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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 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 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 Guidance on the format and content of the protocol of non-interventional post-authorisation safety studies). 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:
Therapeutic strategy in metastatic castration-resistant prostate cancer: target population and changes between 2012 and 2014. Two sequential cohorts within the French nation-wide claims and hospital database (CAMERRA)

Study reference number:
EUPAS21285

Section 1: Milestones	**Yes**	**No**	**N/A**	**Section Number**
1.1 Does the protocol specify timelines for				
1.1.1 Start of data collection[1]	☒	☐	☐	13; 18
1.1.2 End of data collection[2]	☒	☐	☐	13; 18
1.1.3 Study progress report(s)	☐	☒	☐	
1.1.4 Interim progress report(s)	☒	☐	☐	13
1.1.5 Registration in the EU PAS register	☒	☐	☐	Front page

[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 1: Milestones	**Yes**	**No**	**N/A**	**Section Number**
1.1.6 Final report of study results.	☒	☐	☐	13

Comments:

Monthly study progress report will done and this point is mentioned in the agreement between funder and study coordinator

Section 2: Research question	**Yes**	**No**	**N/A**	**Section Number**
2.1 Does the formulation of the research question and objectives clearly explain:	☒	☐	☐	8; 17
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)	☒	☐	☐	8; 17
2.1.2 The objective(s) of the study?	☒	☐	☐	8; 17
2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)	☒	☐	☐	9; 19
2.1.4 Which hypothesis(-es) is (are) to be tested?	☐	☐	☒	
2.1.5 If applicable, that there is no *a priori* hypothesis?	☐	☐	☒	

Comments:

This is a descriptive study aiming to understand the utilization of prostate cancer drugs

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)	☒	☐	☐	8; 18
3.2 Does the protocol specify whether the study is based on primary, secondary or combined data collection?	☒	☐	☐	11; 22
3.3 Does the protocol specify measures of occurrence? (e.g. incidence rate, absolute risk)	☒	☐	☐	17; 19
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)	☐	☐	☒	
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)	☒	☐	☐	26

Comments:

Measures of occurrence are detailed in Statistical Analysis Plan

Section 4: Source and study populations	**Yes**	**No**	**N/A**	**Section Number**
4.1 Is the source population described?	☒	☐	☐	9; 11; 19; 22
4.2 Is the planned study population defined in terms of:				

Section 4: Source and study populations	**Yes**	**No**	**N/A**	**Section Number**
4.2.1 Study time period?	☒	☐	☐	9; 18
4.2.2 Age and sex?	☒	☐	☐	9; 19
4.2.3 Country of origin?	☒	☐	☐	11; 22
4.2.4 Disease/indication?	☒	☐	☐	9; 19-20
4.2.5 Duration of follow-up?	☒	☐	☐	9; 18
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; 19

Comments:

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)	☒	☐	☐	10; 20
5.2 Does the protocol address the validity of the exposure measurement? (e.g. precision, accuracy, use of validation sub-study)	☒	☐	☐	12; 24
5.3 Is exposure classified according to time windows? (e.g. current user, former user, non-use)	☒	☐	☐	20
5.4 Is exposure classified based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?	☐	☐	☒	

Comments:

This study is based on the French Nationwide claims and hospital databases for which exposure codes have already been assessed and published elsewhere. This is a descriptive study aiming to understand the utilization of prostate cancer drugs.

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?	☒	☐	☐	9; 19-20
6.2 Does the protocol describe how the outcomes are defined and measured?	☒	☐	☐	9; 19-20
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)	☒	☐	☐	12; 24
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)	☒	☐	☐	11; 21-22

Comments:

Preliminary analysis in the EGB was used to assess and address validity of the outcome measurement (prostate cancer).

Section 7: Bias	**Yes**	**No**	**N/A**	**Section Number**
7.1 Does the protocol describe how confounding will be addressed in the study?	☒	☐	☐	25
7.1.1. Does the protocol address confounding by indication if applicable?	☐	☐	☒	
7.2 Does the protocol address:	☒	☐	☐	25
7.2.1. Selection biases (e.g. healthy user bias)	☒	☐	☐	25
7.2.2. Information biases (e.g. misclassification of exposure and endpoints, time-related bias)	☒	☐	☐	25
7.3 Does the protocol address the validity of the study covariates?	☐	☒	☐	

Comments:

This is a descriptive study aiming to understand the utilization of prostate cancer drugs. Preliminary analysis in the EGB was used to assess and address validity of covariates.

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)	☐	☐	☒	

Comments:

This is a descriptive study aiming to understand the utilization of prostate cancer drugs. No effect estimate is generated.

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)	☒	☐	☐	11; 22
9.1.2 Outcomes? (e.g. clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics)	☒	☐	☐	11; 22
9.1.3 Covariates?	☒	☐	☐	11; 22
9.2 Does the protocol describe the information available from the data source(s) on:				
9.2.1 Exposure? (e.g. date of dispensing, drug quantity, dose, number of days of supply prescription, daily dosage, prescriber)	☒	☐	☐	11; 22-23
9.2.2 Outcomes? (e.g. date of occurrence, multiple event, severity measures related to event)	☒	☐	☐	11; 22-23
9.2.3 Covariates? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, lifestyle)	☒	☐	☐	11; 22-23
9.3 Is a coding system described for:				

Section 9: Data sources	**Yes**	**No**	**N/A**	**Section Number**
9.3.1 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC) Classification System)	☒	☐	☐	2; 19-22
9.3.2 Outcomes? (e.g. International Classification of Diseases (ICD)-10, Medical Dictionary for Regulatory Activities (MedDRA))	☒	☐	☐	19-22
9.3.3 Covariates?	☒	☐	☐	10-11; 22-23
9.4 Is a linkage method between data sources described? (e.g. based on a unique identifier or other)	☐	☐	☒	

Comments:

Coding systems are fully described in the Statistical Analysis Plan.

There is no linkage to other data sources in this study.

Section 10: Analysis plan	**Yes**	**No**	**N/A**	**Section Number**
10.1 Is the choice of statistical techniques described?	☒	☐	☐	24-25
10.2 Are descriptive analyses included?	☒	☐	☐	24-25
10.3 Are stratified analyses included?	☒	☐	☐	24
10.4 Does the plan describe methods for adjusting for confounding?	☐	☒	☐	
10.5 Does the plan describe methods for handling missing data?	☐	☒	☐	
10.6 Is sample size and/or statistical power estimated?	☒	☐	☐	12; 23-24

Comments:

Methods for adjusting for confounding and methods for handling missing data are described in Statistical Analysis Plan

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)	☒	☐	☐	24
11.2 Are methods of quality assurance described?	☒	☐	☐	25
11.3 Is there a system in place for independent review of study results?	☒	☐	☐	27

Comments:

Information on data storage is specified in the declaration to the French Data Protection Agency (CNIL) and in Statistical Analysis Plan.

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?	☒	☐	☐	25-26
12.1.2 Information bias?	☒	☐	☐	25-26

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)	☒	☐	☐	25-26
12.2 Does the protocol discuss study feasibility? (e.g. study size, anticipated exposure, duration of follow-up in a cohort study, patient recruitment)	☒	☐	☐	12;24

Comments:

Section 13: Ethical issues	**Yes**	**No**	**N/A**	**Section Number**
13.1 Have requirements of Ethics Committee/ Institutional Review Board been described?	☒	☐	☐	11; 23; 26
13.2 Has any outcome of an ethical review procedure been addressed?	☐	☐	☒	
13.3 Have data protection requirements been described?	☒	☐	☐	11; 23; 26

Comments:

Access to the SNDS is regulated with obtaining of approval from the *Institut National des Données de Santé* (INDS, National Institute of Health Data) and the *Commission Nationale Informatique et Libertés* (CNIL, the French data protection commission)

Section 14: Amendments and deviations	**Yes**	**No**	**N/A**	**Section Number**
14.1 Does the protocol include a section to document amendments and deviations?	☒	☐	☐	14

Comments:

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)?	☒	☐	☐	27
15.2 Are plans described for disseminating study results externally, including publication?	☒	☐	☐	27

Comments:

Name of the main author of the protocol: Dr. Patrick BLIN

Date: 07/03/2018

Signature: