



Providing answers today and tomorrow



ORBIT STUDY – NEWSLETTER 12TH EDITION

Recruitment.

A big thank you to all for reaching recruitment! We have successfully recruited 302 participants to the study.

The last participant was recruited in November 2013, it is anticipated that Last Patient Last Visit happens in November 2014.

For the sites that still have participants in the treatment phase, can we ask for a final effort to ensure that our last participants complete the study.

Study close out procedures.

The Sponsor monitoring department will contact the sites where there is no further participant activity in due course to commence study close out procedure

It is important that you are prepared for this. Prior to the actual study close out visit Jurgen will forward a study close out checklist containing specifics to action. Once the close out visit has been conducted and all actions are resolved then the site will formally close

Some things to consider now!

- ❖ **PI Site File.** Is the PI site file maintained? Is all electronic documentation printed out and inserted in the site file?
 - ❖ **Source data:**
 - Study booklet: is the study booklet fully completed and inserted in the patient notes?
 - Blood results: are all blood results inserted the patient notes; and are they signed off by a study clinician?
 - PIS – ICF – GP letter. Are copies inserted in the patient notes?
 - ❖ **eCRF completion.** Have you completed all eCRF entries for all participants? Are all data queries forwarded from the data centre resolved?
 - ❖ **PEAC sampling.** Are all samples forwarded to PEAC Biobank in London? Do you have a fully completed sample log sheets and are they available in the site file? Have you forwarded a copy of your sample logs to Emma or Jurgen?
- Pharmacy:** Are all prescription sheets in place? Is there an accountability process for all medication administered to the study participants?

Participant visits - Payments to sites.

Please ensure that participant visits are entered onto the eCRF prospectively. The entries on the eCRF form the basis for payments to sites.

Amendments.

A summary sheet detailing all amendments has been forwarded to all PIs and Point of Contact. All regulatory amendment documentation is also available on the ORBIT webportal. The same naming convention is used as per the summary sheet. Should you have any missing amendment documentation; then please print off your missing documents from the portal and insert in your PI site file.

Data Query Forms

The second batch of Data Query Forms has been forwarded to sites.

Can we ask you to insert a copy of your completed Data Query Forms in Section 10 of the PI Site File

PEAC Sample collection – sample record log

Thank you for forwarding copies of your completed sample logs. For the sites that have still to forward the logs, can we ask to forward the logs as soon as possible to Jurgen or Emma

New updated Reference Safety information.

The updated Reference Safety Information is available on the ORBIT webportal – Section documents. These documents should be used to assess the “Expectedness” of any serious adverse reactions to the IMPs.

Safety update

To date we have received 63 Serious Adverse Event reports involving 46 subjects. Of these 27 have been assessed as being possibly, probably or definitely related to the Investigational Medicinal Product (7-adalimumab, 16-rituximab, and 4-etanercept). We have submitted 2 SUSAR reports involving 2 subjects. 3 reactions (as detailed in the table below) were included in these reports.

The Pharmacovigilance Office team (Dr Eleanor Dinnett and June Allan) are happy to answer any questions you may have regarding any aspect of the SAE assessment and reporting process and can be contacted by phone at 0141 330 4744 or by email at: pharmacovig@glasgowctu.org

Cumulative List of SAEs received by the Pharmacovigilance Office to 30/04/2014

Diagnosis (from SAE report)	Classification	IMP (if related)
Asthma	SAE	
Urinary sepsis	SAE	
Endometrial adenocarcinoma	SAE	
Total hysterectomy bi-lateral salpingo oophorectomy & bi-lateral lymphadenectomy for GR Endometriod endometrial carcinoma stage 2	AE	
Cerebral Infarction-left sided hemiparesis + left sided visual/sensory neglect	SAE	
Myocardial Infarction	SAE	
Myocardial Infarction	SAE	
Investigations for increased confusion	SAE	
Left groin pain	SAE	
Admitted for analgesia assessment	SAE	
Flare of RA	SAE	
NIDMM (type 2 diabetes)	SAE	
(R+TKR) right total knee replacement	SAE	
Grade 2 cancer left breast	SAE	
Urinary tract infection + urinary retention	SAE	
Headache, diarrhoea, abdominal pain (hospitalisation)	SAE	
Pneumonitis	SAE	
Left # NOF	SAE	
Rheumatoid arthritis flare up	SAE	
Appendicitis	SAE	
Elective admission to hosp for decompression and fusion surgery for lumbar spine I4/I5	SAE	
Chest pain	SAE	
Colonic polyps	SAE	
Laminectomy	SAE	
Musculoskeletal chest pain	SAE	
Planned admission for (L) shoulder replacement	SAE	
Planned admission for (L) shoulder replacement (aborted previous op on 05/11/13)	SAE	
Septic arthritis left 2nd DIP joint	SAE	
Pulmonary embolism	SAE	
Fracture of left femur bone	SAE	
Knee replacement (left)	SAE	
Right hip replacement	SAE	

Admitted with lower abdominal pain and vomiting ?bowel obstruction	SAE	
2 x electric shock at work	SAE	
Widespread metastatic disease from unknown source	SAE	
Ankle swelling, sore throat and general tiredness	SAE	
Chest infection	SAR	Adalimumab
Chest infection	SAR	Adalimumab
Neutropaenia	SAR	Rituximab
Probable cutaneous vasculitis	SAR	Adalimumab
New onset interstitial lung disease	SAR	Etanercept
Neutropenia	SAR	Rituximab
Pulmonary fibrosis	SAR	Etanercept
Abnormal liver function test results	SUSAR	Rituximab
Non specific abdominal pain	SAR	Rituximab
Sepsis + multi organ failure from (r) elbow prosthesis infection + staph aureus bacteraemia	SAR	Rituximab
Neutropenic sepsis	SAR	Rituximab
Labyrinthitis (acute)	SAR	Adalimumab
Epigastric pain, fever, vomiting	SAR	Etanercept
Pyelonephritis	SAR	Etanercept
Loss of consciousness x 5, severe headaches	SUSAR (not headaches)	Rituximab
Bilateral acute anterior uveitis of both eyes, left eye worse	SUSAR	Rituximab
Chest pain and dyspnoea	SAR	Adalimumab
Chest infection	SAR	Rituximab
Gram negative sepsis	SAR	Rituximab
Urine infection	SAR	Rituximab
Low immunoglobulins (Low IgM)	SAR	Rituximab
Acute urinary tract infection	SAR	Rituximab
Parotiditis	SAR	Rituximab
Acalculic cholecystitis	SAR	Adalimumab
Chest infection	SAR	Rituximab
Probably viral tonsillitis	SAR	Adalimumab
Urticaria, itch	SAR	Rituximab

Pharmacy update

Pharmacy would like to thank site pharmacies for their continued support with IMP management and bring the following points to your attention:

- Sites will be contacted over the coming weeks and months re- pharmacy close out, the initial contact will be with regard to IMP accountability and reconciliation with a view to sponsor providing permission for destruction of any unused IMP on site. Can site pharmacies please ensure all accountability records are up to date and any discrepancies have been investigated and resolved
- Sites with IMP expiring in June & July will receive e-mail notification shortly can this please be actioned accordingly.
- Can I reiterate to all sites the importance of maintaining and monitoring the appropriate storage conditions required for IMP, this includes the reporting of any temperature deviations to sponsor. Please refer to the IMP Management & Accountability Manual for Pharmacy & Study Investigators for details or contact R&DIMP@ggc.scot.nhs.uk for support
- Stock ordering quantities should be rationalised at site to prevent unnecessary wastage now the study is closed to recruitment please monitor carefully the stock requirements at site.

QUERIES.

Should you have any queries then please contact:

- Data queries: ORBITsupport@glasgowctu.org
- PEAC sampling queries:
 - Dr Becky Hands: r.e.hands@qmul.ac.uk
 - Ms Rita Jones: m.r.jones@qmul.ac.uk
 - Sudeh Riahi: s.riahi@qmul.ac.uk
- For Pharmacy information: please contact Elizabeth on Elizabeth.Douglas@ggc.scot.nhs.uk or R&Dimp@ggc.scot.nhs.uk
- Cost questionnaires, please contact Emma on Emma.Miller@ggc.scot.nhs.uk
- For general information/queries: Jurgen on: Jurgen.van-melckebeke@ggc.scot.nhs.uk or Duncan on: Duncan.Porter@glasgow.ac.uk

THANK YOU FOR YOUR SUPPORT IN THE STUDY!

Duncan & Jurgen.