**Information about this DSUR template**

This template is available for the use of all investigators who are carrying out clinical trials sponsored by the St George’s JRES.

All advisory text is highlighted in **GREEN** and should be deleted before finalising the document.

All sections should be completed. For each section, where information is available, the information should be presented concisely; when no information is available, or a DSUR section is not applicable, this should be stated.

Investigators/Study teams completing this report **must** contact JRES/Sponsor to check for information about other trials/studies ongoing that utilise the same IMP.

If you are using the same IMPs in 2 studies, please consider completing one DSUR per IMP.

Please, note that accordant to MHRA, type A studies may use a shorter version of DSUR or recommended to use the Research Authority Annual Progress Report form with Section 6 completed.

MHRA website link:

https://mhrainspectorate.blog.gov.uk/2019/03/13/short-format-development-safety-update-report-dsur-for-type-a-trials/

For further guidance please refer to ICH E2F at this following link

https://www.ema.europa.eu/en/documents/scientific-guideline/international-conference-harmonisation-technical-requirements-registration-pharmaceuticals-human-use\_en-26.pdf

**This page should be deleted once the DSUR is completed.**

DELETE TEXT IN GREEN WHEN READY FOR FINAL SUBMISSION

**ICH E2F  
Development Safety Update Report – Non-Commercial Sponsor**

Study Name: Insert Study Title

Insert Study Acronym

|  |  |
| --- | --- |
| **DSUR number** | Reports should be numbered sequentially |
| **Investigational drug(s)** |  |
| **Reporting period** | dd/mm/yyyy – dd/mm/yyyy |
| **Date of the Report** | dd/mm/yyyy |
| **Sponsor(s) name(s) and address(es)** | St George’s, University of London  Cranmer Terrace Tooting  London  SW17 0RE  St George’s University Hospitals NHS Foundation Trust  Blackshaw Road  Tooting  London  SW17 0QT  DELETE AS NECESSARY |
| **EudraCT Number** | EudraCT numbers of all trials reported |

Chief Investigator responsible for DSUR submission:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The cautionary statement below should be amended as appropriate

**Note: This Development Safety Update Report contains confidential information. This report includes unblinded adverse event data**

|  |
| --- |
|  |

**Executive Summary**

This section should provide a concise summary of the important information contained in the report. Together with the title page, it can serve as a ‘stand-alone’ document suitable for the submission to ethics committees and other stakeholders.

The following information should be included in the Executive Summary:

* Introduction – report number and reporting period;
* Investigational drug(s) – mode(s) of action, therapeutic class (es), indication(s), dose(s), route(s) of administration, formulation(s);
* Estimated cumulative exposure of clinical trial subjects;
* Marketing approval(s)? (yes/no) – If yes, number of countries;
* Summary of overall safety assessment (based on section 18 of the DSUR);
* Summary of important risks (based on Section 19 of the DUSR);
* Actions taken for safety reasons including significant changes to the IB;
* Conclusions.

1. **Introduction**

This section should include:

Date of Clinical Trial Authorisation approval, Development International Birth Date of drug or International Birth Date of Drug as appropriate;

Reporting period and sequential number of the report;

Investigational drug(s) – mode(s) of action, therapeutic class (es), indication(s), dose(s), route(s) of administration, formulation(s);

A brief description of the indication(s) and population(s) being studied.

A short summary of the scope of the clinical trials covered by the report (e.g. all trials with the investigational drug, indication-specific trials, trials with combination products);

A brief description and explanation of any information that has not been included in the DSUR (e.g. when written agreements with a partner company do not provide for exchange of all safety data);

The rationale for submission of multiple DSURs for the investigational drug, if applicable.

1. **Worldwide Marketing Authorisation Status**

Provide a brief narrative overview including: date of first approval, indication(s), approved dose(s), and where approved, if applicable. If you do not have this information, consider using the following example:

[Name of IMP] has a marketing authorisation (MA), but we are not the MA holder and do not have access to the worldwide approval status.

Or, if there is no MA for the product:

[Name of IMP] does not currently have a marketing authorisation (MA).

1. **Actions Taken in the Reporting Period for Safety Reasons**

This section should include a description of significant actions related to safety that have been taken during the reporting period by the sponsor, regulators, data monitoring committee or ethics committee that had an impact on the conduct of a specific clinical trial(s) or on the overall clinical development programme. The reason(s) for each action should be provided if known.

Relevant updates to previous actions should also be summarised in this section (e.g. resumption of a clinical trial after suspension).

This section should also summarise requests from regulatory authority(ies) that place a specific limitation on current or future development (e.g. a request to conduct long term animal studies before initiating a long term clinical trial, specification of a maximum dose to be evaluated, a request for specific safety data before initiating trials in paediatric subjects.) A cumulative listing of such requests from regulatory authorities should be provided, including any updates if applicable. This can be provided as a table, in an appendix, or in this section.

1. **Changes to Reference Safety Information**

This section should list any significant safety-related changes to the Information Brochure (IB) or other reference safety information (e.g. SmPC) within the reporting period.

Examples of changes to include on this section:

* Information related to exclusion criteria
* contraindications, warnings and/or precautions
* serious adverse drug reactions
* adverse events of special interest
* interactions
* any important findings from non-clinical studies (e.g. carcinogenicity studies)

1. **Inventory of Clinical Trials Ongoing and Completed during the Reporting Period**

This section should provide a brief overview of the clinical trials using this IMP are being sponsored by the St George’s which are ongoing and completed during the reporting period.

Detailed information in a table below or detailed information presented in a table as an appendix (see examples in Appendix A, Tables 1 and 2), if preferable.

|  |  |
| --- | --- |
| Study ID / EudraCT number(s) | Insert the protocol number or other identifier. |
| Phase | I, II, II or IV |
| Status | Ongoing/on hold/completed (delete as appropriate) |
| Countries |  |
| Study title (abbreviated) |  |
| Study design | Uncontrolled/controlled, open-label/single blind/double blind, parallel/cross-over (delete as appropriate and include other relevant information, e.g. including treatment arms |
| Dosing regimen |  |
| Study population | age; sex; indication(s); specific patient groups, e.g., trial subjects with impaired renal function or trial subjects resistant to treatment |
| Date of clinical trial start (marked by date of activation of first site) | This might be the first visit of the first participant. |
| Planned enrolment |  |
| Planned date of completion |  |
| Estimates of cumulative numbers of exposed subjects (based upon total number of patients recruited) |  |

This DSUR only relates to [Study ID]. St George’s JRES is also conducting (an)other trial(s) with this investigational product but a separate DSUR will be produced for this/these trial(s) as it is not possible to combine data from these trials.

1. **Estimated Cumulative Exposure**
   1. **Cumulative Subject Exposure in the Development Programme**
   2. **Patient Exposure from Marketing Experience**

Sections 6.1 and 6.2 of the DSUR should provide information on cumulative exposure in clinical trials and the marketed setting, respectively.

An estimation of cumulative subject exposure can help provide context for the cumulative summary tabulations of serious adverse events, and the overall assessment of safety. The accuracy of the estimation of clinical trial exposure might be limited because of a number of factors, including the rapidity of subject enrolment and the number of ongoing trials where treatment assignment remains blinded.

For marketed drugs that are under clinical investigation, it might not be feasible or useful to obtain precise cumulative clinical trial exposure data, e.g. when the drug has been marketed for a number of years and/or has many indications. In these circumstances an explanation should be provided.

1. **Data in Line Listings and Summary Tabulations**

Sections 7.1 – 7.3 of the DSUR should present important clinical safety information through:

* Interval line listings of the Serious Adverse Reactions that were reported during the period covered by the DSUR; and
* If appropriate, cumulative summary tabulations of serious adverse events that have been reported since the Developmental International Birth Date of the drug.

The line listings and tabulations should include blinded and unblinded clinical trial data. Unblinded data might originate from completed trials and individual cases that have been unblended for safety reasons (e.g. expedited reporting), if applicable. Data should not be unblinded for the specific purpose of preparing the DSUR.

* 1. **Reference Information**

This section should specify the version of the medical coding dictionary used. If applicable, it should also specify the document and version used as Reference Safety Information for determining expectedness (e.g. IB, Summary of Product Characteristics, listing version and date used).

* 1. **Line Listings of Serious Adverse Reactions during the Reporting Period**

This section should summarise how case reports were selected for inclusion in the line listings. This section should not serve to provide analyses or conclusions based on the SARs. The line listings should be provided in an appendix (see Appendix A, Table 3).

Where possible the line listings should include each subject only once regardless of how many SAR items are reported for the case. If there is more than one reaction, they should all be mentioned by the case should be listed under the most serious or primary adverse reaction. It is possible that the same subject could experience different SARs on different occasions (e.g. weeks apart). Under such circumstances, the SARs can be listed separately and a single subject can be included in the line listing more than once.

* 1. **Cumulative Summary Tabulations of Serious Adverse Events**

Please refer to the Serious Adverse Events cumulative summary table at the end of this document (see Appendix A – table 3)

See appendix A, Table 3 for an example of the headings for the line listing.

1. **Significant Findings from Clinical Trials during the Reporting Period**

The information in this section can be provided by indication, when appropriate, and should address the following topics, when applicable:

* 1. **Completed Clinical Trials**

Should provide a brief summary of clinically important emerging efficacy and safety findings from clinical trials completed during the reporting period.

* 1. **Ongoing Clinical Trials**

Should provide details of clinically important safety information that has arisen from ongoing clinical trials (e.g. learned through interim safety analyses or as a result of unblinding of subjects with adverse events), this section should briefly summarise the issue(s).

* 1. **Long-term Follow-up**

Where applicable, this section should provide information from long-term follow up of subjects from clinical trials of investigational drugs.

* 1. **Other Therapeutic Use of Investigational Drug**

This section should include clinically important information from other programmes conducted by the same sponsor or co-sponsor that follows a specific protocol.

If not applicable the following statement could be used:

This section is not applicable as we do not have access or compassionate use programmes

* 1. **New Safety Data Related to Combination Therapies**

If this DSUR is for an investigational drug that is also under development as a component of a fixed combination product or a multi-drug regimen, this section should summarise important safety findings from the combination therapy DSUR.

Conversely, if this DSUR is for a multi-therapy drug or fixed combination product, this section should summarise important safety information arising from trials on the individual components.

1. **Safety Findings from Non-interventional Studies**

This section should summarise relevant safety information from sponsored or co-sponsored non-interventional studies that becomes available during the reporting period (e.g. observational studies, epidemiological studies, active surveillance programmes.

For further information, see ICH E2F/section 2.5.

1. **Other Clinical Trial/Study Safety Information**

This section should summarise relevant safety information from any other sponsored or co-sponsored clinical trial/study sources that becomes available during the reporting period (e.g. results from pooled analyses or meta analyses of randomised clinical trials).

1. **Safety Findings from Marketing Experience**

If the investigational drug has been approved for marketing in any country, this section should include a concise summary of key safety findings that have arisen from marketing experience and that became available to the sponsor during the reporting period.

If you wish so, insert the applicable statement:

[Name of IMP] is not a marketed product and hence this section is not applicable.

or

We are not aware of any findings from the marketing experience.

1. **Non-clinical Data**

This section should summarise major safety findings from non-clinical *in vivo* and *in vitro*studies (e.g. carcinogenicity, reproduction or immunotoxicity studies) ongoing or completed during the reporting period. Implications of these findings should be discussed in the Overall Safety Assessment (section 18). If you do not have access to this information you could use the following statement:

This section is not applicable as we have not conducted non-clinical studies and do not have access to information from such studies.

1. **Literature**

This section should summarise new and significant findings, either published in the scientific literature or available as unpublished manuscripts, relevant to the investigational drug during the reporting period. This section should include information from non-clinical and clinical studies and, if relevant an applicable, information on drugs of the same class. It should also summarise significant new safety information presented at a scientific meeting and published as an abstract; a copy of the abstract should be provided, if possible.

1. **Other DSURs**

One single DSUR should be prepared for all trials being undertaken on one investigational drug. However, if multiple DSURs are to be prepared for a single investigational drug (e.g. covering different indications, development programmes, or formulations), this section should summarise significant findings from other DSURs if not presented elsewhere in the report.  
  
The information can be presented in the table below.

|  |  |  |
| --- | --- | --- |
| Trial | DSUR reference No. | Summary of significant findings |
|  |  |  |
|  |  |  |
|  |  |  |

If there are no other DSURs for this IMP, the following statement can be used.

1. **Lack of Efficacy**

Data indicating lack of efficacy, or lack of efficacy relative to established therapy(ies), for investigational drugs intended to treat serious or life-threatening illnesses (e.g. excess cardiovascular adverse events in a trial of a new anti-platelet drug for acute coronary syndromes) could reflect a significant risk to the clinical trial subjects and should be summarised in this section.

1. **Region-Specific Information**

The information in this section can be used to comply with national or regional requirements and can be provided in appendices to the DSUR. Should a DSUR be required for a country other than Britain the Chief Investigator should determine the requirements for that country.

Examples of what may be included are:

* Cumulative summary tabulation of serious adverse reactions;
* List of subjects who died during the reporting period;
* List of subjects who dropped out of clinical trials in association with an adverse event during the reporting period, whether or not thought to be drug related. Any safety issues should be addressed in Section 18 of the DSUR as appropriate;
* Significant manufacturing changes.

1. **Late-Breaking Information**

This section should summarise information on potentially important safety findings that arise after the data lock point but while the DSUR is in preparation. Examples include clinically significant new case reports, important follow-up data, clinically relevant toxicological findings and any action that the sponsor or co-sponsors, data monitoring committee, or a regulatory authority has taken for safety reasons. Section 18 should also take account of this new data as appropriate.

1. **Overall Safety Assessment**

**18.1 Evaluation of the risks**

This section should be a concise, integrated evaluation of risks to trial subjects, with particular emphasis on interpretation of data relating to newly identified safety concerns or new information relating to previously identified safety concerns and any other safety information.

This assessment should consider cumulative experiences, new information collected in the period covered by the DSUR and, for investigational drugs with a marketing approval, clinically significant post-marketing data. It should not summarise or repeat information presented in previous sections of the DSUR, but should provide an interpretation of the information and its implications for the clinical trial population and the development programme.

If appropriate, separate assessments can be provided by therapeutic area, route of administration, formulation and/or indication.

**18.2. Benefit-risk considerations**

This section should statement a perceived balance between risks identified from cumulative safety data and anticipated efficacy or benefits. Also, whether there have been any changes in this balance since the last DSUR. This section is not intended to be a full benefit-risk assessment of the IMP.

1. **Summary of Important Risks**

This section should provide a concise, cumulative, issue-by-issue list of important identified and potential risks, e.g. those that might lead to warning, precautions, or contraindications on labelling. Such risks might include, for example, toxicities known to be associated with a particular molecular structure or drug class, or concerns based on accumulating non-clinical or clinical data.

Each risk should be re-evaluated annually and re-summarised as appropriate, based on the current state of the knowledge. New information should be highlighted. The appropriate level of detail is likely to be dependent on the stage of the drug development. For example, summaries covering drugs in early development might include information on individual cases, whereas in later development, as more knowledge and perspective are gained the information on each risk might be less detailed.

Risks that have been fully addressed or resolved should remain in the summary and be briefly described, e.g. findings from toxicology studies or early clinical trials that were not borne out by later clinical data.

The information can be presented as a narrative or in table format, such:

Table xx – Summary of Important Risks

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | Non-clinical data | Clinical data | Actions |
|  |  |  |  |

1. **Conclusions**

This section should briefly describe any changes to the previous knowledge or efficacy and safety resulting from information gained since the last DSUR. The conclusions should outline the actions that have been or will be taken to address emerging safety issues.

1. **Appendices to the DSUR**

The DSUR should be accompanied by the following appendices, as appropriate, listed as follows:

|  |  |
| --- | --- |
| **Documentation** | **Included or**  **Not Applicable** |
| Investigator Brochure or SmPC (include version and date); |  |
| Status of Ongoing and Completed Trials; |  |
| Cumulative Summary Tabulations of Demographic Data; |  |
| Line Listings of Serious Adverse Reactions; |  |
| Cumulative Summary Tabulation of Serious Adverse Events; |  |
| Scientific Abstracts (if relevant). |  |

**Appendix A- Tables and Table headings for Clinical Trial Listings**

**Table 1 – Overview of Ongoing Studies [Study Drug]**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study Short Title | EUDRACT ID | Phase | Country | Study design | Dosing regimen | Study Population | FVFP†  (dd/mm/yyyy) | Enrolment‡ | Stop Date  (dd/mm/yyyy) |
|  |  |  |  |  |  |  |  |  |  |

†FVFP = first patient first visit

‡ Based upon total numbers of patients recruited as of [date] and applied randomisation schemes.

**Table 2 – Overview of Studies Completed During the DSUR period [Study drug]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Study Short Title | EUDRACT ID | Phase | Country | Study design | Dosing regimen | Study Population | Subject exposure per treatment arm (M/F) |
|  |  |  |  |  |  |  |  |

**Table 3 – Examples of Headings for Interval Line Listings of Serious Adverse Reactions**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EUDRACT ID | Case ID/Subject number† | Country Gender Age | Serious Adverse Drug Reactions (SARs) | Outcome | Date of onsent  (dd/mm/yyyy)  Time to onset‡  (hh:mm) | Suspect drug | Dates of treatment  Treatment duration | Daily dose  Route  Formulation | Comments |
|  |  |  |  |  |  |  |  |  |  |

† Study/Centre/patient

‡ ‘Primary’ SAR only