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European Network of Centres for Pharmacoepidemiology and Pharmacovigilance

## **ENCePP Checklist for Study Protocols (Revision 2, amended)**

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

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 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 <u>Guidance on the format and content of the protocol of non-interventional post-authorisation safety studies</u>). 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 non-interventional, post authorization safety study (PASS) to evaluate the safety of Kineret in the treatment of Cryopyrin Associated Periodic Syndromes (CAPS) in routine clinical care with regard to serious infections, malignancies, injection site reactions, allergic reactions and medication errors, including re-use of syringe

Study reference	ce number:
Sobi.Anakin-201	PAS register number: ENCEPP/SDPP/6366

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 <sup>1</sup>	$\boxtimes$			Section 6
1.1.2 End of data collection <sup>2</sup>	$\boxtimes$			Section 6
1.1.3 Study progress report(s)	$\boxtimes$			Section 6
1.1.4 Interim progress report(s)	$\boxtimes$			Section 6
1.1.5 Registration in the EU PAS register		$\boxtimes$		
1.1.6 Final report of study results.	$\boxtimes$			Section 6

## Comments:

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Date from which the analytical dataset is completely available.

1.1.5 The study is registered in EU PAS register but the till protocol, but will be documented in the report	meline is	s not s	pecified	in the
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)				Section 7
2.1.2 The objective(s) of the study?				Section 8
2.1.3 The target population? (i.e. population or subgroup to whom the study results are intended to be generalised)	$\boxtimes$			Section9.2
2.1.4 Which formal hypothesis(-es) is (are) to be tested?			$\boxtimes$	
2.1.5 If applicable, that there is no <i>a priori</i> hypothesis?			$\boxtimes$	
Comments:			ı	
2.1.4 and 2.1.5; This is a non-controlled study without an	y forma	l hypot	hesis to	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)	$\boxtimes$			Section9.1
3.2 Does the protocol specify the primary and secondary (if applicable) endpoint(s) to be investigated?	$\boxtimes$			Section9.3
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)	$\boxtimes$			Section9.7
Comments:	1		1	I
	T = =		T	T _
Section 4: Source and study populations	Yes	No	N/A	Page Number(s)
4.1 Is the source population described?	$\boxtimes$			Section9.2
<ul> <li>4.2 Is the planned study population defined in terms of:</li> <li>4.2.1 Study time period?</li> <li>4.2.2 Age and sex?</li> <li>4.2.3 Country of origin?</li> <li>4.2.4 Disease/indication?</li> <li>4.2.5 Co-morbidity?</li> <li>4.2.6 Seasonality?</li> </ul>				Section 6 Section9.2 Page 1 Section 7
4.3 Does the protocol define how the study population will be sampled from the source population? (e.g. event or inclusion/exclusion criteria)				Section9.2
Comments:				
4.2.4 and 4.2.5; co-morbidity or seasonality is not applica	ble for t	his stu	dy pop	ulation
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				Sec9.1.1.3

and measured? (e.g. operational details for defining and

Section	n 5: Exposure definition and measurement	Yes	No	N/A	Page Number(s)
cat	regorising exposure)				
me asc	pes the protocol discuss the validity of exposure easurement? (e.g. precision, accuracy, prospective certainment, exposure information recorded before the tcome occurred, use of validation sub-study)				Sec9.1.1.3
	exposure classified according to time windows? g. current user, former user, non-use)				Sec9.1.1.3
of ph	exposure classified based on biological mechanism action and taking into account the armacokinetics and pharmacodynamics of the ug?		$\boxtimes$		
	pes the protocol specify whether a dose-dependent duration-dependent response is measured?		$\boxtimes$		
Comm	ents:				
5.4, 5.	5; Dose is recorded in mg/kg/day at baseline and 1	-2 time	s per y	ear	
Section	on 6: Endpoint definition and measurement	Yes	No	N/A	Page Number(s)
	pes the protocol describe how the endpoints are fined and measured?	$\boxtimes$			Section9.3
me spe	pes the protocol discuss the validity of endpoint easurement? (e.g. precision, accuracy, sensitivity, ecificity, positive predictive value, prospective or retrospective certainment, use of validation sub-study)			$\boxtimes$	
Comm	ents:	•	•	•	
6.2 Th	e endpoints reflect pre-specified risks in the RMP the visit	at can b	e capt	ured at	the patient's
Section	on 7: Confounders and effect modifiers	Yes	No	N/A	Page Number(s)
col	Des the protocol address known confounders? (e.g. lection of data on known confounders, methods of controlling known confounders)			$\boxtimes$	
(e.	pes the protocol address known effect modifiers? g. collection of data on known effect modifiers, anticipated ection of effect)				
Comm	ents:				
7.1, 7.	2; no confounders or effect modifiers are applicable	for the	endpo	ints of	this study
Section	on 8: Data sources	Yes	No	N/A	Page
				,	Number(s)
	nes the protocol describe the data source(s) used the study for the ascertainment of:				
pre	1.1 Exposure? (e.g. pharmacy dispensing, general practice escribing, claims data, self-report, face-to-face interview, etc.)				Section9.4
val	1.2 Endpoints? (e.g. clinical records, laboratory markers or ues, claims data, self-report, patient interview including scales d questionnaires, vital statistics, etc.)				Section9.4
8.	1.3 Covariates?				Section9.4
fro	pes the protocol describe the information available om the data source(s) on:				
	2.1 Exposure? (e.g. date of dispensing, drug quantity, dose, mber of days of supply prescription, daily dosage, prescriber)				Section9.4

8.2.2 Endpoints? (e.g. date of occurrence, multiple event,

Section 8: Data sources	Yes	No	N/A	Page Number(s)
severity measures related to event)				Section9.4
8.2.3 Covariates? (e.g. age, sex, clinical and drug use history, co-morbidity, co-medications, life style, etc.)	$\boxtimes$			Section9.4
8.3 Is a coding system described for:				
8.3.1 Diseases? (e.g. International Classification of Diseases (ICD)-10)				
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)				
Comments:	•		•	
8.1, 8.2; Medical records are source for all data collected. the Data Management Plan	8.3; Co	ding w	ill be de	escribed in
Section 9: Study size and power	Yes	No	N/A	Page
Section 9: Study Size and power	163	140	14/ A	Number(s)
9.1 Is sample size and/or statistical power calculated?		$\boxtimes$		
Comments:				
9.1 Patient numbers based on how many patient that shal year, considering the rare disease	I be fea	sible to	enroll	during one
Section 10: Analysis plan	Yes	No	N/A	Page Number(s)
10.1 Does the plan include measurement of excess risks?				
10.2 Is the choice of statistical techniques described?	$\boxtimes$			Section9.7
10.3 Are descriptive analyses included?	$\boxtimes$			Section9.7
10.4 Are stratified analyses included?			$\boxtimes$	
10.5 Does the plan describe methods for adjusting for confounding?			$\boxtimes$	
10.6 Does the plan describe methods addressing effect modification?			$\boxtimes$	
Comments:	I	I	1	l
10.1: No control group and descriptive statistics applied. I modifiers will be applicable for the endpoints selected.	10.5, 10	.6:No	confoun	der or effect
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?				Section9.7
11.2 Does the protocol provide information on data storage? (e.g. software and IT environment, database maintenance and anti-fraud protection, archiving)				Section9.6
11.3 Are methods of quality assurance described?	$\boxtimes$			Section9.8
11.4 Does the protocol describe possible quality issues	$\boxtimes$			Section9.8

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?		$\boxtimes$		
Comments:				
11.5 Study results will be reviewed by international coordi	nating I	nvesti	gator ar	nd Sponsor
Section 12: Limitations	Yes	No	N/A	Page Number(s)
12.1 Does the protocol discuss:				
12.1.1 Selection biases?				
12.1.2 Information biases?		_		
<ul><li>(e.g. anticipated direction and magnitude of such biases, validation sub-study, use of validation and external data, analytical methods)</li></ul>				
12.2 Does the protocol discuss study feasibility? (e.g. sample size, anticipated exposure, duration of follow-up in a cohort study, patient recruitment)				Section9.2
12.3 Does the protocol address other limitations?		П	П	Section 7
Comments:				
12.1: Sites shall report reasons for non-selection for CAPS 12.3: Described in study rational	patient	s not e	nrolled	
Section 13: Ethical issues	Yes	No	N/A	Page
Section 15: Ethical issues	165	NO	N/A	Number(s)
13.1 Have requirements of Ethics Committee/Institutional Review Board approval been described?				Sec 10.3
13.2 Has any outcome of an ethical review procedure been addressed?		$\boxtimes$		
13.3 Have data protection requirements been described?	$\boxtimes$			10.6
Comments:	1		1	
13.2 Ethical reviews are 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?				Section 5
Comments:	•		•	
Section 15: Plans for communication of study	Yes	No	N/A	Page
results	163	140	N/A	Number(s)
15.1 Are plans described for communicating study results (e.g. to regulatory authorities)?				Section 12
15.2 Are plans described for disseminating study results externally, including publication?				Section 12
Comments				
Comments:				

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