Summary of Findings

Improving the System of Reporting and Interpreting Unexpected Serious Adverse Events to Investigators Conducting Research Under an IND
Workstream 1
Document current range of practices for safety monitoring and reporting unexpected SAEs to investigators

- Industry sponsors emphasize safety notifications to investigators using individual expedited reports
- Industry sponsors have well-developed mechanisms for IND safety data management including drug safety units/clinicians, written standard procedures, and use of external bodies to manage and review the data
- Investigators voiced concerns to sponsors including dissatisfaction with volume (too many) and content (not relevant) of individual IND safety reports
- Recommend encouraging aggregate safety notifications from sponsors to investigators and reducing investigator burden of unnecessary individual expedited reports
Workstream 2
Quantify resources and assess value of individual expedited safety reports

- Resource estimate of $22/SAE evaluated with CI of $10-$33 (0.25hr median with CI of 0.12-0.38 hrs/SAE). Sensitivity analysis gives range of $7-49/SAE.
- Low perceived value of individual SAE reports due to lack of context (incidence, relatedness) for events
- “Contextual” information is useful:
  - Data Monitoring Committee (DMC) reports
  - Notification letter of unanticipated problem (~UADE or suspected adverse reaction in FDA guidances of 1/09 and 9/10)
- Increased use of DMCs and FDA Guidance may assist investigators, sponsors, and IRBs focus on events likely to impact patient safety
Workstream 3
Compare current practice of submitting individual expedited reports with alternative approach used in European Union

- Small number of respondents and small number of reportable events in this workstream limit conclusions
- Data suggest a potential time savings afforded to investigators by aggregate reporting of individual events
Workstream 4

Explore patients’ expectations for safety monitoring and communication as well as how safety monitoring efforts are being conveyed to participants in the informed consent document.

Recommendations:

- Increase patients’ understanding about clinical trials and how risks are managed.
- Language in consent forms should reflect reality.
- Need to address conflicts of interest to restore/maintain trust.
Questions to Consider

- Can you envision an alternative model for reporting important new safety information to investigators and patients during the conduct of a clinical trial?

- How can we better evaluate safety of an investigational product across multiple clinical trials and indications for use?