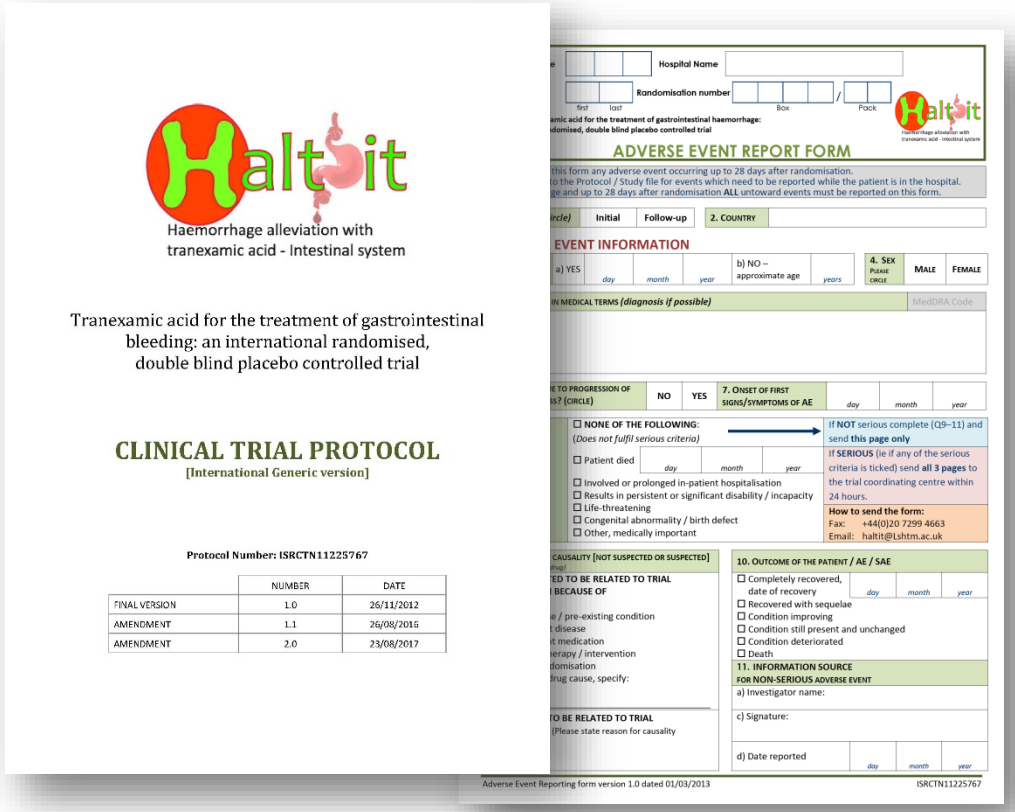
Haemorrhage alleviation with tranexamic acid - Intestinal system

REPORTING ADVERSE EVENTS AND COMPLETING THE REPORT FORM

THIS PRESENTATION MUST BE USED WITH:

1. **THE PROTOCOL (Section 2.9) and**
2. **The guidance for investigators: ADVERSE EVENT REPORTING AND COMPLETING THE REPORT FORM (in Investigator Study File section 7)**



Haemorrhage alleviation with tranexamic acid - Intestinal system

Tranexamic acid for the treatment of gastrointestinal bleeding: an international randomised, double blind placebo controlled trial

CLINICAL TRIAL PROTOCOL

[International Generic version]

Protocol Number: ISRCTN11225767

	NUMBER	DATE
FINAL VERSION	1.0	26/11/2012
AMENDMENT	1.1	26/08/2016
AMENDMENT	2.0	23/08/2017

Hospital Name

Randomisation number

ADVERSE EVENT REPORT FORM

EVENT INFORMATION

Adverse Event Reporting form version 1.0 dated 01/03/2013

ISRCTN11225767

Definitions

Adverse event (AE)	Any untoward medical occurrence affecting a trial participant during the course of a clinical trial
Serious Adverse Event (SAE)	A serious adverse event (experience) is any untoward medical occurrence that at any dose • results in death; • is life-threatening; • requires in-patient hospitalisation or prolongation of existing hospitalisation; • results in persistent or significant disability/incapacity; or • is a congenital anomaly/birth defect.
Adverse Reaction (AR)	An adverse event when there is at least a possibility that it is causally linked to a trial drug or intervention
Serious Adverse Reaction (SAR)	SAE that is thought to be causally linked to a trial drug or intervention
Suspected Unexpected Serious Adverse Reaction (SUSAR)	An ***unexpected*** occurrence of a SAR; there need only be an index of suspicion that the event is a previously unreported reaction to a trial drug or a previously reported but exaggerated or unexpectedly frequent adverse drug reaction.

What should be reported as AE or SAE?

WHILE THE PATIENT IS IN HOSPITAL

- In hospital, any untoward medical event that occurs **up to 28 days** after randomisation and **NOT** collected on the outcome form, should be reported.

- Death and several life-threatening complications are already collected on the outcome form. They do not need to be reported also on the adverse event form.

- Events that are part of the natural history of GI bleeding or expected complications of this condition should not be reported as adverse events. (*see Protocol section 2.10*).

For example, events such as low blood pressure, increased heart rate, reduced urine output, altered level of consciousness due to blood loss, may be expected complications of GI bleeding and should not be reported as Adverse Events.

What should be reported as AE or SAE?

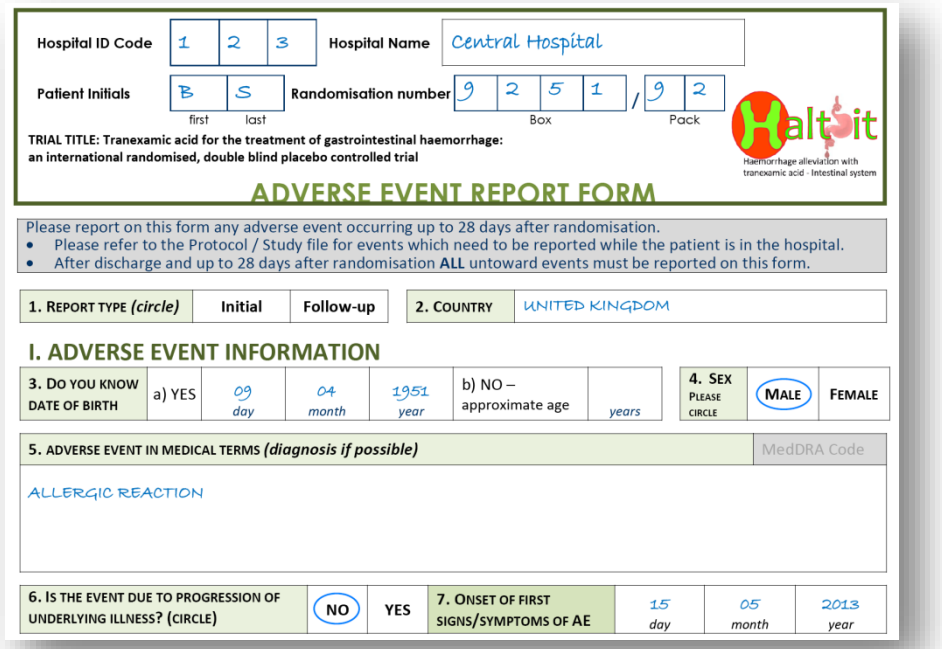
AFTER DISCHARGE

- If a patient is discharged or transferred to another hospital, they should be given an ALERT CARD which should contain information on who to contact if they develop any problems

- After discharge, report any untoward medical event, which develops **up to 28 days** after randomisation **(including those listed on the outcome forms)**

Reporting Adverse Events

- The *Adverse Event Report form* should be used to report all adverse events in line with the Protocol
- Adverse Event Report forms can be found in your Study File Section 7 and on the CD inside the front cover



Hospital ID Code: 1 2 3 Hospital Name: Central Hospital

Patient Initials: B (first) S (last) Randomisation number: 9 2 5 1 (Box) / 9 2 (Pack)

TRIAL TITLE: Tranexamic acid for the treatment of gastrointestinal haemorrhage: an international randomised, double blind placebo controlled trial

Haltoit — Haemorrhage alleviation with tranexamic acid - Intestinal system

ADVERSE EVENT REPORT FORM

Please report on this form any adverse event occurring up to 28 days after randomisation.
- Please refer to the Protocol / Study file for events which need to be reported while the patient is in the hospital.
- After discharge and up to 28 days after randomisation **ALL** untoward events must be reported on this form.

1. REPORT TYPE *(circle)*: Initial / Follow-up — 2. COUNTRY: UNITED KINGDOM

I. ADVERSE EVENT INFORMATION

3. DO YOU KNOW DATE OF BIRTH: a) YES — 09 (day) 04 (month) 1951 (year); b) NO – approximate age ____ years

4. SEX PLEASE CIRCLE: (MALE) / FEMALE

5. ADVERSE EVENT IN MEDICAL TERMS *(diagnosis if possible)*: ALLERGIC REACTION — MedDRA Code

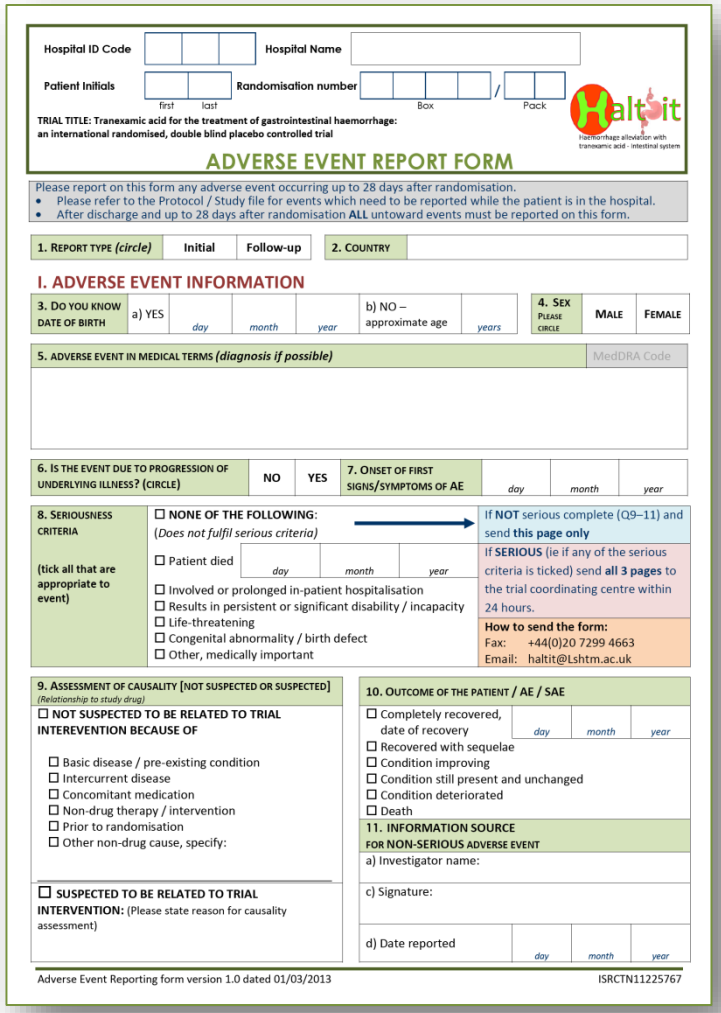
6. IS THE EVENT DUE TO PROGRESSION OF UNDERLYING ILLNESS? (CIRCLE): (NO) / YES

7. ONSET OF FIRST SIGNS/SYMPTOMS OF AE: 15 (day) 05 (month) 2013 (year)

Reporting Adverse Events

- The Adverse Event Report form must be completed by hand, in English, Spanish or French **Please write clearly**
- Adverse events that do NOT fulfil any of the seriousness criteria: only page 1 needs to be completed – this should be sent to the TCC as soon as possible even if all the information is not available
- **Adverse events that fulfil ANY of the seriousness criteria (Section 8 of the form): all 3 pages of the form must be completed and sent to the TCC WITHIN 24 HOURS of you becoming aware of the event.**

If in doubt: Please report or call the 24-hour helpline for advice



Hospital ID Code | Hospital Name

Patient Initials (first, last) | Randomisation number (Box / Pack)

TRIAL TITLE: Tranexamic acid for the treatment of gastrointestinal haemorrhage: an international randomised, double blind placebo controlled trial

Haltit — Haemorrhage alleviation with tranexamic acid - intestinal system

ADVERSE EVENT REPORT FORM

Please report on this form any adverse event occurring up to 28 days after randomisation.
- Please refer to the Protocol / Study file for events which need to be reported while the patient is in the hospital.
- After discharge and up to 28 days after randomisation **ALL** untoward events must be reported on this form.

1. REPORT TYPE *(circle)* — Initial | Follow-up
2. COUNTRY

I. ADVERSE EVENT INFORMATION

3. DO YOU KNOW DATE OF BIRTH — a) YES (day / month / year) — b) NO – approximate age (years)
4. SEX (PLEASE CIRCLE) — MALE | FEMALE
5. ADVERSE EVENT IN MEDICAL TERMS *(diagnosis if possible)* — MedDRA Code
6. IS THE EVENT DUE TO PROGRESSION OF UNDERLYING ILLNESS? (CIRCLE) — NO | YES
7. ONSET OF FIRST SIGNS/SYMPTOMS OF AE (day / month / year)
8. SERIOUSNESS CRITERIA (tick all that are appropriate to event)
- ☐ NONE OF THE FOLLOWING: *(Does not fulfil serious criteria)*
- ☐ Patient died (day / month / year)
- ☐ Involved or prolonged in-patient hospitalisation
- ☐ Results in persistent or significant disability / incapacity
- ☐ Life-threatening
- ☐ Congenital abnormality / birth defect
- ☐ Other, medically important

If **NOT** serious complete (Q9–11) and send **this page only**

If **SERIOUS** (ie if any of the serious criteria is ticked) send **all 3 pages** to the trial coordinating centre within 24 hours.

How to send the form:
Fax: +44(0)20 7299 4663
Email: haltit@Lshtm.ac.uk

9. ASSESSMENT OF CAUSALITY [NOT SUSPECTED OR SUSPECTED] *(Relationship to study drug)*
☐ NOT SUSPECTED TO BE RELATED TO TRIAL INTEREVENTION BECAUSE OF
- ☐ Basic disease / pre-existing condition
- ☐ Intercurrent disease
- ☐ Concomitant medication
- ☐ Non-drug therapy / intervention
- ☐ Prior to randomisation
- ☐ Other non-drug cause, specify:

☐ SUSPECTED TO BE RELATED TO TRIAL INTERVENTION: (Please state reason for causality assessment)

10. OUTCOME OF THE PATIENT / AE / SAE
- ☐ Completely recovered, date of recovery (day / month / year)
- ☐ Recovered with sequelae
- ☐ Condition improving
- ☐ Condition still present and unchanged
- ☐ Condition deteriorated
- ☐ Death

11. INFORMATION SOURCE FOR NON-SERIOUS ADVERSE EVENT
a) Investigator name:
c) Signature:
d) Date reported (day / month / year)

Adverse Event Reporting form version 1.0 dated 01/03/2013 — ISRCTN11225767

Reporting Adverse Events

- All fields must be completed – do not leave blank fields. If the information is not known at the time of completing the form, write **NK** (not known) or **NA** (not applicable).
- The information supplied on the AE form must be consistent with the data recorded on the source data i.e. medical records and other data forms.
- The **Initial** adverse event report form should be submitted even if there is only limited information. Any clinical member of staff can complete the initial form. The P.I. will conduct the final overall review. When any additional or relevant information becomes available, it should be submitted on **follow-up** report forms – there may be more than one follow-up form. If the event is serious, then follow-up data must be sent to the TCC within 24 hours.
- In the follow-up report form, you must complete the header information (to identify the patient), the diagnosis must be written in (to identify the event) and only new or corrected information must be reported. Please note that the information provided in the Follow-up AE Report Form supersedes the information previously reported.

Completed forms can be sent by FAX to +44(0)20 7299 4663 or as a scanned image/s attached to an email to haltit.data@Lshtm.ac.uk. If you would like access for the online data entry facility for Adverse Event reporting please email haltit.data@Lshtm.ac.uk.

IF YOU NEED URGENT ADVICE ABOUT REPORTING AN ADVERSE EVENT PLEASE CALL +44(0)7768 707500

How to complete the Adverse Events reporting form

Write in block capitals and try to describe the single diagnosis for the event (one even per form)

Hospital ID Code	1	2	3	Hospital Name	Central Hospital						
Patient Initials	B (first)	S (last)		Randomisation number	9	2	5	1 (Box)	/	9	2 (Pack)

TRIAL TITLE: Tranexamic acid for the treatment of gastrointestinal haemorrhage: an international randomised, double blind placebo controlled trial

Haltoit — Haemorrhage alleviation with tranexamic acid - Intestinal system

ADVERSE EVENT REPORT FORM

Please report on this form any adverse event occurring up to 28 days after randomisation.
- Please refer to the Protocol / Study file for events which need to be reported while the patient is in the hospital.
- After discharge and up to 28 days after randomisation **ALL** untoward events must be reported on this form.

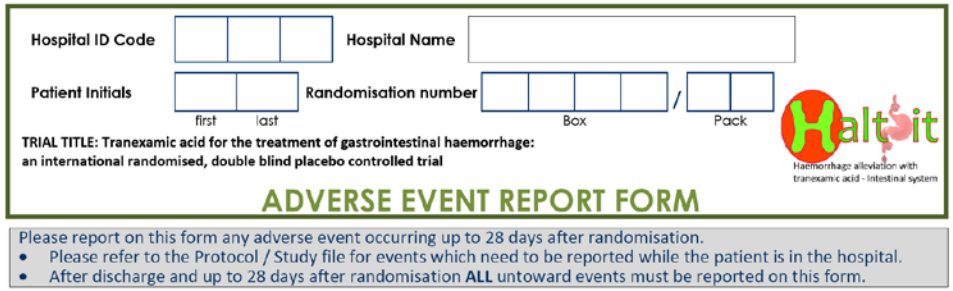
1. REPORT TYPE *(circle)*	Initial	Follow-up	2. COUNTRY	UNITED KINGDOM

I. ADVERSE EVENT INFORMATION

3. DO YOU KNOW DATE OF BIRTH	a) YES	09 *day*	04 *month*	1951 *year*	b) NO – approximate age	*years*	4. SEX PLEASE CIRCLE	MALE	FEMALE

5. ADVERSE EVENT IN MEDICAL TERMS *(diagnosis if possible)*	MedDRA Code
ALLERGIC REACTION	

Header and Sections 1 to 5


Hospital ID Code | Hospital Name

Patient Initials (first | last) | Randomisation number (Box / Pack)

TRIAL TITLE: Tranexamic acid for the treatment of gastrointestinal haemorrhage: an international randomised, double blind placebo controlled trial

ADVERSE EVENT REPORT FORM

Please report on this form any adverse event occurring up to 28 days after randomisation.
- Please refer to the Protocol / Study file for events which need to be reported while the patient is in the hospital.
- After discharge and up to 28 days after randomisation **ALL** untoward events must be reported on this form.

All fields MUST be completed in the header.

If the Adverse Event is SERIOUS, the header on all 3 pages must be filled in.

1. REPORT TYPE *(circle)*	Initial	Follow-up

Circle INITIAL if this is the first data being submitted for this AE.
Circle FOLLOW-UP for any subsequent information.

2. COUNTRY	

Write clearly the name of the country where the event occurred. This is most likely to be the country you are located in.

3. DO YOU KNOW DATE OF BIRTH	a) YES	*day*	*month*	*year*	b) NO – approximate age	*years*

4. SEX PLEASE CIRCLE	MALE	FEMALE

If known enter the exact date of birth.
If not known put the estimated age in years.
Enter one field only, NOT both date of birth and age

Circle either male OR female

5. ADVERSE EVENT IN MEDICAL TERMS *(diagnosis if possible)*	MedDRA Code

Enter the diagnosis if known, otherwise the sign(s) / symptom(s) relating to the event

Sections 6 to 8

6. IS THE EVENT DUE TO PROGRESSION OF UNDERLYING ILLNESS? (CIRCLE)	NO	YES

Please indicate if this event is due to GI bleeding or any other pre-existing illness

7. ONSET OF FIRST SIGNS/SYMPTOMS OF AE	day	month	year

Insert the date when the first signs of the event were noted

- If the event does not fulfil any of the serious criteria tick box **NONE OF THE FOLLOWING**
- Complete sections 9 to 11 and send to the TCC as soon as possible (page 1)
- If the event fufils ANY of the serious criteria tick **ALL** that apply
- Date is only required if the patient died
- If the event:
  - caused death
  - required in-patient hospitalisation, or prolonged existing hospitalisation
  - resulted in persistent or significant disability/incapacity
  - is life-threatening
  - is a congenital anomaly/birth defect
  - is medically important

  then this is a **SERIOUS ADVERSE EVENT**
- All serious adverse events **must be reported to the TCC WITHIN 24 HOURS**

8. SERIOUSNESS CRITERIA (tick all that are appropriate to event)	☐ NONE OF THE FOLLOWING: (*Does not fulfil serious criteria*) →
	☐ Patient died — day / month / year
	☐ Involved or prolonged in-patient hospitalisation
	☐ Results in persistent or significant disability / incapacity
	☐ Life-threatening
	☐ Congenital abnormality / birth defect
	☐ Other, medically important

Section 9

9. ASSESSMENT OF CAUSALITY [NOT SUSPECTED OR SUSPECTED]
(Relationship to study drug)

☐ **NOT SUSPECTED TO BE RELATED TO TRIAL INTEREVENTION BECAUSE OF**

- ☐ Basic disease / pre-existing condition
- ☐ Intercurrent disease
- ☐ Concomitant medication
- ☐ Non-drug therapy / intervention
- ☐ Prior to randomisation
- ☐ Other non-drug cause, specify:

_____

☐ **SUSPECTED TO BE RELATED TO TRIAL INTERVENTION:** (Please state reason for causality assessment)

Please indicate whether or not you suspect the event is related to tranexamic acid or placebo

If you suspect the event is related to the trial intervention you must enter a reason for causality

NOT SUSPECTED: This is when a causal relationship between the event and administration of the trial treatment is considered unlikely. This may be because other drugs, therapeutic interventions or underlying conditions provide a sufficient explanation for the observed event.

SUSPECTED: The temporal relationship of the event to trial treatment administration makes a causal relationship possible – and other drugs, therapeutic interventions or underlying conditions do not provide a sufficient explanation for the observed event.

Sections 10 to 11

10. OUTCOME OF THE PATIENT / AE / SAE			
☐ Completely recovered, date of recovery	*day*	*month*	*year*
☐ Recovered with sequelae			
☐ Condition improving			
☐ Condition still present and unchanged			
☐ Condition deteriorated			
☐ Death			
11. INFORMATION SOURCE FOR NON-SERIOUS ADVERSE EVENT			
a) Investigator name:			
c) Signature:			
d) Date reported	*day*	*month*	*year*

Tick as appropriate for the patient's current status

If the patient made a complete recovery please enter the date of recovery, **otherwise** do not enter a date

Complete this section ONLY if the event is not serious.

If the event is serious
continue to page 2

Sections 12 to 13

12A. START OF TRIAL TREATMENT	day	month	year	12B. END OF TRIAL TREATMENT	day	month	year

Please insert the date (DD MM YYYY) when the trial treatment **started**

Please insert the date (DD MM YYYY) when the trial treatment **ended**

13. TIME ELAPSED BETWEEN LAST DRUG ADMINISTRATION AND ONSET OF FIRST SIGNS / SYMPTOMS OF SAE	minutes	hours	days	months

Enter the time between last administration of the trial treatment and onset of the first signs or symptoms

Sections 14 to 17

14. ROUTE OF ADMINISTRATION		15. RANDOM CODE BROKEN *(circle)*	NO	YES

Please state the route of administration of the trial treatment

Please circle as appropriate – refer to the Protocol page 11 UNBLINDING

16. HEIGHT	*cm*	17. WEIGHT	*kg*	Estimated if actual values not available

If the exact height and weight are not known, please enter an estimate

The exact height and weight may become available later and the estimates can be overwritten

Sections 18 to 20

18. PATIENT'S PAST MEDICAL HISTORY *(eg co-existing medical conditions such as disease, allergies, similar experiences)*

List here IN BLOCK CAPITALS any other medical conditions, allergies or similar experiences in the patient's past medical history

19. CONCOMITANT TREATMENT *(list all below)*

List IN BLOCK CAPITALS all concomitant drugs/medications
If you need more space use a separate sheet

20. COMMENTS *(if adverse event is considered to be caused by a concomitant treatment, please note it here)*

Please make a note here if the AE is considered to be caused by any concomitant medication and state which medication is suspected

Sections 21 to 23

21. ACTION TAKEN *(tick all that apply)*

☐ No action taken
☐ Trial drug dosage adjusted / temporarily interrupted*
☐ Trial drug permanently discontinued due to this adverse event
☐ Non-drug therapy given**
☐ Drug therapy taken**
☐ Hospitalisation / prolonged hospitalisation

Please tick ALL that apply. Details about adjusted dosage and drug and non-drug therapies can be noted in field 23

** if ticked, enter new dosage information in field 23* *** if ticked, provide therapeutic measure in field 23*

22. TEST / LABORATORY FINDINGS *(relevant for SAE diagnosis or description)*

List IN BLOCK CAPITALS all tests/laboratory findings relevant to the diagnosis of the SAE

23. ADDITIONAL INFORMATION:
Case description of the above SAE (include related signs/symptoms/lab results, treatment, outcome and suspected cause of the SAE)

In this section fully describe the nature, severity, cause and any other information that helps an understanding of the SAE. Describe therapeutic measures taken and, if available, outcome details. Please use precise medical terminology.

Sections 24 to 25

24. INVESTIGATOR DETAILS	a) Full Name	b) Telephone number	c) Signature

- Please state full name and provide a direct telephone number where you may be contacted urgently
- Remember to sign the form (we cannot accept unsigned forms)
- If you are not the Principal Investigator, please make sure that s/he is informed of this SAE

25. DATE REPORTED	*day*	*month*	*year*

Please enter a full date of when this form was completed in format DD MM YYYY eg 25 | 06 | 2013

Corrections

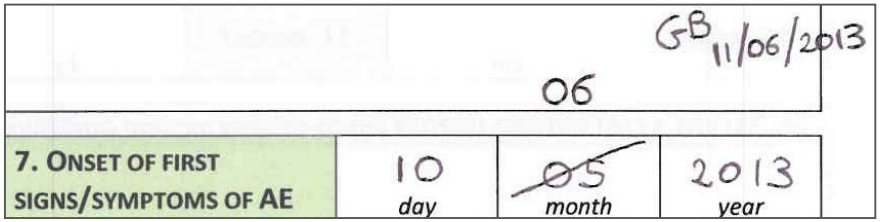
If you enter an incorrect value on the form:

a) Cross out the incorrect value **so it is still visible**

b) Enter the correct value alongside

c) Enter the date and your initials alongside each change

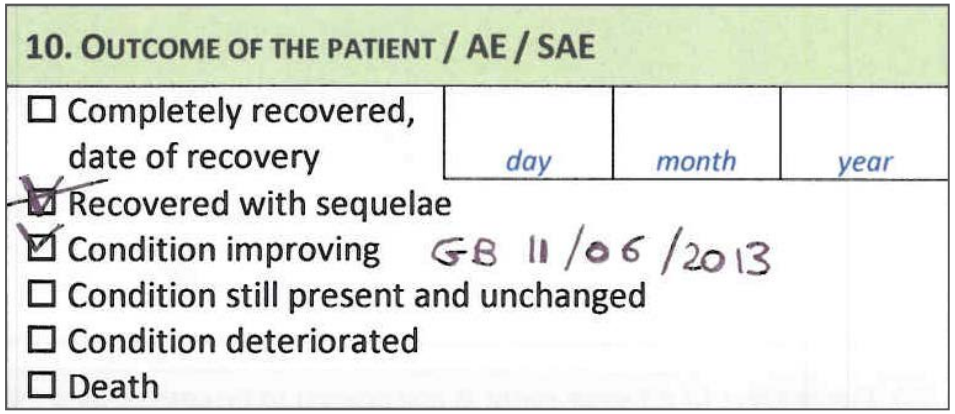
EXAMPLES



GB 11/06/2013

06

7. ONSET OF FIRST SIGNS/SYMPTOMS OF AE	10 day	~~05~~ month	2013 year



10. OUTCOME OF THE PATIENT / AE / SAE

	day	month	year
☐ Completely recovered, date of recovery			

~~☑~~ Recovered with sequelae

☑ Condition improving GB 11/06/2013

☐ Condition still present and unchanged

☐ Condition deteriorated

☐ Death

How to send the Adverse Events reporting form

The form must be

Faxed to +44(0)20 7299 4663

or emailed to haltit.data@Lshtm.ac.uk

PLEASE NOTE: if you would like access for the online data entry facility for Adverse Event reporting please email haltit.data@Lshtm.ac.uk

Please store original forms in

Study file Section 7

JOIN THE GLOBAL COLLABORATION

haltit.Lshtm.ac.uk

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UKCRC Registered Clinical Trials Units

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