

The Joint Clinical Trials Office
Creation & Maintenance of Investigator Brochure

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1.0 GLOSSARY

The Joint Clinical Trials Office (JCTO) - Established in 2006 by King's College London, Guy's & St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust to provide a streamlined approach for all aspects of trial administration.

The Regulations - Medicines for Human Use (Clinical Trial) Regulations 2004 transposed the EU Clinical Trials Directive into UK legislation, as Statutory Instrument 2004 no 1031. This became effective on the 1st May 2004. An amendment to implement Directive 2005/28/EC was made to the Regulations as Statutory Instrument 2006 no 1928.

European Economic Area (EEA) – means the Member States that are Contracting Parties to the EEA Agreement and are bound by the EU Clinical Trials Directive (EC/2001/EC).

Competent Authority – Regulatory Agency of a member state that is responsible for the regulation of clinical trials.

The Medicines & Healthcare products Regulatory Agency (MHRA) - UK Competent Authority.

Good Clinical Practice (GCP) - as defined in the Regulations.

Clinical Trial - Any investigation in human subjects, other than a non-interventional trial intended to discover or verify the clinical, pharmacological or other pharmacodynamic effects of one or more medicinal product or to identify any adverse reactions to one or more such products and to study absorption, distribution metabolism and excretion in one of more such products with the object of ascertaining the safety or efficacy of those products.

JCTO Standard Operating Procedure (SOP) - "detailed, written instructions to achieve uniformity of the performance of a specific function," SOPs are the base on which Quality Systems and Processes are conducted and monitored against.

King's Health Partners – King's College London, Guy's & St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust.

Investigational Medicinal Products (IMP) - means a pharmaceutical form of an active substance or placebo being tested, or used as a reference in a clinical trial. This includes a medicinal product which has a marketing authorisation but is, for the purposes of the trial -

- (a) used or assembled (formulated or packaged) in a way different from the form of the product authorised under the authorisation,
- (b) used for an indication not included in the summary of product characteristics under the authorisation for that product, or
- (c) used to gain further information about the form of that product as authorised under the authorisation

Investigator Brochure (IB) – is a compilation of the clinical and nonclinical data on the investigational product(s) that are relevant to the study of the product(s) in humans. Once an investigational product has a marketing approval the IB is superseded by the Summary of Product Characteristics (SmPC) unless an IMP has been developed, licensed and manufactured by King's Health Partners.

2.0 BACKGROUND AND PURPOSE

The amended Regulations (SI 2006/1928) state that the Sponsor of a clinical trial is responsible for the IB and shall ensure that the trial IB presents the information it contains in a concise, simple, objective, balanced and non-promotional form that enables a clinician or potential investigator to understand it and make an unbiased risk-benefit assessment of the appropriateness of the proposed clinical trial; and shall validate and update the investigator's brochure at least once a year.

The IB provides the investigators and others involved in the trial with the information to facilitate their understanding of the rationale for and their compliance with, many key features of the protocol, such as the dose, dose frequency/interval, methods of administration: and safety monitoring procedures. The IB also provides insight to support the clinical management of the study subjects during the course of the clinical trial.

The purpose of this SOP is to describe when an IB is required, the minimum content required and when to update the IB.

3.0 SCOPE

All clinical trials of IMPs that do not have a marketing authorisation within the EEA and that are sponsored or co-sponsored by one or more of King's Health Partners.

4.0 PROCEDURE

4.1 General Considerations

An IB will be produced for each IMP that does not hold a marketing authorization in the UK or EEA.

The IB will list the name of the Sponsor; and/or the organisation or individual who owns the Intellectual Property relating to the IMP and the identity of the IMP (i.e. research number or name).

The IB will be version controlled and will have an edition or copy number to enable tracking of all versions and editions.

4.2 Version Control

Each copy of the IB will be version, edition and copy controlled (*see version control guidelines related document section 6.1*)

Example 1

Edition Number:
Release Date:

Copy Number:

Replaces Previous Edition Number:
Date:

4.3 Contents

The IB should contain the following sections, each with literature references where appropriate:

4.3.1 Table of Contents

(see example in related template section 5.1)

4.3.2 Summary

A brief summary (preferably not exceeding two pages) should be given, 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.

4.3.3 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.

4.3.4 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.

4.3.5 Nonclinical Studies

Introduction:

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.

a. Nonclinical 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)).

b. 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.

c. 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)

4.3.6 Effects in Humans

Introduction:

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 clinical trials, such as from experience during marketing.

a. 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)).

b. 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).

c. Marketing Experience

The IB should identify countries where the IMP 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.

4.3.7 Summary of Data and Guidance for the Investigator

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 are based on previous human experience and on the pharmacology of the investigational product.

4.4 IB Updates

The IB for each IMP will be updated and validated at least once a year. If no changes or updates are required or available, a statement signed by the CI stating this fact will be inserted into the front of the dossier and version and edition control updated.

4.5 IB Tracking

Investigator Brochures are controlled documents and as such, their circulation must be tracked and receipted to ensure that all Investigators and recipients are in possession of the latest and most up to date version.

5.0 RELATED TEMPLATES

5.1 IB Table of Contents (*suggested example*)

6.0 RELATED DOCUMENTS

6.1 Version control guidelines

7.0 APPROVAL and SIGNATURE

Jackie Powell

Date