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European Network of Centres for Pharmacoepidemiology and Pharmacovigilance

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</u> <u>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</u> <u>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: Utilisation disease-modifying anti-rheumatic drugs (DMARDs) used for the treatment of rheumatoid arthritis: protocol for a multi-database realworld cohort study

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

<u>Sec</u>	tion 1: Milestones	Yes	No	N/A	Section Number
1.1	Does the protocol specify timelines for				
	1.1.1 Start of data collection ¹	\square			

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.

Section 1: Milestones	Yes	No	N/A	Section Number
1.1.2 End of data collection ²				Page 1 and section on dissemina ting and communi cation of reseults
1.1.3 Progress report(s)			\square	
1.1.4 Interim report(s)			\square	
1.1.5 Registration in the EU PAS Register [®]	\square			
1.1.6 Final report of study results.	\boxtimes			

<u>Sec</u>	tion 2: Research question	Yes	No	N/A	Section Number
2.1	Does the formulation of the research question and objectives clearly explain:	\boxtimes			Research questi on and objecti ves
	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)	\boxtimes			
	2.1.2 The objective(s) of the study?	\square			
	2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)	\bowtie			
	2.1.4 Which hypothesis(-es) is (are) to be tested?			\bowtie	
	2.1.5 If applicable, that there is no <i>a priori</i> hypothesis?				

<u>Sec</u>	tion 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)				Study design – page 4
3.2	Does the protocol specify whether the study is based on primary, secondary or combined data collection?				Datasource s – page 4

² Date from which the analytical dataset is completely available.

<u>Sect</u>	ion 3: Study design	Yes	No	N/A	Section Number
3.3	Does the protocol specify measures of occurrence? (e.g., rate, risk, prevalence)				Analytic metho ds page 5-6
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))			\boxtimes	
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)				

Sect	tion 4: Source and study populations	Yes	No	N/A	Section Number
4.1	Is the source population described?	\boxtimes			Datasource s
4.2	Is the planned study population defined in terms of:				Method sectio n page 4-5
	 4.2.1 Study time period 4.2.2 Age and sex 4.2.3 Country of origin 4.2.4 Disease/indication 4.2.5 Duration of follow-up 				
4.3	Does the protocol define how the study population will be sampled from the source population? (e.g. event or inclusion/exclusion criteria)				Method sectio n page 4

<u>Sect</u>	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)	\boxtimes			Exposure page 5
5.2	Does the protocol address the validity of the exposure measurement? (e.g. precision, accuracy, use of validation sub-study)				Quality perfor mance page 6

<u>Sect</u>	ion 5: Exposure definition and measurement	Yes	No	N/A	Section Number
5.3	Is exposure categorised according to time windows?	\boxtimes			Page 5
5.4	Is intensity of exposure addressed? (e.g. dose, duration)	\boxtimes			Creation drug eras – page 5
5.5	Is exposure categorised based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?				
5.6	Is (are) (an) appropriate comparator(s) identified?			\square	

<u>Sect</u>	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?			\boxtimes	
6.2	Does the protocol describe how the outcomes are defined and measured?			\boxtimes	
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	
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	

Comments:

For these questions, N/A was answered as DUS was not considered as an outcome

<u>Sect</u>	ion 7: Bias	Yes	No	N/A	Section Number
7.1	Does the protocol address ways to measure confounding? (e.g. confounding by indication)			\boxtimes	
7.2	Does the protocol address selection bias? (e.g. healthy user/adherer bias)	\boxtimes			Page 7 - Limitat ions
7.3	Does the protocol address information bias? (e.g. misclassification of exposure and outcomes, time-related bias)	\boxtimes			Page 7 - Limitat ions

Section 8: Effect measure modification	Yes	No	N/A	Section
				Number

Sect	ion 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)				Analytic metho ds page 6

Sect	tion 9: Data sources	Yes	No	N/A	Section
9.1	Does the protocol describe the data source(s) used in the study for the ascertainment of:				Number
	9.1.1 Exposure? (e.g. pharmacy dispensing, general practice prescribing, claims data, self-report, face-to-face interview)				Page 5 – expos ure of intere st
	9.1.2 Outcomes? (e.g. clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics)				Page 5 – patien t chara cterist ics
	9.1.3 Covariates and other characteristics?	\square			
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)				Page 5 – expos ure of intere st
	9.2.2 Outcomes? (e.g. date of occurrence, multiple event, severity measures related to event)			\boxtimes	
	9.2.3 Covariates and other characteristics ? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, lifestyle)				Page 5 – expos ure of intere st
9.3	Is a coding system described for:				
	9.3.1 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC) Classification System)				Exposure of intere st page 5
	9.3.2 Outcomes? (e.g. International Classification of Diseases (ICD), Medical Dictionary for Regulatory Activities (MedDRA))				
	9.3.3 Covariates and other characteristics?	\square			

<u>Sect</u>	ion 9: Data sources	Yes	No	N/A	Section Number
9.4	Is a linkage method between data sources described? (e.g. based on a unique identifier or other)			\square	

Comments:

Section 10: Analysis plan	Yes	No	N/A	Section
				Number
10.1 Are the statistical methods and the reason for their choice described?				Analytic metho ds page 6
10.2 Is study size and/or statistical precision estimated?				Sample size page 6
10.3 Are descriptive analyses included?	\boxtimes			Analytic metho ds page 6
10.4 Are stratified analyses included?				Analytic metho ds page 6
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?				
10.7 Does the plan describe methods for handling missing data?			\boxtimes	
10.8 Are relevant sensitivity analyses described?				Analytic metho ds page 6 - stratifi ed analysi s

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)				Data quality checks page 7
11.2 Are methods of quality assurance described?				

Section 11: Data management and quality control	Yes	No	N/A	Section Number
11.3 Is there a system in place for independent review of study results?				Data quality checks page 7

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?	\bowtie			
12.1.2 Information bias?	\bowtie			
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)				

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?	\square			Page 7
13.2 Has any outcome of an ethical review procedure been addressed?			\boxtimes	
13.3 Have data protection requirements been described?	\square			Page 7

Section 14: Amendments and deviations	Yes	No	N/A	Section Number
14.1 Does the protocol include a section to document amendments and deviations?		\boxtimes		
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)?	\boxtimes			Disseminati ng and comm unicati on page 8
15.2 Are plans described for disseminating study results externally, including publication?				Disseminati ng and comm unicati on page 8

Name of the main author of the protocol: Dani Pietro

Date: dd/Month/year

Signature: