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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 <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).

Study title:

Use of antidepressant drugs and its association with risk of stroke, frequency of hospitalization, and mortality in an elderly population

Study reference number:	
PI15/01429	

Sect	ion 1: Milestones	Yes	No	N/A	Section Number
1.1	Does the protocol specify timelines for				÷
	1.1.1 Start of data collection ¹	\boxtimes			6
	1.1.2 End of data collection ²	\boxtimes			6
	1.1.3 Study progress report(s)	\boxtimes			6
	1.1.4 Interim progress report(s)			\boxtimes	
	1.1.5 Registration in the EU PAS register	\boxtimes			6

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		
<u>5000</u>	ion 27 Theseones				Number		
~~~~	1.1.6 Final report of study results.	$\boxtimes$			6		
Comments:							
Interim progress report(s) are not applicable because analysis will only be performed one time with all the data in this retrospective study.							
Sect	ion 2: Research question	Yes	No	N/A	Section Number		
2.1	Does the formulation of the research question and objectives clearly explain:	$\boxtimes$			7, 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)	$\boxtimes$			7		
	2.1.2 The objective(s) of the study?	$\boxtimes$			8.2, 8.3		
	2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)	$\boxtimes$			8		
	2.1.4 Which hypothesis(-es) is (are) to be tested?	$\boxtimes$			8.1		
	2.1.5 If applicable, that there is no <i>a priori</i> hypothesis?						
Com	ments:						
Ther	e are <i>a priori</i> hypotheses to be tested.			~			
Section 3: Study design  Yes No N/A Section Number							
		res	NO	N/A	Section Number		
3.1	Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)	∀es					
3.1	Is the study design described? (e.g. cohort, case-				Number 9.1.(1),		
	Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)  Does the protocol specify whether the study is based on primary, secondary or combined data				9.1.(1), 9.1.(2) 9.4.(1),		
3.2	Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)  Does the protocol specify whether the study is based on primary, secondary or combined data collection?  Does the protocol specify measures of occurrence?				9.1.(1), 9.1.(2) 9.4.(1), 9.4.(2) 9.7.(1),		
3.2	Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)  Does the protocol specify whether the study is based on primary, secondary or combined data collection?  Does the protocol specify measures of occurrence? (e.g. incidence rate, absolute risk)  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				9.1.(1), 9.1.(2) 9.4.(1), 9.4.(2) 9.7.(1), 9.7.(2)		
3.2 3.3 3.4 3.5	Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)  Does the protocol specify whether the study is based on primary, secondary or combined data collection?  Does the protocol specify measures of occurrence? (e.g. incidence rate, absolute risk)  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)  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				9.1.(1), 9.1.(2) 9.4.(1), 9.4.(2) 9.7.(1), 9.7.(2)		
3.2 3.3 3.4 3.5	Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)  Does the protocol specify whether the study is based on primary, secondary or combined data collection?  Does the protocol specify measures of occurrence? (e.g. incidence rate, absolute risk)  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)  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)				9.1.(1), 9.1.(2) 9.4.(1), 9.4.(2) 9.7.(1), 9.7.(2) 9.7.(2)		
3.2 3.3 3.4 3.5 Com	Is the study design described? (e.g. cohort, case-control, cross-sectional, new or alternative design)  Does the protocol specify whether the study is based on primary, secondary or combined data collection?  Does the protocol specify measures of occurrence? (e.g. incidence rate, absolute risk)  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)  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)  ments:  to the retrospective nature of this study, no suspected				9.1.(1), 9.1.(2) 9.4.(1), 9.4.(2) 9.7.(1), 9.7.(2) 9.7.(2)		

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Sect	ion 4: Source and study populations	Yes	No	N/A	Section Number
4.2	Is the planned study population defined in terms of:				9.2.(1), 9.2.(2)
	4.2.1 Study time period?	$\boxtimes$			9.2.(1), 9.2.(2)
	4.2.2 Age and sex?	$\boxtimes$			9.2.(1), 9.2.(2)
	4.2.3 Country of origin?	$\boxtimes$			9.2.(1), 9.2.(2)
	4.2.4 Disease/indication?			$\boxtimes$	
	4.2.5 Duration of follow-up?	$\boxtimes$			9.2.(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)	$\boxtimes$			9.2.(1), 9.2.(2)
Com	ments:				
	population of this study is defined in terms of exposur ase/indication.	e, not ir	ı terms	of	
Sect	ion 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)	À			9.3.(1), 9.3.(2)
5.2	Does the protocol address the validity of the exposure measurement? (e.g. precision, accuracy, use of validation sub-study)	$\boxtimes$			9.4.(1), 9.4.(2)
5.3	Is exposure classified according to time windows? (e.g. current user, former user, non-use)				H3
5.4	Is exposure classified based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?	×			9.3.(1), 9.3.(2)
Com	ments:				
Sec	tion 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?	$\boxtimes$			9.3.(2)
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)	$\boxtimes$			9.4.(2)

Sect	ion 6: Outcome definition and measurement	Yes	No	N/A	Section Number
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)			$\boxtimes$	
Com	ments:	······································			
	objectives of this study do not include outcomes relevenses.	ant for I	Health	Technol	ogy
Sect	ion 7: Bias	Yes	No	N/A	Section Number
7.1	Does the protocol describe how confounding will be addressed in the study?				9.7.(2), 9.9.(2)
	7.1.1. Does the protocol address confounding by indication if applicable?	$\boxtimes$			9.7.(2), 9.9.(2)
7.2	Does the protocol address:	$\boxtimes$			9.9.(1), 9.9.(2)
	7.2.1. Selection biases (e.g. healthy user bias)				9.9.(1), 9.9.(2)
	7.2.2. Information biases (e.g. misclassification of exposure and endpoints, time-related bias)				9.9.(1), 9.9.(2)
7.3	Does the protocol address the validity of the study covariates?	$\boxtimes$			9.4.(1), 9.4.(2)
Com	ments:				
Sect	tion 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)	×			9.3.(2)
Com	ments:				
Soci	tion Q. Data courses	Yes	No	N/A	Section
Seci	tion 9: Data sources	163	INO	11/A	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)	$\boxtimes$			9.4.(1), 9.4.(2)
	9.1.2 Outcomes? (e.g. clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics)	$\boxtimes$			9.4.(2)
	9.1.3 Covariates?				9.4.(1), 9.4.(2)
9.2	Does the protocol describe the information				

	ion 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)	$\boxtimes$			9.4.(1), 9.4.(2), 9.3.(1), 9.3.(2)
	9.2.2 Outcomes? (e.g. date of occurrence, multiple event, severity measures related to event)	$\boxtimes$			9.4.(2), 9.3.(2)
	9.2.3 Covariates? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, lifestyle)				9.4.(1), 9.4.(2), 9.3.(1), 9.3.(2)
9.3	Is a coding system described for:				
	9.3.1 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC) Classification System)				Annex A3.3
	9.3.2 Outcomes? (e.g. International Classification of Diseases (ICD)-10, Medical Dictionary for Regulatory Activities (MedDRA))	$\boxtimes$			Annex A3.6
	9.3.3 Covariates?				Annex A3.2, A3.4, A3.5
9.4	Is a linkage method between data sources described? (e.g. based on a unique identifier or other)	$\boxtimes$			9.4.(1), 9.4.(2)
Com	ments:				
Soct	ion 10: Analysis plan	Ves	No	N/A	Section
Sect	ion 10: Analysis plan	Yes	No	N/A	Section Number
	ion 10: Analysis plan  Is the choice of statistical techniques described?	Yes	No	N/A	
10.1			No	<b>N/A</b> □	Number 9.7.(1),
10.1	Is the choice of statistical techniques described?	$\boxtimes$	No	N/A	9.7.(1), 9.7.(2) 9.7.(1),
10.1	Is the choice of statistical techniques described?  Are descriptive analyses included?		No	N/A	9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(1),
10.1 10.2 10.3	Is the choice of statistical techniques described?  Are descriptive analyses included?  Are stratified analyses included?  Does the plan describe methods for adjusting for		No	N/A	9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2)
10.1 10.2 10.3 10.4	Is the choice of statistical techniques described?  Are descriptive analyses included?  Are stratified analyses included?  Does the plan describe methods for adjusting for confounding?  Does the plan describe methods for handling		No	N/A	9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(2)
10.1 10.2 10.3 10.4 10.5	Is the choice of statistical techniques described?  Are descriptive analyses included?  Are stratified analyses included?  Does the plan describe methods for adjusting for confounding?  Does the plan describe methods for handling missing data?		No	N/A	9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(2) 9.7.(2) 9.7.(2)
10.1 10.2 10.3 10.4 10.5	Is the choice of statistical techniques described?  Are descriptive analyses included?  Are stratified analyses included?  Does the plan describe methods for adjusting for confounding?  Does the plan describe methods for handling missing data?  Is sample size and/or statistical power estimated?		No	N/A	9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(2) 9.7.(2) 9.7.(2)
10.1 10.2 10.3 10.4 10.5 Com	Is the choice of statistical techniques described?  Are descriptive analyses included?  Are stratified analyses included?  Does the plan describe methods for adjusting for confounding?  Does the plan describe methods for handling missing data?  Is sample size and/or statistical power estimated?		No  I I I I I I I I I I I I I I I I I I I	N/A	9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(1), 9.7.(2) 9.7.(2) 9.7.(2) 9.7.(2)

Section 11: Data management and quality control	Yes	No	N/A	Section Number
11.2 Are methods of quality assurance described?	$\boxtimes$			9.8.(1), 9.8.(2)
11.3 Is there a system in place for independent review of study results?				THE PARTY OF THE P
Comments:		·		·····
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?				9.9.(1), 9.9.(2)
12.1.2 Information bias?				9.9.(1), 9.9.(2)
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)		$\boxtimes$		
12.2 Does the protocol discuss study feasibility? (e.g. study size, anticipated exposure, duration of follow-up in a cohort study, patient recruitment)				9.5.(1), 9.5.(2)
Comments:				
Residual confounding will be addressed in future versions	of the p	rotocol		
Section 13: Ethical issues	Yes	No	N/A	Section Number
13.1 Have requirements of Ethics Committee/ Institutional Review Board been described?	$\boxtimes$			10
13.2 Has any outcome of an ethical review procedure been addressed?				10
13.3 Have data protection requirements been described?	$\boxtimes$			10
Comments:	**************************************			
Section 14: Amendments and deviations	Yes	No	N/A	Section Number
14.1 Does the protocol include a section to document amendments and deviations?	$\boxtimes$			5
Comments:				<u> </u>

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)?				12, Annex A3.1
15.2 Are plans described for disseminating study results externally, including publication?	$\boxtimes$			12, Annex A3.1
Comments:				
Name of the main author of the protocol: Luisa Ibáñez N	Mora, M	D PhD		
Date: 01/June/2017				
Signature: Wisc Psain				