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ENCePP Checklist for Study Protocols (Revision 1)

Adopted by the ENCePP Steering Group on 19/08/2011

The purpose of the Checklist developed by ENCePP is to stimulate consideration of important epidemiological principles when designing a pharmacoepidemiological or pharmacovigilance study and writing a study protocol. The Checklist is intended to promote the quality of such studies, not their uniformity. ENCePP welcomes innovative designs and new methods of research. 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 of the questions 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.

Section 1: Research question	Yes	No	N/A	Page Number(s)
1.1 Does the formulation of the research question clearly explain:	\boxtimes			9
1.1.1 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) 1.1.2 The objectives of the study?	\boxtimes			11-12
1.2 Does the formulation of the research question specify:				11
1.2.1 The target population? (i.e. population or subgroup to				11
whom the study results are intended to be generalised) 1.2.2 Which formal hypothesis(-es) is (are) to be tested?				11,18
1.2.3 if applicable, that there is no <i>a priori</i> hypothesis?				

Comments:		

Section 2: Source and study populations	Yes	No	N/A	Page Number(s)
2.1 Is the source population described?				14
2.2 Is the planned study population defined in terms of: 2.2.1 Study time period? 2.2.2 Age and sex? 2.2.3 Country of origin? 2.2.4 Disease/indication? 2.2.5 Co-morbidity? 2.2.6 Seasonality?				14 14 14 14
2.3 Does the protocol define how the study population will be sampled from the source population? (e.g. event or inclusion/exclusion criteria)				14-15
Comments:				
Section 3: Study design	Yes	No	N/A	Page Number(s)
3.1 Does the protocol specify the primary and secondary (if applicable) endpoint(s) to be investigated?	\boxtimes			12, 18
3.2 Is the study design described? (e.g. cohort, case-control, randomised controlled trial, new or alternative design)	\boxtimes			12
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)				15, 20
3.4 Is sample size considered?	\boxtimes			22-23
3.5 Is statistical power calculated?	\boxtimes			22-23
Comments:	1	•	1	
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Section 4: Data sources	Yes	No	N/A	Page Number(s)
4.1 Does the protocol describe the data source(s) used in the study for the ascertainment of:				
4.1.1 Exposure? (e.g. pharmacy dispensing, general practice prescribing, claims data, self-report, face-to-face interview, etc)				10,13
4.1.2 Endpoints? (e.g. clinical records, laboratory markers or values, claims data, self report, patient interview including scales				10,11,13
and questionnaires, vital statistics, etc) 4.1.3 Covariates?	\boxtimes			10,13
4.2 Does the protocol describe the information available from the data source(s) on:				
4.2.1 Exposure? (e.g. date of dispensing, drug quantity, dose, number of days of supply prescription, daily dosage, prescriber)	\boxtimes			10, 13
4.2.2 Endpoints? (e.g. date of occurrence, multiple event, severity measures related to event)				10, 11, 13

Section 4: Data sources	Yes	No	N/A	Page Number(s)	
4.2.3 Covariates? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, life style, etc.)				10,13	
4.3 Is the coding system described for:					
4.3.1 Diseases? (e.g. International Classification of Diseases (ICD)-10)				10, 13	
4.3.2 Endpoints? (e.g. Medical Dictionary for Regulatory Activities(MedDRA) for adverse events)				10, 11, 13 10, 13	
4.3.3 Exposure? (e.g. WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC)Classification System)				10, 13	
4.4 Is the linkage method between data sources described? (e.g. based on a unique identifier or other)				16	
Comments:					
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 categorising exposure)				16, 17	
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)					
5.3 Is exposure classified according to time windows? (e.g. current user, former user, non-use)				16, 17	
5.4 Is exposure classified based on biological mechanism of action?				11, 12	
5.5 Does the protocol specify whether a dose-dependent or duration-dependent response is measured?				16, 17	
Comments:					
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?				10, 11, 13	
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)				10	
Comments:					
Section 7: Biases and Effect modifiers	Yes	No	N/A	Page	
7.1 December with the state of				Number(s)	
7.1 Does the protocol address: 7.1.1 Selection biases?	\boxtimes			23	

7.1.2 Information biases?

Section 7: Blases and Effect modifiers	Yes	No	N/A	Page Number(s)
(e.g. anticipated direction and magnitude of such biases, validation sub-study, use of validation and external data, analytical methods)				
7.2 Does the protocol address known confounders? (e.g. collection of data on known confounders, methods of controlling for known confounders)	\boxtimes			19-20
7.3 Does the protocol address known effect modifiers?			\boxtimes	
(e.g. collection of data on known effect modifiers, anticipated direction of effect)				
7.4 Does the protocol address other limitations?				23-24
Comments:				
Comments.				
Section 8: Analysis plan	Yes	No	N/A	Page
Section 6. Analysis plan	163	140	IV/A	Number(s)
8.1 Does the plan include measurement of absolute effects?				19
8.2 Is the choice of statistical techniques described?	\boxtimes			18-21
8.3 Are descriptive analyses included?	\boxtimes			19
8.4 Are stratified analyses included?	\boxtimes			19
8.5 Does the plan describe the methods for identifying:				
8.5.1 Confounders?	\boxtimes			18-21
8.5.2 Effect modifiers?				
8.6 Does the plan describe how the analysis will address:				
8.6.1 Confounding?	\boxtimes			18-21
8.6.2 Effect modification?				
Comments:				
Section 9: Quality assurance, feasibility and reporting	Yes	No	N/A	Page Number(s)
9.1 Does the protocol provide information on data storage? (e.g. software and IT environment, database maintenance and anti-fraud protection, archiving)	\boxtimes			27
9.2 Are methods of quality assurance described?				
9.3 Does the protocol describe quality issues related to the data source(s)?				10-11
9.4 Does the protocol discuss study feasibility? (e.g. sample size, anticipated exposure, duration of follow-up in a cohort study, patient recruitment)	\boxtimes			
9.5 Does the protocol specify timelines for				
9.5.1 Study start?				
9.5.2 Study progress? (e.g. end of data collection, other milestones)				
9.5.3 Study completion?				
9.5.4 Reporting? (i.e. interim reports, final study report)			$\perp \Box$	
9.6 Does the protocol include a section to document future amendments and deviations?				25
9.7 Are communication methods to disseminate results	\boxtimes			26-27

Section 9: Quality assurance, feasibility and reporting	Yes	No	N/A	Page Number(s)
described?				
9.8 Is there a system in place for independent review of study results?				27
Comments:				
Tentative study timelines given in the agreement between EPID Re Exact timelines impossible to predict.	esearch a	nd the s	tudy fun	der.
Section 10: Ethical issues	Yes	No	N/A	Page Number(s)
10.1 Have requirements of Ethics Committee/Institutional Review Board approval been described?				26
10.2 Has any outcome of an ethical review procedure been addressed?		\boxtimes		
10.3 Have data protection requirements been described?				26
Comments:				
Name of the coordinating study entity ¹ : EPID Research				
Name of (primary) lead investigator ² : Pasi Korhonen				
Date: 28/05/2012				
Signature:				
Pasi Korhonen, PhD, Adj. prof. Biostatistics				

 $^{^{1}}$ A legal person, institution or organisation which takes responsibility for the design and/or the management of a study. The (primary) lead investigator is the person authorised to represent the coordinating study entity.

 $^{^2}$ A person with the scientific background and experience required for the conduct of a particular pharmacoepidemiological or pharmacovigilance study. The lead investigator is responsible for the conduct of a study at a study site. If a study is conducted at several study sites by a team of investigators, the (primary) lead investigator is the investigator who has overall responsibility for the study across all sites.