

Expedited Reporting via DAERS

DAIDS Regulatory Support Center (RSC) Safety Office

Safety Training
Republic of South Africa
October 2016



National Institute of
Allergy and
Infectious Diseases



DAIDS
RSC

Regulatory
Support
Center

Objectives

At the end of this session, participants should be able to demonstrate an understanding of:

- The NIAID Clinical Research Management System (NIAID CRMS)
- The purpose and use of the DAIDS Adverse Experience Reporting System (DAERS)
- How to use the DAERS through a case study demonstration

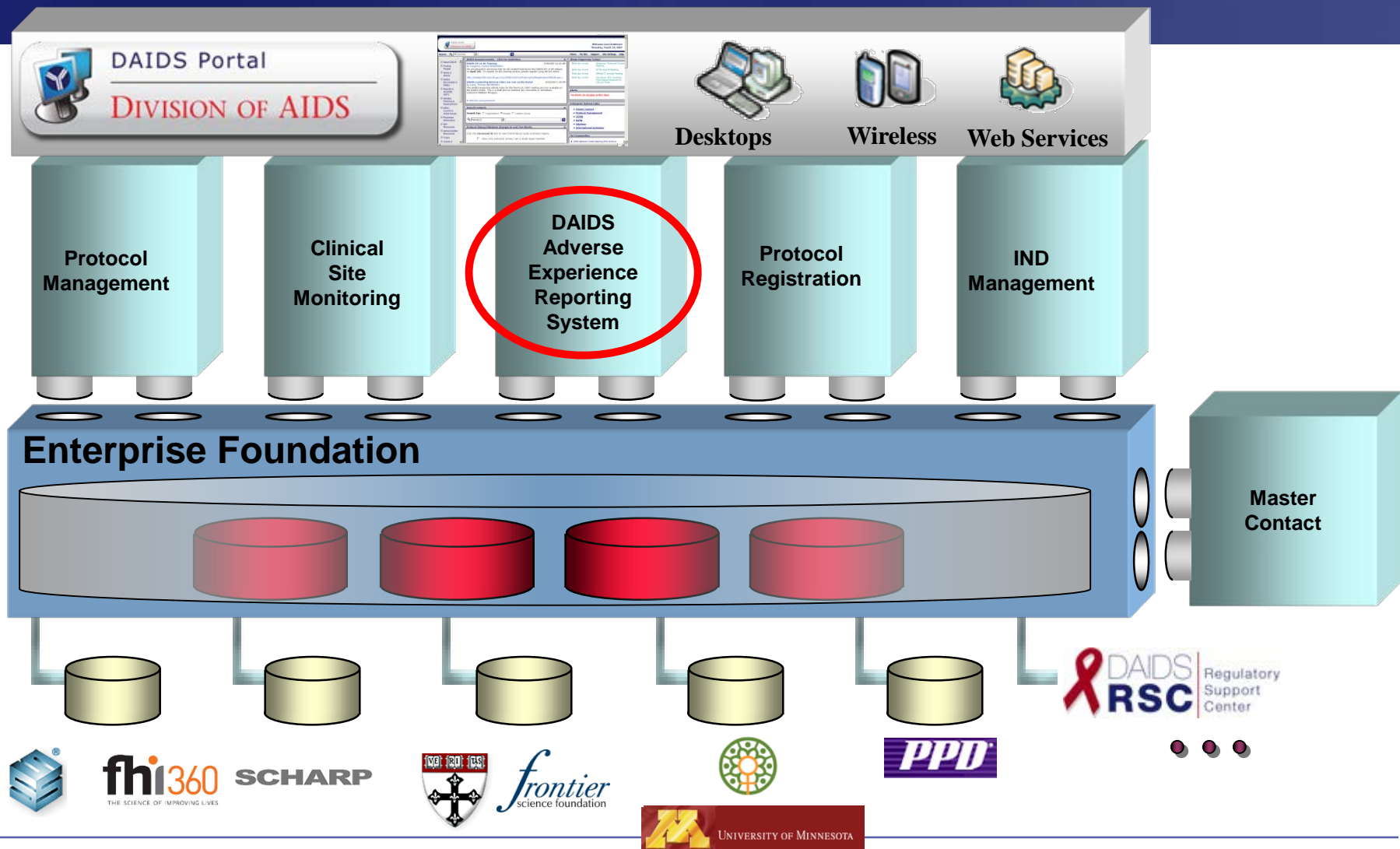
NIAID CRMS (DAIDS)

What is the NIAID CRMS (DAIDS)?

- **The NIAID Clinical Research Management System (NIAID CRMS)...**
 - Enhances clinical research by supporting scientific, administrative, and regulatory processes
 - Houses information for several NIAID divisions, including DAIDS
 - The DAIDS component has multiple modules for different business areas



NIAID CRMS (DAIDS) Components



DAIDS Adverse Experience Reporting System (DAERS)

DAERS: Overview

DAERS: **D**AIDS **A**dverse **E**xperience **R**eporting **S**ystem

- One module of many in the NIAID CRMS (DAIDS)
- A secure, confidential, web-based system through which sites are required to submit expedited reports to DAIDS
- All EAEs and supporting information must be submitted using DAERS, unless the system is unavailable for technical reasons
- DAERS Integration Group meets as needed to address technical issues and system changes
 - Updates to the system occur approximately every 6 months

DAERS: Use

- **Sites:** Create and submit EAEs; respond to queries
- **DAIDS RSC Safety Office:** Triage and processes EAEs; queries sites and receives responses; analyzes safety data
- **DAIDS Medical Officers:** Perform safety assessments, safety reviews and safety report reviews; conduct safety monitoring

Case Study and DAERS Demonstration

**CASE STUDY HANDOUT
TO BE REVIEWED FOR
5 MINUTES**

Case Study Summary

- **18 Jan 2016:** 25 year old, HIV uninfected Black male enrolled in HVTN 702; received study product, ALVAC-HIV (vCP2438) OR Placebo for ALVAC-HIV (vCP2438) intramuscularly (IM) in left deltoid
- **15 Feb 2016:** Month 1 study visit, the participant received study vaccine, ALVAC-HIV (vCP2438) OR Placebo for ALVAC-HIV (vCP2438) IM in the left deltoid
- **19 Apr 2016:** Month 3 study visit, the participant received study vaccine, ALVAC-HIV (vCP2438) OR Placebo for ALVAC-HIV (vCP2438) IM in the left deltoid and Bivalent Subtype C gp120/MF59 OR Placebo for Bivalent Subtype C gp120/MF59 IM in the right deltoid

Case Study Summary

- **24 Jun 2016:** Participant presented to the study clinic with grade 3 abdominal pain, diarrhea, vomiting, and nausea since June 20th
 - Hospitalized for further management
 - Given IV fluids and Zofran for nausea
 - Tests performed: Abdominal ultrasound (normal), CBC (high WBCs), serum electrolytes (low Na, K and Cl), and stool sample (pending)
- **27 Jun 2016:** Discharged with diagnosis of grade 3 presumed gastroenteritis

Reporter and Site Information

- **Site Awareness Date: The date the site first became aware of the adverse event occurring at a reportable level**
 - Date adverse event (AE) occurred
 - **20 Jun 2016**
 - Date serious adverse event (SAE) occurred
 - **24 Jun 2016**
 - Date site was aware event occurred at a reportable level
 - **24 Jun 2016**

Reporting Timeline

**Timeline for Submission: Must submit within 3
'reporting days' of site awareness**

June 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24 Site Awareness	25
26	27	28 Report Due (11: 59 PM Local Time)	29	30		

Primary Adverse Event

- **Seriousness Criteria:**

- Select appropriate ICH-SAE criteria
- More than one criterion can be selected
 - **Requires inpatient hospitalization or prolongation of existing hospitalization**

- **Primary Adverse Event:**

- **Presumed Gastroenteritis**

- **Severity Grade:**

- **Grade 3 (Severe)**

Primary Adverse Event

- **Onset Date:** The date the primary adverse event first occurred at the level requiring expedited reporting
 - **24 Jun 2016**

- **Country of AE Origin:** The country where the event occurred; may not necessarily be where the site is located
 - **Republic of South Africa**

Primary Adverse Event

- **Status Code at Most Recent Observation:** The status code of the participant at the most recent observation
 - Recovering/Resolving

- **Status Date:** Date of the most recent observation of the participant
 - Date has to be on or after the site awareness date
 - **27 Jun 2016**

Case Narrative

- **Provide information on reported Primary AE**
- **Describe:**
 - Clinical course
 - Therapeutic measures
 - Outcome
 - Relevant past medical history
 - Concomitant medication(s)
 - Alternative etiologies
 - Any contributing factors
 - Other relevant information

Study Vaccine

- **Action Taken:** Enter the study physician's action taken with the study product after awareness of the EAE
 - **Continued without Change**

- **Action Date:** Date has to be on or after the site awareness date, i.e., study physician can take action with the study product only after the site is aware that the AE has occurred at a reportable level
 - **24 Jun 2016**

Study Vaccine 1

- **Study Vaccine 1:**
 - **ALVAC-HIV (vCP2438) OR Placebo for ALVAC-HIV (vCP2438)**

- **Relationship to Primary AE:**
 - **Not Related**

- **Dose and Unit of Measurement:**
 - **1 mL**

Study Vaccine 1

■ Administration Details:

- Route: Intramuscular
- Site: Deltoid
- First Administration Date: 18 Jan 2016
- Second Administration Date: 15 Feb 2016
- Third Administration Date: 19 Apr 2016
- Body Side: Left
- Distributed by DAIDS: Yes

Study Vaccine 2

- **Study Vaccine 2:**
 - **Bivalent Subtype C gp120/MF59 OR Placebo for Bivalent Subtype C gp120/MF59**

- **Relationship to Primary AE:**
 - **Not Related**

- **Dose and Unit of Measurement:**
 - **0.5 mL**

Study Vaccine

■ Administration Details:

- Route: Intramuscular
- Site: Deltoid
- First Administration Date: 19 Apr 2016
- Body Side: Right
- Distributed by DAIDS: Yes

ConMeds and Other Events

- **Concomitant Medications:**
 - Ibuprofen
 - Multivitamin

- **Other Events: List other clinically significant signs and symptoms that more fully describe the nature, severity, and/or complications of the Primary AE**
 - Abdominal Pain (grade 3)
 - Diarrhea (grade 3)
 - Vomiting (grade 3)
 - Nausea (grade 3)

Laboratory and Diagnostic Tests

■ Laboratory Tests:

- CBC- WBC Count
- Serum Electrolytes- Sodium, Potassium, Chloride
- Stool Sample

■ Diagnostic Tests:

- Abdominal Ultrasonography

Submission

- **Reporter:** Completes and sends the report for final review
- **Submitter:** Reviews and submits the report to DAIDS
- **E-mail notification of EAE report submission sent to site staff and other key stakeholders**
 - A submission confirmation is generated by the system indicating that the report was successfully submitted
- **If a confirmation is not received, the site is responsible for following up with the DAIDS RSC Safety Office**

Case Study: Gastroenteritis

UPDATE

Case Study Update Information

- **Status Code at Most Recent Observation:**
 - **Recovered/Resolved**
- **Status Date: Date of the most recent observation of the subject**
 - **17 Jul 2016**
- **Case Narrative:**
 - **17 Jul 2016: evaluated in the study clinic, abdominal pain resolved, no complaints, physical exam normal**
- **Additional Information:**
 - **Upload discharge summary**

Submission of Update

- **Completion Check to put the EAE Report in “Ready for Final Review Status”**
- **Click “View PDF Report” to verify edits have been made**
 - **Update status code and status date**
 - **Update case narrative**
 - **Additional Information**
- **Submitter will review the report and submit through DAERS**

Teaching Points

- **Provide relevant information with adequate details to allow for assessment of the case by the sponsor and regulatory authority**
 - Distinguish symptom from sign, condition, and diagnosis
 - Provide rationale for relationship assessment
 - Provide severity grade, units, and normal ranges where applicable
 - If information is unavailable to the site, note what information is pending or being sought and what will be provided when available

Teaching Points

- **Use best judgment as medically qualified person**
- **Continue to follow case until condition resolved or stable**
- **Additional information received at site should be reviewed for:**
 - Impact on initial assessment
 - Is it clinically associated with the primary AE in the initial submission or is it another primary AE?
 - If another primary AE, does it meet reporting criteria?

DAERS Considerations

How to Report to DAIDS

- **Reports must be submitted using DAERS (i.e., electronically)**
 - **DAERS via web:** <https://ncrms.niaid.nih.gov>
- **In case of emergency (i.e., sudden technical difficulties), reports may be faxed or emailed:**
 - **FAX:** 1 (301) 897-1710 or 1 (800) 275-7619
 - **E-mail:** DAIDSRSCSafetyOffice@tech-res.com
 - If e-mailing, scan or fax signature page

Accessing DAERS

- **CRS Leader or CRS Coordinator requests access using the Site Enrollment Module in DAERS**
 - Provide the user's name, contact information (e-mail, phone, and fax) and DAERS role (i.e., “reporter” or “submitter”) for each protocol
 - **User must complete the web-based DAERS training (i.e., DAERS – New User Introductory Webinar) on the DAIDS Learning Portal at <https://www.daidslearningportal.com/>**
 - **User must send their training certificate to NIAID CRMS Support at CRMSSupport@niaid.nih.gov**
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Accessing DAERS

- **“Submitters” must:**

- Mail a signed, original, hard copy study physician Attestation and Agreement for Electronic Signatures form (see <http://rsc.tech-res.com/safetyandpharmacovigilance/expeditedreportingdaers.aspx>) to the DAIDS RSC Safety Office, and
- Be study physicians listed on either the FDA 1572 form or DAIDS Investigator of Record Agreement (IoRA) form (*Note: These documents must be submitted to the DAIDS Protocol Registration Office at the DAIDS RSC*)

Where to Get Help

Help is just an e-mail or a phone call away!

■ **Content-related questions...**

- DAIDS RSC Safety Office
 - E-mail: DAIDSRSCSafetyOffice@tech-res.com
 - Telephone: 1 (301) 897-1709 or 1 (800) 537-9979
 - Business Hours: Monday through Friday, 8 AM to 5 PM EST

■ **Technical questions...**

- NIAID CRMS Support
 - E-mail: CRMSsupport@niaid.nih.gov
 - Telephone: 1 (240) 778-2517
 - Business Hours: Monday through Friday, 8:30 AM to 5:30 PM EST
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Questions?