ANIMATE

CTC Guidance Document

SAE Completion Guidance

Section 1. Patient details	
Patient Trial number	Individual patient identifier
Patient Initials	Enter as standard i.e. John Smith = JS
Age at Onset	Patient's age at time of event onset (see definition of date of onset)
Sex	Tick male or female
Height	If known, enter in cm. Enter NK if not known.
Weight	If known, enter in kg. Enter NK if not known, this should be measured as close as possible to SAE onset.
Site name	Enter trial site responsible for patient's care at the time the report is created
Country	If not prefilled, enter the country the patient and site are located
Section 2. Initial Report	
Date site became aware of event(s)	The date the local study team became aware of the SAE
Date reported to CTC	The date the SAE form was sent by the local study team to the CTC
If reported to the CTC after 24 hours of the site becoming aware of SAE, please state reason (if applicable):	If there is a delay of more than 24 hours between site becoming aware of a serious event and reporting it to the CTC, please specify why.
Section 3. Follow up	
Follow up	Tick + initial and date any changes throughout the document
Section 4. Serious Events	
Event term	Select a term from CTCAE v5.0. - If there is no appropriate CTCAE term, select the appropriate SOC, other and provide the event term.
Severity Grade	Should be consistent with description in CTCAE v5.0, and verifiable via test results and/or information in the event summary - Should reflect the grade at its maximum severity - Amend in update reports if the event worsens.
Date of event onset	The date of onset of the first signs and symptoms of the event in question. For pre-existing AEs that worsen and become serious during the trial, the onset date of the event is the date when grade increased from baseline (e.g. A patient had grade 2 anaemia from start of clinical trial. This worsened on 01/01/2017 to grade 4 life threatening anaemia so the onset date will be 01/01/2017)
Date of event resolution	The date the event resolved (e.g. completely resolved or returned to baseline), or resolved with sequelae. If, at the time of the report, the event had not resolved or outcome is unknown, leave blank. For events which are not the cause or significant contributor to death, the date should be left blank (see also "Outcome of event" below).
Seriousness criteria	Include all seriousness codes applicable to the SAE.

	- Death should only be selected as a seriousness criteria if the death of the patient is possibly related to the event i.e. the event was the cause or a significant contributor of death. Please note that in this case, outcome is fatal and severity grade should be marked as 5 (see also – "severity grade" above)
Outcome of event	This data element captures the latest outcome of the event at the time of the report. - Fatal should only be selected as an outcome if the event was the cause or significant contributor to death. Where the death is unrelated to the reaction/event, please select "Not resolved". Death (related or unrelated to the event) is captured in the "Date and cause of death" section.
Investigator's assessment of causal relationship to event	Provide causal relationship between each event and each trial treatment (related/not related). This must be performed by the PI or a member of clinical staff at the site formally delegated this responsibility. NB if there are significant developments which may affect the causality assessment (e.g. change of event term, change in severity, etc.) the investigator should initial and date to indicate that the causality assessment has been re-reviewed. Changes in the causality assessment should be initialled and dated and a note added to the case narrative explaining the reason for the change of assessment.
Date and cause of death	If it is known that the patient has died at the time of the report, capture cause and date of death here, whether or not the death is related to the event. Indicate if an autopsy report is available.
Date of hospitalisation and date of discharge	If event required a new hospitalisation, please include the dates of hospitalisation. If the event caused prolongation of hospitalisation, include the date of the initial admission (rather than the date the admission was prolonged – add details of date of prolongation in the case narrative). Enter the date of discharge if applicable.
If an event is medically significant, specify why	Medical judgement should apply. There are events which may not meet any of the other seriousness criteria but may jeopardise the patient or may require intervention to prevent one of the other seriousness criteria. 'Medically significant' events may include Adverse Events of Special Interest (AESI) or Urgent Events as outlined in the trial protocol (sections 12.4 and 12.5) where none of the other 'seriousness' criteria apply. Please ensure you provide relevant information in the case narrative and test results where applicable to explain why the event is deemed serious.
Section 5. IMPs	
Active substance	Field pre-filled on SAE form.
Brand Name	Field pre-filled on SAE form.
Batch number	Provide the batch number of the last dose of IMP administered prior to the SAE.
Formulation	Field pre-filled on SAE form.
Route	Field pre-filled on SAE form.
Protocol Dose	Field pre-filled on SAE form.

Frequency	Populate with the frequency that the patient was receiving the dose, e.g. every other day in the example above.
Total daily dose prior to event onset	Populate with the daily dose of IMP the patient was receiving prior to the event occurring. However, if an underdose (<240mg) or overdose (>240mg) was administered, the actual dose given should be recorded here (as accurately as possible) and a full explanation should be included in the case narrative (section 12).
Treatment error	If there is a treatment error associated with the SAE, populate with relevant code. See definitions in protocol.
Date of First Administration of IMP	The date the first dose of the IMP trial treatment was administered to the patient during the trial.
Date of final Administration of IMP (or tick "Ongoing" if treatment continued to date)	The last date the patient ever received a dose of the IMP (i.e. if treatment has been completed or no further doses will be administered). If therapy is ongoing at the time of reporting or planned to be continued, this field should be left blank and the ongoing box ticked.
Date of Last Administration of IMP prior to onset of event/date the report became serious	The last date the patient was administered the IMP prior to event onset.
Action taken	Select code which reflects action taken with the drug/treatment as a result of the SAE(s). 'Not applicable' should be used in circumstances such as when the patient has died or the treatment had not yet been administered or treatment had already been completed prior to the onset of the event.
Event(s) improved after stopping treatment?	Populate if IMP treatment was withdrawn either permanently or temporarily. Options to state Yes, No, Unknown, N/A. If IMP treatment was not withdrawn, state 'N/A'.
Was the drug re-introduced following discontinuation?	Populate if IMP treatment was reintroduced after temporary withdrawal. Options to state Yes, No, Unknown, N/A. If IMP treatment was not withdrawn, state 'N/A'.
If yes, did the event(s) reappear once reintroduced?	Populate if IMP treatment was reintroduced after its withdrawal. Options to state Yes, No, Unknown, N/A. If IMP treatment was not reintroduced, state 'N/A'. If the IMP treatment was reintroduced, but the reaction did not reoccur, state 'No'.
Section 6. Any relevant tests/laboratory data applicable to this SAE? (tick yes and fill out or no and leave blank)	
Date	Date of the test.
Test (specify)	Name of the test performed, e.g. haemoglobin.
Results (specify and include units, if applicable)	Specify the results of the test previously specified. Both values and units should be provided if applicable (e.g. 15 g/dL). If results are not available leave blank.
Results Pending (tick box if result has not been provided)	If results are pending tick this box.
Normal range, if applicable (specify and include units, if applicable)	If available, state the normal range of results expected in the lab tests previously specified.

Section 7. Any other non-serious events related to this case? (tick yes and fill out or no and leave blank)
Elaborate on the non-serious event and state why it is relevant to this case report. If the patient experiences sign and symptoms typically associated with the definitive diagnosis reported as a serious event, signs and symptoms do not need to be included here. However if the diagnosis is provisional (e.g. the diagnosis is described as "suspicion of", "probable", "presumed"), it is recommended to report both the provisional diagnosis in the Serious Events section (Section 4) and the associated signs and symptoms in this section. Additionally, if other events are concurrent and not typically associated with the diagnosis, they need to be reported here.
Section 8. Any relevant medical history/concurrent conditions (both patient and family)? (tick yes and fill out or no and leave blank)
Provide details of any diseases, surgeries, past drug therapy or relevant family medical history (e.g. hereditary diseases).
Section 9. Treatment for SAE (tick yes and fill out or no and leave blank)
Provide details of any treatment the patient received to treat SAEs listed in section 4. This can include medications, surgeries, blood transfusion etc. If possible, specify indication, dose, frequency, route and start and stop dates.

Section 10. Concomitant medications? (tick yes and fill out or no and leave blank)	
Drug Name	Populate with all non-IMP drugs given within the 30 days prior to SAE onset. This may include (but is not limited to) supportive medication, backbone chemotherapy or other medication specified in the protocol as NIMPs.
Indication	Provide the indication of drug previously specified. N.B. Indication is the reason why the drug was given, <u>not</u> the class of drug. E.g. prophylaxis or the condition/symptom for which the drug was given as treatment."
Dose	Populate with the individual dose the patient was receiving, not the strength of the drug. For example, two 2.5mg (strength) tablets given together for 5mg dose every other day should be reported here as 5mg. In cases of dosing multiple times a day, the individual dose needs to be reported along with the number of daily doses, E.g. 10mg four times a day. If they are taking 1 x 10mg tablet four times a day then we would expect it to be written 10 mg QDS, not 40mg OD.
Frequency	Populate with the frequency that the patient was receiving the dose e.g. every other day in the example above.
Route	Populate with the method of administration of the concomitant drug e.g. oral, intravenous.
Start date	The date that the first dose of the concomitant medication was administered to the patient.
Stop date or Ongoing	The last date the patient ever received a dose of the concomitant medication. If therapy is ongoing, this field should be left blank and the ongoing box ticked.
Section 11. Were any SAEs listed on this form related to a concomitant medication? (tick yes and fill out or no and leave blank)	
Event Term	Populate using event term as stated in section 4.
Concomitant Medication (list which concomitant medication is related to adverse event)	Enter a concomitant medication from section 10 which the SAE relates to.

Was the AE as a result of an interaction between the IMP and concomitant medication?	Select Yes or No as appropriate.

Section 12. Case narrative

- Please provide a summary of relevant information, in chronological order, of patient's experience:
  - Include/further explain relevant information for the case.
  - Include details of how the patient presented, the clinical course, source data to verify the event name, grade and onset date if this is not already captured in the test results section, therapeutic measures taken, outcome in the patient.
  - If outcome is fatal, relevant details (autopsy or post-mortem findings)
- Rationale for causality assessment.
- In follow-ups, new information should be clearly identified.
- Please continue on a separate sheet if required.

Note: Do not use acronyms and abbreviations

Section 13. Investigator Assessment

Investigator to enter their name, signature and date on initial reports.
Subsequently initial and date when significant developments occur which may affect the causality assessment. This may include, but is not limited to:

- change to the event term
- change in outcome (e.g. the case resulted in death)
- the addition of a new event
- change in causality for other reasons - the reason for the change must be documented on the case narrative.

Section 14. Form(s) completed by

The site staff completing the form to write their name, sign and date the form on completion of initial reports. Subsequently site staff to initial and date where follow-up information is being reported.
They must be authorised on staff delegation log to complete CRFs and report SAEs.