

ADVERSE EVENTS

If a patient experiences an unusual side effect, adverse event, or a serious adverse event, complete the Adverse Event (AE) form.

An Adverse Event form should not be completed for expected symptoms of the underlying disease or common side effects, such as those listed on the Visit Evaluation form.

Adverse Event Guidelines:

At a minimum, the following criteria should be used as a guide for recording Adverse Events. These guidelines are not all inclusive and the recording of Adverse Events remains at the discretion of the investigator. A symptom or condition that is present but does not reach one of these levels may still be recorded as an adverse event.

- 1) A symptom or event that requires discontinuation of study medication.
- 2) A newly diagnosed symptom or event that requires a written prescription for treatment.
- 3) A newly diagnosed symptom or event that results in a referral to another provider.
- 4) Any grade 3 or 4 event according to the NCI Common Toxicity Criteria.

An adverse event is considered a **serious adverse event** if the event:

1. results in inpatient hospitalization or prolongs existing hospitalization
2. is life-threatening
3. results in death
4. results in significant or permanent disability
5. requires medical intervention to prevent permanent damage
6. results in a congenital anomaly or birth defect

If the patient experiences a Serious Adverse Event:

1. Clinical center personnel complete the Adverse Event form and the MEDWATCH form.
2. The completed MEDWATCH form must be faxed to the Coordinating Center at the University of Pittsburgh within 24 hours of knowledge of the event.
Fax: (XXX) XXX-XXXX
3. The Coordinating Center will submit the MEDWATCH form to the appropriate monitor(s) and be responsible for distributing the report to the clinical center Principal Investigators, and NIH Project Officers.
4. Dr. XXXXX, holder of the IND, will be responsible for reporting to the FDA.

The Clinical Center and Coordinating Center Principal Investigators are responsible for notifying their local Institutional Review Board

DATA SECTION	COMPLETION INSTRUCTIONS
	<p>SPECIFIC INSTRUCTIONS:</p> <p><u>Date of onset:</u> Record the date (day/month/year) that the adverse event started. If any part of the date is unknown, record “Unk” in that field and complete the remaining fields.</p> <p><u>Event type:</u> Record the code that indicates the event type. Refer to the current code list found on the project website. Also, provide specification for the event on the back of the AE form, e.g. in the event of Death, specify the cause of death.</p> <p><u>Serious adverse event:</u> Circle “Y” (yes) or “N” (no) to indicate if the adverse event is a serious adverse event. If yes, complete a MEDWATCH form and submit that form to the Coordinating Center within 24 hours of knowledge of the event.</p> <p><u>Severity:</u> (1) Record the code that indicates the initial severity of the episode. (2) Record the code that indicates the “most severe” severity of the episode.</p> <p>1 = mild - easily tolerated condition or symptom 2 = moderate - discomfort that interferes with usual activity 3 = severe - incapacitating or causes inability to work or undertake usual activity 4 = life threatening</p> <p><u>Relationship to study drug:</u> Record the code that indicates the relationship of the event to the study medication.</p> <p>1 = unrelated (there is no reasonable causal relationship between the study drug and the AE) 2 = unlikely 3 = possibly related 4 = probably related 5 = definitely related</p> <p><u>Effect on study drug dosing:</u> Record the code that indicates the effect of the event on study drug dose.</p> <p>1 = none 2 = reduced 3 = interrupted 4 = discontinued - drug withdrawn due to adverse event</p> <p><u>Action taken:</u> Record the code that indicates the action taken for the adverse event.</p> <p>1 = none 2 = additional therapy - patient received additional therapy (drug or non-drug) due to the adverse event. Examples of additional therapy include drugs, bedrest, physical therapy etc. Record the additional therapy within the box. 3 = hospitalization 4 = re-evaluation of laboratory results 5 = other If other, specify the action taken within the box.</p>

DATA SECTION	COMPLETION INSTRUCTIONS
	<p><u>Outcome date:</u> Record the date (day/month/year) of the outcome of the adverse event. If the adverse event is continuing but not controlled this column should be left blank until the event is resolved or continuing and controlled. Some events may continue through the end of the study period before being resolved or determined to be continuing but controlled.</p> <p><u>Outcome status:</u> For each adverse event, record the code that indicates the outcome status of the event. If the adverse event is continuing but not controlled record as 'continuing'. When the event is either 'resolved' or 'controlled', update both the Outcome Date and Outcome Status on the form and in the database. If the adverse event evolves into a SAE, close out the adverse event by recording complete information for the AE until the time that it was determined to be a SAE. Record 'evolved into SAE' as the Outcome Status, and record the date that the AE was determined to be a SAE as the Outcome Date. Complete a new line for the SAE. The date of onset is the date that the AE was determined to be a SAE. Record all other information on that line pertaining to the SAE.</p> <ul style="list-style-type: none"> 1 = Resolved - patient returned to previous health status with no subsequent problems 2 = Continuing - patient has not yet returned to previous health status and continues to be followed for the AE 3 = Controlled - event is present but is controlled 4 = Evolved into SAE - a continuing adverse event that developed into a serious adverse event <p>Events that are coded as Continuing will be reviewed periodically throughout the course of the study to determine whether they are Resolved or Controlled.</p>