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**Investigator’s Brochure**

**TITLE OF TRIAL:**

**SPONSOR:** *(delete as applicable)* **St George’s University of London / St George’s University Hospitals NHS Foundation Trust**

**PRODUCT:**

**GENERIC NAME:**

**TARGET DISEASE:**

**PRODUCT SUPPLIER:**

**EDITION NUMBER:**

**DATE:**

**REVIEW DATE:**

Information in this Investigator’s Brochure is confidential and should not be disclosed, other than to those directly involved in the execution or the ethical/regulatory review of the trial, without written authorisation from St George’s Joint Research and Enterprise Office (JRES) or its affiliates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Chief Investigator** | **Name** | **Signature** | **Date** |
| **Sponsor Representative** |  |  |  |

1. **Table of Contents**

Enter table on *References tab > Table of Contents > Automatic Table 1*.

Remember to update the table and the page numbers once the document is complete.

1. **Abbreviations**

Enter a list of any abbreviations/acronyms used throughout the document and their meaning/definition.

1. **Summary**

Provide a brief summary highlighting the significant physical, chemical, pharmaceutical, pharmacological, toxicological, pharmacokinetic, metabolic, and clinical information available that is relevant to the stage of clinical development of the investigational product.

1. **Introduction**

A brief introductory statement should be provided that contains the chemical name (and generic and trade name(s) when approved) of the investigational product(s), all active ingredients, the investigational product’s pharmacological class and its expected position within this class (e.g. advantages), the rationale for performing research with the investigational product(s), and the anticipated prophylactic, therapeutic, or diagnostic indication(s). Finally, the introductory statement should provide the general approach to be followed in evaluating the investigational product.

1. **Physical, Chemical, and Pharmaceutical Properties and Formulation**

A description should be provided of the investigational product substance(s) (including the chemical and/or structural formula(e)), and a brief summary should be given of the relevant physical, chemical, and pharmaceutical properties.

To permit appropriate safety measures to be taken in the course of the trial, a description of the formulation(s) to be used, including excipients, should be provided and justified if clinically relevant. Instructions for the storage and handling of the dosage form(s) should also be given.

Any structural similarities to other known compounds should be mentioned.

1. **Non-Clinical Studies**

The results of all relevant nonclinical pharmacology, toxicology, pharmacokinetic, and investigational product metabolism studies should be provided in summary form. This summary should address the methodology used, the results, and a discussion of the relevance of the findings to the investigated therapeutic and the possible unfavourable and unintended effects in humans.

The information provided may include the following, as appropriate, if known/available:

* Species tested
* Number and sex of animals in each group
* Unit dose (e.g., milligram/kilogram (mg/kg))
* Dose interval
* Route of administration
* Duration of dosing
* Information on systemic distribution
* Duration of post-exposure follow-up
* Results, including the following aspects:
* Nature and frequency of pharmacological or toxic effects
* Severity or intensity of pharmacological or toxic effects
* Time to onset of effects
* Reversibility of effects
* Duration of effects
* Dose response

Tabular format/listings should be used whenever possible to enhance the clarity of the presentation.

The following sections should discuss the most important findings from the studies, including the dose response of observed effects, the relevance to humans, and any aspects to be studied in humans. If applicable, the effective and nontoxic dose findings in the same animal species should be compared (i.e., the therapeutic index should be discussed). The relevance of this information to the proposed human dosing should be addressed. Whenever possible, comparisons should be made in terms of blood/tissue levels rather than on a mg/kg basis.

**6.1 Non-clinical Pharmacology**

A summary of the pharmacological aspects of the investigational product and, where appropriate, its significant metabolites studied in animals, should be included. Such a summary should incorporate studies that assess potential therapeutic activity (e.g. efficacy models, receptor binding, and specificity) as well as those that assess safety (e.g., special studies to assess pharmacological actions other than the intended therapeutic effect(s)).

**6.2 Pharmacokinetics and Product Metabolism in Animals**

A summary of the pharmacokinetics and biological transformation and disposition of the investigational product in all species studied should be given. The discussion of the findings should address the absorption and the local and systemic bioavailability of the investigational product and its metabolites, and their relationship to the pharmacological and toxicological findings in animal species.

**6.3 Toxicology**

A summary of the toxicological effects found in relevant studies conducted in different animal species should be described under the following headings where appropriate:

* Single dose
* Repeated dose
* Carcinogenicity
* Special studies (e.g. irritancy and sensitisation)
* Reproductive toxicity
* Genotoxicity (mutagenicity)
1. **Effects in Humans**

A thorough discussion of the known effects of the investigational product(s) in humans should be provided, including information on pharmacokinetics, metabolism, pharmacodynamics, dose response, safety, efficacy, and other pharmacological activities. Where possible, a summary of each completed clinical trial should be provided. Information should also be provided regarding results of any use of the investigational product(s) other than from in clinical trials, such as from experience during marketing**.**

**7.1 Pharmacokinetics and Product Metabolism in Humans**

A summary of information on the pharmacokinetics of the investigational product(s) should be presented, including the following, if available:

* Pharmacokinetics (including metabolism, as appropriate, and absorption, plasma protein binding, distribution, and elimination).
* Bioavailability of the investigational product (absolute, where possible, and/or relative) using a reference dosage form.
* Population subgroups (e.g., gender, age, and impaired organ function).
* Interactions (e.g., product-product interactions and effects of food).
* Other pharmacokinetic data (e.g., results of population studies performed within clinical trial(s).

**7.2 Safety and Efficacy**

A summary of information should be provided about the investigational product’s/products’ (including metabolites, where appropriate) safety, pharmacodynamics, efficacy, and dose response that were obtained from preceding trials in humans (healthy volunteers and/or patients). The implications of this information should be discussed. In cases where a number of clinical trials have been completed, the use of summaries of safety and efficacy across multiple trials by indications in subgroups may provide a clear presentation of the data. Tabular summaries of adverse drug reactions for all the clinical trials (including those for all the studied indications) would be useful. Important differences in adverse drug reaction patterns/incidences across indications or subgroups should be discussed.

The IB should provide a description of the possible risks and adverse drug reactions to be anticipated on the basis of prior experiences with the product under investigation and with related products. A description should also be provided of the precautions or special monitoring to be done as part of the investigational use of the product(s).

**7.3 Marketing Experience**

The IB should identify countries where the investigational product has been marketed or approved. Any significant information arising from the marketed use should be summarised (e.g., formulations, dosages, routes of administration, and adverse product reactions). The IB should also identify all the countries where the investigational product did not receive approval/registration for marketing or was withdrawn from marketing/registration.

1. **Summary of Data and Guidance for Investigators**

This section should provide an overall discussion of the nonclinical and clinical data and should summarise the information from various sources on different aspects of the investigational product(s), wherever possible. In this way, the investigator can be provided with the most informative interpretation of the available data and with an assessment of the implications of the information for future clinical trials.

Where appropriate, the published reports on related products should be discussed. This could help the investigator to anticipate adverse drug reactions or other problems in clinical trials.

The overall aim of this section is to provide the investigator with a clear understanding of the possible risks and adverse reactions, and of the specific tests, observations, and precautions that may be needed for a clinical trial. This understanding should be based on the available physical, chemical, pharmaceutical, pharmacological, toxicological, and clinical information on the investigational product(s). Guidance should also be provided to the clinical investigator on the recognition and treatment of possible overdose and adverse drug reactions that is based on previous human experience and on the pharmacology of the investigational product.

1. **Reference Safety Information for Assessment of Expectedness of Serious Adverse Reactions**

Reference Safety Information (RSI) defines which reactions that are expected for the Investigational Medicinal Product (IMP) being administered in a clinical trial.

The RSI is used for the assessment of the expectedness of all ‘suspected’ serious adverse reactions (SARs) that occur in the trial. Therefore the RSI is a list of expected SARs, which are classified using Preferred Terms (PTs) according to the Medical Dictionary for Regulatory Activities (MedDRA).

When the RSI is contained within an IB, it should be clear that the RSI section outlines the expected SARs for regulatory reporting purposes and that the information within the RSI section does not present a comprehensive overview of the safety profile of the IMP(s).

The RSI should contain product information on the IMP and on how to determine what SARs are to be considered as expected SARs and on the frequency and nature of those SARs.

Follow the guidance in the document below on what needs to be included in this section: <https://www.hma.eu/fileadmin/dateien/Human_Medicines/01-About_HMA/Working_Groups/CTFG/2017_11_CTFG_Question_and_Answer_on_Reference_Safety_Information_2017.pdf>

1. **Appendices**

Add where applicable.

**Please note:** References (eg: relevant literature/publications/reports) should be listed at the end of each section.

**Guidance references:**

<https://ichgcp.net/7-investigators-brochure/>

<https://www.gov.uk/guidance/clinical-trials-for-medicines-manage-your-authorisation-report-safety-issues#reference-safety-information--updated-guidance>