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ENCePP Checklist for Study Protocols (Revision 4)

Adopted by the ENCePP Steering Group on 15/10/2018

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 presented in the Guidance and Module VIII of the Good pharmacovigilance practices (GVP).

Study title:

Impact of EU label changes and revised pregnancy prevention programme for oral retinoid containing medicinal products: utilization and prescribing trends

EU PAS Register® number:	
Study reference number (if applicable):	

Sec	tion 1: Milestones	Yes	No	N/A	Section Number
1.1	Does the protocol specify timelines for				
i	1.1.1 Start of data collection ¹				6
	1.1.2 End of data collection ²	\boxtimes			6
:	1.1.3 Progress report(s)				



¹ 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.

² Date from which the analytical dataset is completely available.

Sect	ion 1: Milestones	Yes	No	N/A	Section Number
	1.1.4 Interim report(s)	\boxtimes			
	1.1.5 Registration in the EU PAS Register®				
	1.1.6 Final report of study results.				
Com	ments:				
Ther cond	e is no progress report required for this study. Rather ucted. This will be discussed in the final study report.	r, an int	erim a	nalysis v	vill be
Sect	ion 2: Research question	Yes	No	N/A	Section Number
2.1	Does the formulation of the research question and objectives clearly explain:				4,8
	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)				4,8
	2.1.2 The objective(s) of the study?				4,8
	2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)				4
	2.1.4 Which hypothesis(-es) is (are) to be tested?				9.7.2
	2.1.5 If applicable, that there is no <i>a priori</i> hypothesis?				9.7.2
Com	ments:				
	of the objectives of the study is synthetic and therefor	re pose	s no a _l	<i>priori</i> hy	pothesis.
Sect	ion 3: Study design	Yes	No	N/A	Section Number
3.1	Is the study design described? (e.g. cohort, case-control, cross-sectional, other design)				9.1
3.2	Does the protocol specify whether the study is based on primary, secondary or combined data collection?				9.2, 11
3.3	Does the protocol specify measures of occurrence? (e.g., rate, risk, prevalence)				9.7.4
3.4	Does the protocol specify measure(s) of association? (e.g. risk, odds ratio, excess risk, rate ratio, hazard ratio, risk/rate difference, number needed to harm (NNH))				9.7.4
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)				11
Com	ments:				
Sec	tion 4: Source and study populations	Yes	No	N/A	Section Number
4.1	Is the source population described?				9.5

Sec	tion 4: Source and study populations	Yes	No	N/A	Section Number
4.2	Is the planned study population defined in terms of:				Number
	4.2.1 Study time period				9.2
	4.2.2 Age and sex				9.2
	4.2.3 Country of origin				9.2
	4.2.4 Disease/indication				9.7.4
	4.2.5 Duration of follow-up				9.2
4.3	Does the protocol define how the study population will be sampled from the source population? (e.g. event or inclusion/exclusion criteria)				9.2
Com	ments:				
	nomen of child-bearing age registered in one of the pa aded regardless of her country of origin.	rticipat	ing data	a source	es will be
Seci	tion 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)				9.3.1
5.2	Does the protocol address the validity of the exposure measurement? (e.g. precision, accuracy, use of validation sub-study)				9.8.2
5.3	Is exposure categorised according to time windows?	\boxtimes			9.3.3
5.4	Is intensity of exposure addressed? (e.g. dose, duration)				9.3.1
5.5	Is exposure categorised based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?				9.3.1, 9.3.3
5.6	Is (are) (an) appropriate comparator(s) identified?				9.7.4
Com	ments:				
Sect	ion 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?				9.3.2
6.2	Does the protocol describe how the outcomes are defined and measured?				9.3.2
6.3	Does the protocol address the validity of outcome measurement? (e.g. precision, accuracy, sensitivity, specificity, positive predictive value, use of validation substudy)	\boxtimes			9.8.2

Sect	ion 6: Outcome definition and measurement	Yes	No	N/A	Section Number
6.4	Does the protocol describe specific outcomes relevant for Health Technology Assessment? (e.g. HRQoL, QALYS, DALYS, health care services utilisation, burden of disease or treatment, compliance, disease management)		\boxtimes		.,
Com	ments:				
The	outcomes assessed in this study are not relevant for h	ealth te	chnolo	gy asse	ssment.
Sect	ion 7: Bias	Yes	No	N/A	Section Number
7.1	Does the protocol address ways to measure confounding? (e.g. confounding by indication)				8, 9.3.3
7.2	Does the protocol address selection bias? (e.g. healthy user/adherer bias)				8, 9.7
7.3	Does the protocol address information bias? (e.g. misclassification of exposure and outcomes, time-related bias)				9.9
Com	ments:			****	
A str restr wom mitig	esign we deal with confounding by indication, we select hem indication specific, subsequently time per cohort and the same database. Frong confounding factor will be age which will be strativation to womenAll women of childbearing age are interpreted in the final study drug are including the potential selection bias. Will be discussed in the final study report.	eriods a fied for, ncluded	are con gende for the	npared the series con	within the trolled for by ojective, all
Sec	tion 8: Effect measure 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			9.3.3, 9.7.4
Com	ments:				
Sec	tion 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)				9.2.1, 9.4
	9.1.2 Outcomes? (e.g. clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics)				9.2.1, 9.4
	9.1.3 Covariates and other characteristics?				9.2.1, 9.4
9.2	Does the protocol describe the information available from the data source(s) on:				

Sec	tion 9: Data sources	Yes	No	N/A	Section Number
	9.2.1 Exposure? (e.g. date of dispensing, drug quantity, dose, number of days of supply prescription, daily dosage, prescriber)	\boxtimes			9.2.1, 9.4
	9.2.2 Outcomes? (e.g. date of occurrence, multiple event, severity measures related to event)				9.2.1, 9.4
	9.2.3 Covariates and other characteristics? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, lifestyle)	\boxtimes			9.2.1, 9.4
9.3	Is a coding system described for:				
	9.3.1 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC) Classification System)	\boxtimes			9.2.1
	9.3.2 Outcomes? (e.g. International Classification of Diseases (ICD), Medical Dictionary for Regulatory Activities (MedDRA))	\boxtimes			9.2.1
	9.3.3 Covariates and other characteristics?	\boxtimes			9.2.1
9.4	Is a linkage method between data sources described? (e.g. based on a unique identifier or other)				9.2.1

Comments:

Linkage is only necessary in those data sources which make use of birth or pregnancy registries to link mothers and infants.

Section 10: Analysis plan	Yes	No	N/A	Section Number
10.1 Are the statistical methods and the reason for their choice described?				9.7.3
10.2 Is study size and/or statistical precision estimated?				9.5.1
10.3 Are descriptive analyses included?				9.7.1
10.4 Are stratified analyses included?				9.7.4
10.5 Does the plan describe methods for analytic control of confounding?				
10.6 Does the plan describe methods for analytic control of outcome misclassification?				9.9.1
10.7 Does the plan describe methods for handling missing data?	\boxtimes			9.7.5
10.8 Are relevant sensitivity analyses described?	\boxtimes			9.7.7

Comments:

Because we are using interrupted time series to compare two periods, concerns of bias and confounding are mitigated.

By design we deal with confounding by indication, we select cohorts by type of retinoid which makes them indication specific, subsequently time periods are compared within the same cohort and the same database.

A strong confounding factor will be age which will be stratified for, gender is controlled for by restriction to women. -All women of childbearing age are included for the first objective, all women receiving a prescription for a study drug are included in the other objectives, this mitigates potential selection bias.

This will be discussed in the final study report.

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)				9.6.4
11.2 Are methods of quality assurance described?	\square			9.8
11.3 Is there a system in place for independent review of study results?				
Comments:				
			<u>.</u>	
Section 12: Limitations	Yes	No	N/A	Section Number
12.1 Does the protocol discuss the impact on the study results of:				
12.1.1 Selection bias?				
12.1.2 Information bias?				9.9
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).				
12.2 Does the protocol discuss study feasibility? (e.g. study size, anticipated exposure uptake, duration of follow-up in a cohort study, patient recruitment, precision of the estimates)	he 🗵			9.5, 9.9
Comments:				
Section 13: Ethical/data protection issues	Yes	No	N/A	Section Number
13.1 Have requirements of Ethics Committee/ Institutional Review Board been described?				10
13.2 Has any outcome of an ethical review procedure been addressed?		\boxtimes		
13.3 Have data protection requirements been described?				10
Comments:				
Comments: The protocol has not yet been submitted for ethics revi	ew.			
	ew.	No	N/A	Section Number
The protocol has not yet been submitted for ethics revi		No	N/A	

Section 15: Plans for communication of study results	Yes	No	N/A	Section Number	
15.1 Are plans described for communicating study results (e.g. to regulatory authorities)?	\boxtimes			12	
15.2 Are plans described for disseminating study results externally, including publication?	\boxtimes			12	
Comments:					
Name of the main author of the protocol:Caitlin Dodd, F	hD				
Date: 31/July/2019					
Signature: Cully Dold					

