



ANNEX 2 Doc.Ref. EMA/540136/2009

European Network of Centres for Pharmacoepidemiology and Pharmacovigilance

## **ENCePP Checklist for Study Protocols (Revision 3)**

Adopted by the ENCePP Steering Group on 01/07/2016

The <u>European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP)</u> welcomes innovative designs and new methods of research. This Checklist has been developed by ENCePP to stimulate consideration of important principles when designing and writing a pharmacoepidemiological or pharmacovigilance study protocol. The Checklist is intended to promote the quality of such studies, not their uniformity. The user is also referred to the <u>ENCePP Guide on Methodological Standards in Pharmacoepidemiology</u>, which reviews and gives direct electronic access to guidance for research in pharmacoepidemiology and pharmacovigilance.

For each question of the Checklist, the investigator should indicate whether or not it has been addressed in the study protocol. If the answer is "Yes", the section number of the protocol where this issue has been discussed should be specified. It is possible that some questions do not apply to a particular study (for example, in the case of an innovative study design). In this case, the answer 'N/A' (Not Applicable) can be checked and the "Comments" field included for each section should be used to explain why. The "Comments" field can also be used to elaborate on a "No" answer.

This Checklist should be included as an Annex by marketing authorisation holders when submitting the protocol of a non-interventional post-authorisation safety study (PASS) to a regulatory authority (see the <u>Guidance on the format and content of the protocol of non-interventional post-authorisation safety studies</u>). The Checklist is a supporting document and does not replace the format of the protocol for PASS as recommended in the Guidance and Module VIII of the Good pharmacovigilance practices (GVP).

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ExPloring efficacy, sAfeTy, and adHerence of disease-modyFyINg anthirheumatic Drugs through group-basEd tRajectory models: the PATHFINDER study

Study reference number:	
NA	

Section 1: Milestones	Yes	No	N/A	Section Number
1.1 Does the protocol specify timelines for				
1.1.1 Start of data collection <sup>1</sup>	$\boxtimes$			5; 8.1
1.1.2 End of data collection <sup>2</sup>	$\boxtimes$			5; 8.1
1.1.3 Study progress report(s)	$\boxtimes$			5; 12
1.1.4 Interim progress report(s)	$\boxtimes$			5; 12
1.1.5 Registration in the EU PAS register	$\boxtimes$			12
1.1.6 Final report of study results.	$\boxtimes$			5; 12

Comments:			
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<sup>&</sup>lt;sup>1</sup> Date from which information on the first study is first recorded in the study dataset or, in the case of secondary use of data, the date from which data extraction starts.

<sup>&</sup>lt;sup>2</sup> Date from which the analytical dataset is completely available.

Section 2: Research question	Yes	No	N/A	Section Number
2.1 Does the formulation of the research question and objectives clearly explain:				
2.1.1 Why the study is conducted? (e.g. to address an important public health concern, a risk identified in the risk management plan, an emerging safety issue)				6
2.1.2 The objective(s) of the study?				7
2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)				8.1
2.1.4 Which hypothesis(-es) is (are) to be tested?				6; 8.1
2.1.5 If applicable, that there is no <i>a priori</i> hypothesis?				,
Comments:				
Section 3: Study design	Yes	No	N/A	Section Number
3.1 Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)	$\boxtimes$			8.1
3.2 Does the protocol specify whether the study is based on primary, secondary or combined data collection?				8.2
3.3 Does the protocol specify measures of occurrence? (e.g. incidence rate, absolute risk)				8.3; 8.4; 8.5; 8.6
3.4 Does the protocol specify measure(s) of association? (e.g. relative risk, odds ratio, excess risk, incidence rate ratio, hazard ratio, number needed to harm (NNH) per year)				8.3; 8.4; 8.5; 8.6
3.5 Does the protocol describe the approach for the collection and reporting of adverse events/adverse reactions? (e.g. adverse events that will not be collected in case of primary data collection)				10
Comments:				
Section 4: Source and study populations	Yes	No	N/A	Section Number
4.1 Is the source population described?	$\boxtimes$			8.2
4.2 Is the planned study population defined in terms of:				
4.2.1 Study time period?	$\boxtimes$			8.1
4.2.2 Age and sex?	$\boxtimes$			8.1
4.2.3 Country of origin?				8.1
4.2.4 Disease/indication?		П		8
4.2.5 Duration of follow-up?				8.3.1;
				8.4.1;
				8.5.1;
1.3 Doos the protect defendant	-			8.6.1
.3 Does the protocol define how the study population				

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Section 4. Source and study named the	1 35		T	
Section 4: Source and study populations	Yes	No	N/A	Section Number
will be sampled from the source population? (e.g. event or inclusion/exclusion criteria)				8.3.1; 8.4.1; 8.5.1; 8.6.1
Comments:				0.0.2
4.2.3: (Italy) it will be carried out on Tuscan population or	nly			
Section 5: Exposure definition and measurement	Yes	No	N/A	Section Number
5.1 Does the protocol describe how the study exposure is defined and measured? (e.g. operational details for defining and categorising exposure, measurement of dose and duration of drug exposure)				8.3.2.1; 8.4.2.1; 8.5.2.1; 8.6.2.1
5.2 Does the protocol address the validity of the exposure measurement? (e.g. precision, accuracy, use of validation sub-study)				8.3
5.3 Is exposure classified according to time windows? (e.g. current user, former user, non-use)				8
5.4 Is exposure classified based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?	$\boxtimes$			8.4.2.1; 8.5.2.1; 8.6.2.1
Comments:				
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			***************************************	
Section 6: Outcome definition and measurement	Yes	No	N/A	Section Number
6.1 Does the protocol specify the primary and secondary (if applicable) outcome(s) to be investigated?				8.3.2.2; 8.4.2.2; 8.5.2.2; 8.6.2.2
6.2 Does the protocol describe how the outcomes are defined and measured?				8.3; 8.4; 8.5; 8.6
6.3 Does the protocol address the validity of outcome measurement? (e.g. precision, accuracy, sensitivity, specificity, positive predictive value, prospective or retrospective ascertainment, use of validation sub-study)				8
6.4 Does the protocol describe specific endpoints relevant for Health Technology Assessment? (e.g. HRQoL, QALYS, DALYS, health care services utilisation, burden of disease, disease management)				
Comments:				

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Section 7: Bias	Yes	No	N/A	Section Number
7.1 Does the protocol describe how confounding will be addressed in the study?	$\boxtimes$			8
7.1.1. Does the protocol address confounding by indication if applicable?				
7.2 Does the protocol address:				
7.2.1. Selection biases (e.g. healthy user bias)				8.3
7.2.2. Information biases (e.g. misclassification of exposure and endpoints, time-related bias)				
7.3 Does the protocol address the validity of the study covariates?				8.4.2.2
Comments:				
Section 8: Effect modification	Yes	No	N/A	Section Number
8.1 Does the protocol address effect modifiers? (e.g. collection of data on known effect modifiers, sub-group analyses, anticipated direction of effect)		$\boxtimes$		
Comments:			- L	
Section 9: Data sources	Yes	No	N/A	Section Number
9.1 Does the protocol describe the data source(s) used in the study for the ascertainment of:				
9.1.1 Exposure? (e.g. pharmacy dispensing, general practice prescribing, claims data, self-report, face-to-face interview, etc.)				8.3
9.1.2 Outcomes? (e.g. clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics, etc.)				8.3
9.1.3 Covariates?	$\boxtimes$			8.3
9.2 Does the protocol describe the information available from the data source(s) on:				
8.2.1 Exposure? (e.g. date of dispensing, drug quantity, dose, number of days of supply prescription, daily dosage, prescriber)				8.3.2.1; 8.4.2.1; 8.5.2.1; 8.6.2.1
8.2.2 Outcomes? (e.g. date of occurrence, multiple event, severity measures related to event)				8.3.2.1; 8.4.2.1; 8.5.2.1; 8.6.2.1
8.2.3 Covariates? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, life style, etc.)				8.4.2.2
9.3 Is a coding system described for:				
9.3.3 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC)Classification System)	$\boxtimes$			8.3; 8.4; 8.5; 8.6

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Section 9: Data sources	Yes	No	N/A	Section Number
9.3.2 Outcomes? (e.g. International Classification of Diseases (ICD)-10, Medical Dictionary for Regulatory Activities (MedDRA))				8.3; 8.4; 8.5; 8.6
9.3.3 Covariates?				8.4.2.2
9.4 Is a linkage method between data sources described? (e.g. based on a unique identifier or other)				8.3.3; 8.4.3; 8.5.3; 8.6.3
Comments:				
Section 10: Analysis plan	Yes	No	N/A	Section Number
10.1 Is the choice of statistical techniques described?	$\boxtimes$			6; 8
10.2 Are descriptive analyses included?				8
10.3 Are stratified analyses included?	$\boxtimes$			8.4.4
10.4 Does the plan describe methods for adjusting for confounding?				8.4.4
10.5 Does the plan describe methods for handling missing data?				8.5.2.2
10.6 Is sample size and/or statistical power estimated?				8.7
Comments:			33.2.3.3	
Section 11: Data management and quality control	Yes	No	N/A	Section Number
11.1 Does the protocol provide information on data storage? (e.g. software and IT environment, database maintenance and anti-fraud protection, archiving)				8.3.3; 8.4.3; 8.5.3; 8.6.3
11.2 Are methods of quality assurance described?		$\boxtimes$		8.8
11.3 Is there a system in place for independent review of study results?		$\boxtimes$		
Comments:				
Section 12: Limitations	Yes	No	N/A	Section
12.1 Does the protocol discuss the impact on the study results of:				Number
12.1.1 Selection bias? 12.1.2 Information bias?				8.9 8.9

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Section 12: Limitation		т —		
Section 12: Limitations	Yes	No	N/A	Section Number
12.1.3 Residual/unmeasured confounding? (e.g. anticipated direction and magnitude of such biases, validation sub-study, use of validation and external data, analytical methods)				8.9
12.2 Does the protocol discuss study feasibility? (e.g. study size, anticipated exposure, duration of follow-up in a cohort study, patient recruitment)				
Comments:				<b>-</b>
Section 13: Ethical issues	Vac	NI.	D1 ( 0	
	Yes	No	N/A	Section Number
13.1 Have requirements of Ethics Committee/ Institutional Review Board been described?				12
13.2 Has any outcome of an ethical review procedure been addressed?				9
13.3 Have data protection requirements been described?	$\boxtimes$			9
Comments:				
Section 14: Amendments and deviations	Yes	No	DI / A	G1:
and deviations	165	No	N/A	Section Number
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14.1 Does the protocol include a section to document amendments and deviations?	$\boxtimes$			13
14.1 Does the protocol include a section to document amendments and deviations?  Comments:				
amendments and deviations?				
amendments and deviations?  Comments:				13
amendments and deviations?	Yes	No	N/A	
amendments and deviations?  Comments:  Section 15: Plans for communication of study		No	N/A	13 Section
amendments and deviations?  Comments:  Section 15: Plans for communication of study results  15.1 Are plans described for communicating study	Yes	No	N/A	Section Number
amendments and deviations?  Comments:  Section 15: Plans for communication of study results  15.1 Are plans described for communicating study results (e.g. to regulatory authorities)?  15.2 Are plans described for disseminating study results externally, including publication?	Yes	No	N/A	Section Number
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