archival plan.





## 8. Discuss Electronic data processing.

Ans Electronic data processing (EDP) refers to the use of automated measures using simple, repetitive actions and computer tech to organise and store documents and sometimes to transfer them from paper to a digital format.

The term electronic data processing is one that is infrequently used in modern computing originally coined in an era in which the idea of storing and processing data on computers could be entertained by only the largest of businesses, EDP is now a reality of daily life for the vast majority of businesses around the globe in fact, the term has since been updated variously to the better known terms (IT) and IS.

### Advantages :-

- Speed → information stored and managed via EDP can be retrieved almost ~~not~~ instantly on a well-maintained internal network or even the internet.
- Efficient → Summary documents and related materials such as invoices, reports, and statements can be automatically and quickly generated via EDP.
- Economic → Once an Electronic data processing system is created and implemented, over time it reduced the costs of managing data by a significant margin.
- Reduced Labour → Duplication of effort and repeated entries due to mistakes in manual data entry are reduced or eliminated by EDP.

### Elements :-

- Hardware → The servers and desktops or terminals used to enter and store data.
- Software → spreadsheets custom applications, databases and other pieces of code used to manage and collect the data.
- Procedure → A coherent and agreed upon system for entering and manipulating data, designed to eliminate duplication of entry and data corruption.



Q. Write about Safety monitoring in clinical trials.

Ans Clinical trials are a ~~core~~ cornerstone in search for medical advances. There has been progress in the design and conduct of a clinical trial. This led to an increased awareness of ethical issues and safety monitoring.

Safety monitoring is done by →

1. Investigator.
2. IRB/IECs
3. Sponsor.
4. Monitor.

### 1. IRB

- ① An IRB should safeguard the rights, safety and well-being of all trial subjects.
- ① The IRB should conduct continuing review of each ongoing trial at intervals appropriate to the degree of risk to human subjects but at least once per year.

### 2. Investigator

During and following Subject participation in a trial the investigator should ensure that the adequate medical care is provided to the subject for any adverse events, including clinically significant.

### 3. Sponsor

The sponsor may consider establishing an independent data-monitoring committee to assess the progress of a clinical trial including the safety data and the critical efficacy endpoints at intervals.

### 4. Monitor

Determining whether all adverse events (AEs) are appropriately reported within the time periods required by GCP, the protocol, the IRB/IEC, the sponsor.



Q. Write a note on Active Surveillance in ADR reporting.

Ans

Active Surveillance in contrast to passive Surveillance, seeks to ascertain completely the number of adverse events via a continuous preorganized process.

Active Surveillance can be achieved by reviewing medical records or interviewing patients and/or physicians in a sample of sentinel sites to ensure complete and accurate data on reported adverse events from these sites.

The selected sites can provide information, such as data from specific patient subgroups, that would not be available in a passive spontaneous reporting system.

Active Surveillance can capture ADRs across the entire population of patients exposed to drugs in a variety of clinical settings and is thus able to inform health authorities on true drug risks in everyday clinical practice.

Active Surveillance System allows targeted recruitment and follow up of patients focused on a specific ADR, a specific drug or a specific patient subpopulation. With such targeted investigations, relevant information on a specific drug safety question can be obtained very efficiently with short time.

Active Surveillance provides a means to evaluate drug safety particularly in orphan populations often excluded from clinical trials, such as children or women during pregnancy.

An example of active Surveillance is the follow up of patients treated with a particular drug through a risk management program. Patients who fill a prescription for this drug may be asked to complete a brief survey form and give permission for later contact.



## Q. Role of Eudavigilance in safety monitoring.

Ans ① Eudavigilance is a system for monitoring the safety of medicines.

② Its components facilitate electronic reporting of suspected adverse reactions related to medicines and the effective analysis of data.

③ This enables the early detection of potential safety issues.

④ The system contains different components that perform specific tasks in the process of electronic reporting of suspected ADR.

### Role

① Electronic exchange of individual case safety reports.

② Early detection of possible safety signals from marketed drugs for human use.

③ continuous monitoring and evaluation of potential safety issues in relation to reported adverse reactions.

④ Decision-making process, based on a ~~more~~ broader knowledge of the adverse reaction profile of drugs.