

NOTIFICATION OF A SUBSTANTIAL AMENDMENT TO A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE COMMUNITY

For official use:

Date of receiving the request:	Grounds for non acceptance/ negative opinion: <input type="checkbox"/> Date:
Date of start of procedure:	Authorisation/ positive opinion: <input type="checkbox"/> Date:
Competent authority registration number of the trial:	Withdrawal of amendment application <input type="checkbox"/> Date:
Ethics committee registration number of the trial:	

To be filled in by the applicant:

This form is to be used both for a request to the Competent Authority for authorisation of a **substantial** amendment and to an Ethics Committee for its opinion on a **substantial** amendment. Please indicate the relevant purpose in Section A.

A TYPE OF NOTIFICATION

A.1 Member State in which the substantial amendment is being submitted:	UK
A.2 Notification for authorisation to the competent authority:	<input checked="" type="checkbox"/>
A.3 Notification for an opinion to the ethics committee:	<input checked="" type="checkbox"/>
A.4 Notification for information only¹:	<input type="checkbox"/>
A.4.1 To the competent authority	<input type="checkbox"/>
A.4.2 To the Ethics committee	<input type="checkbox"/>

B TRIAL IDENTIFICATION (*When the amendment concerns more than one trial, repeat this form as necessary.*)

B.1 Does the substantial amendment concern several trials involving the same IMP?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
B.1.1 If yes repeat this section as necessary.	

B.2 EudraCT number:	2006-002827-18
B.3 Full title of the trial : with cervical artery dissection.	Feasibility of a therapeutic trial in patients
B.4 Sponsor's protocol code number, version, and date:	Ref No: 04/Q0803/215, version7, 02/10/07

C IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

C.1 Sponsor	
C.1.1 Organisation:	St George's, University of London
C.1.2 Name of person to contact:	Dr Paul Craven
C.1.3 Address :	Cranmer Terrace London SW17 0RE
C.1.4 Telephone number :	020 8725 5013
C.1.5 Fax number :	020 8725 0794
C.1.6 e-mail:	pcraven@sgul.ac.uk

¹ For substantial amendments to information that only the CA has previously assessed (e.g. quality data in most of the MS), the sponsor should not only submit the amendment to the CA but also inform the ethics committee that they have made the notification indicating that it is "for information only". Similarly, the sponsor should inform the CA of any notification of a substantial amendment to information which was previously only assessed by the ethics committee (e.g. facilities for the trial).

C.2 Legal representative² of the sponsor in the Community for the purpose of this trial (if different from the sponsor)

C.2.1	Organisation:	
C.2.2	Name of person to contact:	
C.2.3	Address :	
C.2.4	Telephone number :	
C.2.5	Fax number :	
C.2.6	e-mail:	

D APPLICANT IDENTIFICATION, (please tick the appropriate box)

D.1 Request for the competent authority

D.1.1	Sponsor	<input checked="" type="checkbox"/>
D.1.2	Legal representative of the sponsor	<input type="checkbox"/>
D.1.3	Person or organisation authorised by the sponsor to make the application.	<input type="checkbox"/>
D.1.4	Complete below:	
D.1.4.1	Organisation :	St George's, University of London
D.1.4.2	Name of person to contact :	Dr Paul Craven
D.1.5	Address :	Cranmer Terrace London SW17 0RE
D.1.5.1	Telephone number :	020 8725 5013
D.1.5.2	Fax number :	020 8725 0794
D.1.5.3	E-mail	pcraven@sgul.ac.uk

D.2 Request for the Ethics Committee

D.2.1	Sponsor	<input type="checkbox"/>
D.2.2	Legal representative of the sponsor	<input type="checkbox"/>
D.2.3	Person or organisation authorised by the sponsor to make the application.	<input type="checkbox"/>
D.2.4	Investigator in charge of the application if applicable ³ :	
	• Co-ordinating investigator (for multicentre trial)	<input checked="" type="checkbox"/>
	• Principal investigator (for single centre trial):	<input type="checkbox"/>
D.2.5	Complete below	
D.2.5.1	Organisation :	St George's, University of London
D.2.5.2	Name :	Professor Hugh Markus
D.2.5.3	Address :	Centre for Clinical Neurosciences Cranmer Terrace London SW17 0RE
D.2.5.4	Telephone number :	0208 266 6468
D.2.5.5	Fax number :	0208 725 2950
D.2.6	E-mail :	hmarkus@sgul.ac.uk

E SUBSTANTIAL AMENDMENT IDENTIFICATION

E.1 Sponsor's substantial amendment code number, version, date for the clinical trial concerned: 04/Q0803/215, Substantial amendment No. 10, 17/04/09

² As stated in Article 19 of Directive 2001/20/EC.

³ According to national legislation.

E.2 Type of substantial amendment				
E.2.1	Amendment to information in the CT application form	yes	<input checked="" type="checkbox"/>	no <input type="checkbox"/>
E.2.2	Amendment to the protocol	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.2.3	Amendment to other documents appended to the initial application form	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.2.3.1	If yes specify:			
E.2.4	Amendment to other documents or information:	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.2.4.1	If yes specify:			
E.2.5	This amendment concerns mainly urgent safety measures already implemented	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.2.6	This amendment is to notify a temporary halt of the trial	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.2.7	This amendment is to request the restart of the trial	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>

E.3 Reasons for the substantial amendment:				
E.3.1	Changes in safety or integrity of trial subjects	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.3.2	Changes in interpretation of scientific documents/value of the trial	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.3.3	Changes in quality of IMP(s)	yes	<input checked="" type="checkbox"/>	no <input type="checkbox"/>
E.3.4	Changes in conduct or management of the trial	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.3.5	Change or addition of principal investigator(s), co-ordinating investigator	yes	<input checked="" type="checkbox"/>	no <input type="checkbox"/>
E.3.6	Change of sponsor, legal representative, applicant	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.3.7	Change/addition of site(s)	yes	<input checked="" type="checkbox"/>	no <input type="checkbox"/>
E.3.8	Change in transfer of major trial related duties	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.3.8.1	If yes, specify:			
E.3.9	Other change	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.3.9.1	If yes, specify:			
E.3.10	Other case	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.3.10.1	If yes, specify			

E.4 Information on temporary halt of trial				
E.4.1	Date of temporary halt (YYYY/MM/DD)			
E.4.2	Recruitment has been stopped	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.4.3	Treatment has been stopped	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.4.4	Number of patients still receiving treatment at time of the temporary halt in the MS concerned by the amendment			
E.4.5	What is (are) the reason(s) for the temporary halt?			
E.4.5.1	Safety	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.4.5.2	Lack of efficacy	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.4.5.3	Other	yes	<input type="checkbox"/>	no <input checked="" type="checkbox"/>
E.4.5.3.1	If yes to other, specify :			
E.4.6	Briefly describe (free text):			
	<ul style="list-style-type: none"> • Justification for a temporary halt of the trial • The proposed management of patients receiving treatment at time of the halt (<i>free text</i>): • The consequences of the temporary halt for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product (<i>free text</i>): 			

F REASONS FOR SUBSTANTIAL AMENDMENT (*one or two sentences*):

First, to clarify the pharmaceutical form of the IMPs (i.e. antiplatelet, anticoagulation) used in this trial. Second, to update the number of new research sites and respective principal investigators. These research sites were not included in the original REC and MHRA applications.

G BRIEF DESCRIPTION OF THE CHANGES (*free text*):

1. Pharmaceutical Form of the IMP

Section D.3.4 (Pharmaceutical Form of IMP) has been amended so that it includes capsules, injections and oral suspensions. This clarification is necessary so that it is in line with current guidelines and protocol (protocol version 7, amended 02/10/2007).

2. Addition of Principal Investigators and Research Sites

- (a) Addition of Dr Samantha Mawer at Airedale NHS Trust as a new site
- (b) Addition of Dr Azlisham Mohd Nor at Plymouth Hospitals NHS Trust as a new site
- (c) Addition of Dr D.K. Chadha at Doncaster and Bassetlaw Hospitals NHS Foundation Trust as a new site
- (d) Addition of Dr Anthony Rudd at Guy's & St Thomas' Foundation Trust as a new site
- (e) Addition of Dr Khalid Mustafa Ali at Brighton and Sussex University Hospitals NHS Trust as a new site
- (f) Addition of Dr Frances Harrington at Royal Cornwall Hospitals NHS Trust as a new site
- (g) Addition of Dr Graham Venables at Sheffield Teaching Hospitals NHS Foundation Trust as a new site
- (h) Addition of Dr Anthony Kenton at University Hospitals Coventry and Warwickshire NHS Trust as a new site
- (i) Addition of Dr James Kelly at Worthing and Southlands Hospitals NHS Trust as a new site
- (j) Addition of Dr Deborah Kelly at South Devon Healthcare NHS Trust as a new site
- (k) Addition of Dr Richard White at Walton Centre for Neurology and Neurosurgery NHS Trust as a new site
- (l) Addition of Dr Jane Wainwright at Salford Royal Hospitals NHS Trust as a new site
- (m) Addition of Dr Paul Guyler at Southend University Hospital NHS Foundation Trust as a new site
- (n) Addition of Dr Richard Davey at Mid Yorkshire Hospitals NHS Trust as a new site
- (o) Addition of Dr Pankaj Sharma at Imperial Healthcare NHS Trust as a new site
- (p) Addition of Dr Ronald MacWalter at NHS Tayside as a new site
- (q) Addition of Dr HGM Shetty at Cardiff and Vale NHS Trust as a new site
- (r) Addition of Dr Patrick Gompertz at Barts and The London NHS Trust as a new site

H CHANGE OF CLINICAL TRIAL SITE(S)/INVESTIGATOR(S) IN THE MEMBER STATE CONCERNED BY THIS AMENDMENT

H.1	Type of change
H.1.1	Addition of a new site
H.1.1.1	Principal investigator (provide details below)
H.1.1.1.1	Given name As above
H.1.1.1.2	Middle name (if applicable)
H.1.1.1.3	Family name
H.1.1.1.4	Qualifications (MD.....)
H.1.1.1.5	Professional address
H.1.2	Removal of an existing site
H.1.2.1	Principal investigator (provide details below)
H.1.2.1.1	Given name
H.1.2.1.2	Middle name (if applicable)
H.1.2.1.3	Family name
H.1.2.1.4	Qualifications (MD.....)
H.1.2.1.5	Professional address
H.1.3	Change of co-ordinating investigator (provide details below of the new coordinating investigator)
H.1.3.1	Given name
H.1.3.2	Middle name
H.1.3.3	Family name
H.1.3.4	Qualification (MD.....)

H.1.3.5 Professional address

H.1.3.6 Indicate the name of the previous co-ordinating investigator:

H.1.4 **Change of principal investigator at an existing site** (provide details below of the new principal investigator)

H.1.4.1 Given name

H.1.4.2 Middle name

H.1.4.3 Family name

H.1.4.4 Qualifications (MD.....)

H.1.4.5 Professional address

H.1.4.6 Indicate the name of the previous principal investigator:

I CHANGE OF INSTRUCTIONS TO CA FOR FEEDBACK TO SPONSOR

I.1 Change of e-mail contact for feedback on application*	
I.2 Change to request to receive an .xml copy of CTA data	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
I.2.1 Do you want a .xml file copy of the CTA form data saved on EudraCT?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
I.2.1.1 If yes provide the e-mail address(es) to which it should be sent (up to 5 addresses):	
I.2.2 Do you want to receive this via password protected link(s) ⁴ ?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
If you answer no to question I.2.2 the .xml file will be transmitted by less secure e-mail link(s)	
I.2.3 Do you want to stop messages to an email for which they were previously requested?	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
I.2.3.1 If yes provide the e-mail address(es) to which feedback should no longer be sent:	
(*This will only come into effect from the time at which the request is processed in EudraCT).	

J LIST OF THE DOCUMENTS APPENDED TO THE NOTIFICATION FORM

Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

J.1 Covering letter stating the type of amendment and the reason(s)	<input checked="" type="checkbox"/>
J.2 Summary of the proposed amendment	<input type="checkbox"/>
J.3 List of modified documents (identity, version, date)	<input type="checkbox"/>
J.4 If applicable, pages with previous and new wording	<input type="checkbox"/>
J.5 Supportive information	<input type="checkbox"/>
J.6 Revised .xml file and copy of initial application form with amended data highlighted	<input checked="" type="checkbox"/>
J.7 Comments on any novel aspect of the amendment if any :	

⁴ This requires a EudraLink account. (See www.eudract.emea.eu.int for details)

K SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

K.1 I hereby confirm that/ confirm on behalf of the sponsor that (delete which is not applicable)

- The above information given on this request is correct;
- The trial will be conducted according to the protocol, national regulation and the principles of good clinical practice; and
- It is reasonable for the proposed amendment to be undertaken.

K.2 APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY(as stated in section C.1):

K.2.1 Signature ⁵:

K.2.2 Print name :

K.2.3 Date :

K.3 APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE (as stated in section C.2):

K.3.1 Signature ⁶:

K.3.2 Print name:

K.3.3 Date :

⁵ On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.

⁶ On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.

K SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

K.1 I hereby confirm that/ confirm on behalf of the sponsor that (delete which is not applicable)

- The above information given on this request is correct;
- The trial will be conducted according to the protocol, national regulation and the principles of good clinical practice; and
- It is reasonable for the proposed amendment to be undertaken.

K.2 APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY(as stated in section C.1):

K.2.1 Signature ⁵: *Paul Crauen*
K.2.2 Print name: PAUL CRAUEN
K.2.3 Date: 29/4/09

K.3 APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE (as stated in section C.2):

K.3.1 Signature ⁶: *August Markus*
K.3.2 Print name: AUGUST MARKUS
K.3.3 Date: 29/4/09

⁵ On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.
⁶ On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.