EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

European Network of Centres for Pharmacoepidemiology and Pharmacovigilance

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ENCePP Checklist for Study Protocols (Revision 2, amended)

Adopted by the ENCePP Steering Group on 14/01/2013

The European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP) 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 ENCePP Guide on Methodological Standards in Pharmacoepidemiology 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 page number(s) 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 Guidance on the format and content of the protocol of non-interventional post-authorisation safety studies). Note, 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).

Study title:
A Postmarketing Safety Study of Q/LAIV in Subjects 2 Through 49 Years of Age

Study reference number:
MA-VA-MEDI3250-1115

Section 1: Milestones	**Yes**	**No**	**N/A**	**Page Number(s)**
1.1 Does the protocol specify timelines for				
1.1.1 Start of data collection[1]	☒	☐	☐	14
1.1.2 End of data collection[2]	☒	☐	☐	14
1.1.3 Study progress report(s)	☒	☐	☐	14, 31
1.1.4 Interim progress report(s)	☐	☐	☒	
1.1.5 Registration in the EU PAS register	☒	☐	☐	14
1.1.6 Final report of study results.	☒	☐	☐	14, 31

Comments:

[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.

Section 2: Research question	Yes	No	N/A	Page Number(s)
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)	☒	☐	☐	16
2.1.2 The objective(s) of the study?	☒	☐	☐	16
2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)	☒	☐	☐	16, 19
2.1.4 Which formal hypothesis(-es) is (are) to be tested?	☐	☐	☒	
2.1.5 If applicable, that there is no *a priori* hypothesis?	☒	☐	☐	16

Comments:

This postmarketing safety study is hypothesis generating: no formal hypothesis will be tested

Section 3: Study design	Yes	No	N/A	Page Number(s)
3.1 Is the study design described? (e.g. cohort, case-control, randomised controlled trial, new or alternative design)	☒	☐	☐	17-18
3.2 Does the protocol specify the primary and secondary (if applicable) endpoint(s) to be investigated?	☐	☐	☒	
3.3 Does the protocol describe the measure(s) of effect? (e.g. relative risk, odds ratio, deaths per 1000 person-years, absolute risk, excess risk, incidence rate ratio, hazard ratio, number needed to harm (NNH) per year)	☒	☐	☐	21-22

Comments:

Section 4: Source and study populations	Yes	No	N/A	Page Number(s)
4.1 Is the source population described?	☒	☐	☐	18-19
4.2 Is the planned study population defined in terms of:				
4.2.1 Study time period?	☒	☐	☐	18
4.2.2 Age and sex?	☒	☐	☐	19
4.2.3 Country of origin?	☐	☒	☐	19
4.2.4 Disease/indication?	☒	☐	☐	19
4.2.5 Co-morbidity?	☒	☐	☐	19
4.2.6 Seasonality?	☒	☐	☐	18, 19
4.3 Does the protocol define how the study population will be sampled from the source population? (e.g. event or inclusion/exclusion criteria)	☒	☐	☐	19

Comments:

The planned study population is not defined in terms of country of origin. But all enrollees will have to be insured by Kaiser Permanente Northern California for least 12 months prior to vaccination or index date.

Section 5: Exposure definition and measurement	Yes	No	N/A	Page Number(s)
5.1 Does the protocol describe how exposure is defined and measured? (e.g. operational details for defining and	☒	☐	☐	17-18

Section 5: Exposure definition and measurement	Yes	No	N/A	Page Number(s)
categorising exposure)				
5.2 Does the protocol discuss the validity of exposure measurement? (e.g. precision, accuracy, prospective ascertainment, exposure information recorded before the outcome occurred, use of validation sub-study)	☒	☐	☐	21
5.3 Is exposure classified according to time windows? (e.g. current user, former user, non-use)	☒	☐	☐	17-18
5.4 Is exposure classified based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?	☒	☐	☐	20
5.5 Does the protocol specify whether a dose-dependent or duration-dependent response is measured?	☐	☐	☒	

Comments:

Because LAIV is administered in one dose, there is no specification of a dose-dependent or duration-dependent response.

Section 6: Endpoint definition and measurement	Yes	No	N/A	Page Number(s)
6.1 Does the protocol describe how the endpoints are defined and measured?	☒	☐	☐	20
6.2 Does the protocol discuss the validity of endpoint measurement? (e.g. precision, accuracy, sensitivity, specificity, positive predictive value, prospective or retrospective ascertainment, use of validation sub-study)	☒	☐	☐	21-22

Comments:

Section 7: Confounders and effect modifiers	Yes	No	N/A	Page Number(s)
7.1 Does the protocol address known confounders? (e.g. collection of data on known confounders, methods of controlling for known confounders)	☒	☐	☐	17
7.2 Does the protocol address known effect modifiers? (e.g. collection of data on known effect modifiers, anticipated direction of effect)	☐	☐	☒	

Comments:

There is no identified effect modifier but we plan to document a list of covariates that might be effect modifiers (or confounders).

Section 8: Data sources	Yes	No	N/A	Page Number(s)
8.1 Does the protocol describe the data source(s) used in the study for the ascertainment of:				
8.1.1 Exposure? (e.g. pharmacy dispensing, general practice prescribing, claims data, self-report, face-to-face interview, etc.)	☒	☐	☐	21
8.1.2 Endpoints? (e.g. clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics, etc.)	☒	☐	☐	21
8.1.3 Covariates?	☒	☐	☐	23-28
8.2 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)	☒	☐	☐	21

Section 8: Data sources	**Yes**	**No**	**N/A**	**Page Number(s)**
8.2.2 Endpoints? (e.g. date of occurrence, multiple event, severity measures related to event)	☒	☐	☐	19-21
8.2.3 Covariates? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, life style, etc.)	☒	☐	☐	23-28
8.3 Is a coding system described for:				
8.3.1 Diseases? (e.g. International Classification of Diseases (ICD)-10)	☒	☐	☐	36
8.3.2 Endpoints? (e.g. Medical Dictionary for Regulatory Activities (MedDRA) for adverse events)	☐	☐	☒	
8.3.3 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC)Classification System)	☐	☐	☒	
8.4 Is the linkage method between data sources described? (e.g. based on a unique identifier or other)	☒	☐	☐	21

Comments:

The coding system and algorithms identifying endpoints and exposure are updated and validated regularly by KPNC

Section 9: Study size and power	**Yes**	**No**	**N/A**	**Page Number(s)**
9.1 Is sample size and/or statistical power calculated?	☒	☐	☐	21-22

Comments:

Section 10: Analysis plan	**Yes**	**No**	**N/A**	**Page Number(s)**
10.1 Does the plan include measurement of excess risks?	☒	☐	☐	23-26
10.2 Is the choice of statistical techniques described?	☒	☐	☐	23-26
10.3 Are descriptive analyses included?	☒	☐	☐	23-26
10.4 Are stratified analyses included?	☐	☒	☐	
10.5 Does the plan describe methods for adjusting for confounding?	☒	☐	☐	24-25
10.6 Does the plan describe methods addressing effect modification?	☒	☐	☐	24-25

Comments:

We do not plan to conduct stratified analyses but sensitivity analyses in specific populations of interest (e.g. with/without high risk underlying medical conditions).

Section 11: Data management and quality control	**Yes**	**No**	**N/A**	**Page Number(s)**
11.1 Is information provided on the management of missing data?	☒	☐	☐	20
11.2 Does the protocol provide information on data storage? (e.g. software and IT environment, database maintenance and anti-fraud protection, archiving)	☒	☐	☐	22
11.3 Are methods of quality assurance described?	☒	☐	☐	21
11.4 Does the protocol describe possible quality issues related to the data source(s)?	☒	☐	☐	21

Section 11: Data management and quality control	Yes	No	N/A	Page Number(s)
11.5 Is there a system in place for independent review of study results?	☒	☐	☐	31

Comments:

The outcomes of interest are medically attended events that cannot technically be missing in the KPNC databases.

Section 12: Limitations	Yes	No	N/A	Page Number(s)
12.1 Does the protocol discuss:				
12.1.1 Selection biases?	☒	☐	☐	17
12.1.2 Information biases? (e.g. anticipated direction and magnitude of such biases, validation sub-study, use of validation and external data, analytical methods)	☒	☐	☐	27-28
12.2 Does the protocol discuss study feasibility? (e.g. sample size, anticipated exposure, duration of follow-up in a cohort study, patient recruitment)	☒	☐	☐	20
12.3 Does the protocol address other limitations?	☒	☐	☐	27-28

Comments:

Section 13: Ethical issues	Yes	No	N/A	Page Number(s)
13.1 Have requirements of Ethics Committee/Institutional Review Board approval been described?	☒	☐	☐	28
13.2 Has any outcome of an ethical review procedure been addressed?	☐	☐	☒	
13.3 Have data protection requirements been described?	☒	☐	☐	28

Comments:

An ethical review by an independent review board is pending.

Section 14: Amendments and deviations	Yes	No	N/A	Page Number(s)
14.1 Does the protocol include a section to document future amendments and deviations?	☒	☐	☐	28

Comments:

Section 15: Plans for communication of study results	Yes	No	N/A	Page Number(s)
15.1 Are plans described for communicating study results (e.g. to regulatory authorities)?	☒	☐	☐	14, 31
15.2 Are plans described for disseminating study results externally, including publication?	☒	☐	☐	14, 31

Comments:

This study implements a postmarketing commitment between MedImmune and the US FDA

Name of the main author of the protocol: Hervé Caspard, DD, Sc

Date: 9/5/2013

Signature: