ANNEX 2 ENCePP CHECKLIST FOR STUDY PROTOCOLS

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ENCePP Checklist for Study Protocols (Revision 4)

Adopted by the ENCePP Steering Group on 15/10/2018

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 postauthorisation 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 presented in the Guidance and Module VIII of the Good pharmacovigilance practices (GVP).

EU PAS Register® number:	
Study reference number (if applicable):	HMA-EMA Catalogue ID: 1000000321

Study title: VAC4EU Postauthorisation Safety Study of BIMERVAX[®] Vaccine in Europe

Secti	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				6
	1.1.2 End of data collection ²				6
	1.1.3 Progress report(s)				6
	1.1.4 Interim report(s)				6
	1.1.5 Registration in the EU PAS Register®				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.

Section	on 1: Milestones	Yes	No	N/A	Section number
	1.1.6 Final report of study results	\boxtimes			6
Comm	ents:			· · · · · ·	
Section	on 2: Research question	Yes	No	N/A	Section number
2.1	Does the formulation of the research question and objectives clearly explain:	\boxtimes			
	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?	\boxtimes			
	2.1.3 The target population? (i.e., population or subgroup to whom the study results are intended to be generalised)				
	2.1.4 Which hypothesis(-es) is (are) to be tested?				8
	2.1.5 If applicable, that there is no <i>a priori</i> hypothesis?				
Comm	ents:				
Section	on 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)				9.1
3.2	Does the protocol specify whether the study is based on primary, secondary or combined data collection?	\boxtimes			9.1
3.3	Does the protocol specify measures of occurrence? (e.g., rate, risk, prevalence)	\boxtimes			9.1.1, 9.7.1
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])	\boxtimes			9.1.2, 9.7.2.3
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)				11
Comm	ents:				
Section	on 4: Source and study populations	Yes	No	N/A	Section number
4.1	Is the source population described?				9.2.1
4.2	Is the planned study population defined in terms of:				9.2.2
	4.2.1 Study time period	\boxtimes			
	4.2.2 Age and sex				
	4.2.3 Country of origin				
	4.2.4 Disease/indication				
	4.2.5 Duration of follow-up	\boxtimes			

Secti	on 4: Source and study populations	Yes	No	N/A	Section number
4.3	Does the protocol define how the study population will be sampled from the source population? (e.g., event or inclusion/exclusion criteria)				9.2.2 9.2.3
Comm	nents:				
The 1	planned study population is defined by the detailed inclusion an	d exclusion	on criter	ia.	
Secti	on 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)				9.3.1
5.2	Does the protocol address the validity of the exposure measurement? (e.g., precision, accuracy, use of validation sub-study)				9.3.1.4
5.3	Is exposure categorised according to time windows?				9.3.1.4
5.4	Is intensity of exposure addressed? (e.g., dose, duration)				9.3.1.4
5.5	Is exposure categorised based on biological mechanism of action and taking into account the pharmacokinetics and pharmacodynamics of the drug?	\boxtimes			9.3.1.4
5.6	Is (are) an appropriate comparator(s) identified?	\boxtimes			9.3.1.2
Comm	nents:				
Expo	sure assessments are data source dependant.				
Secti	on 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?				9.3.2.1
6.3	Does the protocol address the validity of outcome measurement? (e.g., precision, accuracy, sensitivity, specificity, positive predictive value, use of validation sub-study)	\boxtimes			9.3.2
6.4	Does the protocol describe specific outcomes relevant for Health Technology Assessment? (e.g., HRQOL, QALYs, DALYS, healthcare services utilisation, burden of disease or treatment, compliance, disease management)				9.3.2
Comm	nents:				
	n the long list of outcomes, further details on the definition, me ovided in the SAP for each contributing data source.	asuremen	t, and va	alidity of	outcomes will
Secti	on 7: Bias	Yes	No	N/A	Section number
7.1	Does the protocol address ways to measure confounding? (e.g., confounding by indication)				9.7.2.5
7.2	Does the protocol address selection bias? (e.g., healthy user/adherer bias)	\boxtimes			9.1.2.2
7.3	Does the protocol address information bias? (e.g., misclassification of exposure and outcomes, time-related bias)	\boxtimes			9.1.2.2

Comments:

The explicit definition of time zero in Section 9.1.2.2 and the alignment of exposure assignment an	d start of
follow-up prevents selection bias and time-related bias.	

Secti	on 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, <u>subgroup analyses</u> , anticipated direction of effect)				9.7.2.4
Comments:					
					,

Secti	on 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)	\boxtimes			9.3.1.4
	9.1.2 Outcomes? (e.g., clinical records, laboratory markers or values, claims data, self-report, patient interview including scales and questionnaires, vital statistics)				9.3.2.1
	9.1.3 Covariates and other characteristics?				9.4
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)	\boxtimes			9.4
	9.2.2 Outcomes? (e.g., date of occurrence, multiple event, severity measures related to event)				9.4
	9.2.3 Covariates and other characteristics? (e.g., age, sex, clinical and drug use history, comorbidity, comedications, lifestyle)	\boxtimes			9.4
9.3	Is a coding system described for:				
	9.3.1 Exposure? (e.g., WHO Drug Dictionary, Anatomical Therapeutic Chemical (ATC) Classification System)	\boxtimes			9.4
	9.3.2 Outcomes? (e.g., International Classification of Diseases (ICD), Medical Dictionary for Regulatory Activities (MedDRA))	\boxtimes			9.4
	9.3.3 Covariates and other characteristics?				9.4
9.4	Is a linkage method between data sources described? (e.g., based on a unique identifier or other)			\boxtimes	

Comments:

Research partners confirmed the availability of the required information in their data sources prior to engaging in the study. Details regarding the coding systems or linkages available for each data source have been provided in Section 9.4 when relevant.

Section	on 10: Analysis plan	Yes	No	N/A	Section number
10.1	Are the statistical methods and the reason for their choice described?	\boxtimes			9.7
10.2	Is study size and/or statistical precision estimated?	\boxtimes			9.5
10.3	Are descriptive analyses included?	\boxtimes			9.7.1
10.4	Are stratified analyses included?				9.7.2.4

Section	on 10: Analysis plan	Yes	No	N/A	Section number
10.5	Does the plan describe methods for analytic control of confounding?				9.7.2.5
10.6	Does the plan describe methods for analytic control of outcome misclassification?				9.9
10.7	Does the plan describe methods for handling missing data?	\boxtimes			9.7.2.7
10.8	Are relevant sensitivity analyses described?				9.7.2.9
Comm	ents:				
Outco	ome misclassification is a data-related limitation acknowledged	in Section	on 9.9.		
Section	on 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)				9.8
11.2	Are methods of quality assurance described?				9.8
11.3	Is there a system in place for independent review of study results?				9.8
Comm	ents;				
Section	on 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?				
	12.1.2 Information bias?				9.9
	12.1.3 Residual/unmeasured confounding?	\boxtimes			
	(e.g., anticipated direction and magnitude of such biases, validation substudy, 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)				9.9
Comm	ents:				
		T		N/A	Section
Section	on 13: Ethical issues	Yes	No	IVA	number
13.1	Have requirements of Ethics Committee/ Institutional Review Board been described?	Yes	No		
	Have requirements of Ethics Committee/ Institutional		No		number
13.1	Have requirements of Ethics Committee/ Institutional Review Board been described? Has any outcome of an ethical review procedure been		No		number
13.1	Have requirements of Ethics Committee/ Institutional Review Board been described? Has any outcome of an ethical review procedure been addressed? Have data protection requirements been described?		No		number 10

VAC4EU Postauthorisation Safety Study of BIMERVAX® Vaccine in Europe

Section	on 14: Amendments and deviations	Yes	No	N/A	Section number
14.1	Does the protocol include a section to document amendments and deviations?				
Commo	ents:				
Section	on 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			12
15.2	Are plans described for disseminating study results externally, including publication?	\boxtimes			12
Commo	ents:				
Name	of the main author of the protocol: Xabier García d	e Albéniz			
Date:	12/January/2024	Electronically	signed by: X	abier Garcia d	de Albeniz Martinez
Signa	Xabier Garcia de Albeniz Martinez ture:	Reason: I am document. Date: Jan 12.			nd I approve this