SAE instructie AZA-MDS-003, Quazar
Sponsor: Celgene

Local Investigator:	Prof. E. Vellenga	
Onderzoeksverpleegkundige:	Miriam Gelderloos	tel: **42379**
Datamanager:	Machteld van der Weg	tel: **45410**

- Iedere SAE dient **binnen 24 uur** na kennisgeving van de SAE **gemeld** te worden aan de sponsor/opdrachtgever.
- Vul ieder SAE formulier direct en zo zorgvuldig mogelijk in (probeer bij de eerste melding kort, bondig en stellig te formuleren en aannames te vermijden).
- SAE completion guidelines zijn te vinden op:
  G:\Hematologie Studie\2. Industrie studies\AZA-MDS-003, Azacitidine oral, Celgene\2. Investigator File\12. Serious Adverse Events (SAE) and SUSAR's\12.1. Instructions for SAE and SUSAR reporting
- Breng betrokkenen (Local Investigator, onderzoeksverpleegkundige of datamanager) op de hoogte van de SAE melding.
- Lever het originele ingevulde SAE formulier na het faxen in bij het Trialbureau Hematologie (HP DB21)

Op werkdagen kan voor het invullen altijd ondersteuning worden gevraagd aan de (vervanger van de) researchverpleegkundige of datamanager.

FAX: (0)0041 32 729 8409

MAIL:drugsafety@celgene.com

- Fax de SAE pagina's en alle aanvullende informatie binnen 24 uur

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SERIOUS ADVERSE EVENT REPORT
Protocol No.: AZA-MDS-003

Celgene Drug Safety US & Canada
Email: drugsafety@celgene.com / Fax: 1 908-673-9115

Celgene Drug Safety **Europe**
Email: **drugsafetyeurope@celgene.com/**
Fax: 41 32 729 8409

See Celgene Drug Safety Contact List for additional country specific Fax #

☐ Initial report
☐ Additional information
Date _____

Reports should be faxed to Celgene ***within 24 hours***
# of pages faxed: _____

AZA-MDS-003: A Phase 3, Multicenter, Randomized, Double-blind Study to Compare the Efficacy and Safety of Oral Azacitidine (CC-486) Plus Best Supportive Care versus Placebo Plus Best Supportive Care in Subjects with Red Blood Cell Transfusion-dependent Anemia and Thrombocytopenia due to IPSS Lower-risk Myelodysplastic Syndromes.

Indication: **Lower Risk Myelodysplastic Syndrome**	**Investigator Name:**	**Investigator Country:**

Subject initials (F, M, L): ☐☐☐ or ☐ Privacy

Subject Number ☐☐☐ **(Site Number)** ☐☐☐☐ **(Subject Number)**

Sex: ☐ Male ☐ Female

Date of Birth: ☐☐/☐☐☐/☐☐☐☐ (dd / mmm / yyyy) **Age (years):** _____

Weight: ☐☐☐.☐ ☐ kg ☐ lb

Height: ☐☐☐.☐ ☐ cm ☐ in

Race: Check One:

OR ☐ Privacy

☐ White
☐ American Indian or Alaska Native
☐ Other, specify _____
☐ Black
☐ Asian
☐ Pacific Islander

Serious Adverse Event
(limit 1 event term/diagnosis to this page; if multiple events, complete page 3)

1.

Severity/Intensity: ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5

Date of AE Onset: ☐☐/☐☐☐/☐☐☐☐ (dd / mmm / yyyy)

Date Resolved: ☐☐/☐☐☐/☐☐☐☐ (dd / mmm / yyyy) **OR** ☐ Ongoing

Study period:
☐ Pre-Treatment (Screening)
☐ During **Double-blind** Treatment (or within 28 days of last dose of blinded study medication)
☐ Follow-up Phase (Follow-up; > 28 days after last dose of study medication)

Serious Criteria: (check (✓) all that apply)
☐ 1. Death
☐ 2. Life threatening
☐ 3. Inpatient hospitalization or prolongation of hospitalization
☐ 4. Persistent/significant disability or incapacity
☐ 5. Congenital anomaly/birth defect
☐ 6. Other important medical event*
*Should only be used if no other serious criteria applies

Outcome of SAE:
☐ Resolved
☐ Not resolved
☐ Resolved with sequelae
☐ Event ongoing at death
☐ Death (from SAE)
☐ Unknown

If this AE resulted in death, date of death:
☐☐/☐☐☐/☐☐☐☐ (dd / mmm / yyyy)

Report cause of death as SAE; and attach death certificate if available

Autopsy done?
☐ Yes, attach report if available
☐ No
☐ Unknown
☐ Planned

Note: Please use the first three letters of the month e.g. JAN

Celgene	SERIOUS ADVERSE EVENT REPORT Protocol No.: AZA-MDS-003	Page 2 of 5

Subject initials (F, M, L): ☐☐☐ or ☐ Privacy | **Subject Number:** ☐☐☐ (Site Number) ☐☐☐☐ (Subject Number)

Causality / Relationship:

Blinded Study Medication: The event is ☐ Suspected **OR** ☐ Not Suspected

If 'Not Applicable' applies, check 'Not Suspected' and provide explanation below

Alternative explanation(s): Check (✓) all that apply

☐ Study Indication (Myelodysplastic Syndrome)

☐ Protocol Related, specify _____

☐ Concomitant Medications, specify _____

☐ Concurrent illness, specify _____

☐ Other Cause, specify _____

Blinded Study medication **CC-486 (oral azacitidine) / placebo** **Route: Oral**	**Cycle 1** Start date: ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy Stop date: ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy Daily Dose: 300 mg Schedule: Days 1 to 21 of 28 day cycle	**Most Recent Cycle #** _____ Start date: ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy Stop date: ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy **OR** ☐ Ongoing Daily Dose: ☐ 300 mg ☐ 200 mg Schedule: ☐ Days 1 to 21 of 28 day cycle ☐ Days 1 to14 of 28 day cycle ☐ Days 1 to 7 of 28 day cycle

Action taken with blinded study medication (as a result of the primary event reported on page 1):

Record only 1 action taken for each AE. If more than one action applies for an event, choose from the "worst-case" scenario hierarchy: Discontinued > Dose adjusted > Dose Interrupted

☐ None

☐ Dose interrupted (temporarily discontinued) Date: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

Restart date: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

☐ Dose/schedule adjusted Date: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy) New Dose/schedule: _____

☐ Permanently discontinued due to this SAE Date: ☐☐/☐☐☐/☐☐☐☐ (dd mmm yyyy)

Did the event abate after dose reduction or stopping **blinded study medication**?

☐ Yes ☐ No ☐ Not Applicable

Did the event reappear after reintroduction of **blinded study medication**?

☐ Yes ☐ No ☐ Not Applicable

Note: Please use the first three letters of the month e.g. JAN

Celgene	SERIOUS ADVERSE EVENT REPORT Protocol No.: AZA-MDS-003	Page 3 of 5

Subject initials (F, M, L): ☐☐☐ or ☐ Privacy | **Subject Number:** ☐☐☐ (Site Number) ☐☐☐☐ (Subject Number)

SAE Page for Multiple SAE Terms/Diagnoses ☐ Check if **NONE**
(make additional copies if >3 SAEs for this occurrence)

Serious Adverse Event/ diagnosis	Start Date/ Stop Date dd/mmm/yy	Serious Criteria (enter code[s])	Severity Intensity	Causality Relationship for oral azacitidine /placebo** (see footnote)	Alternative explanation Check all that apply (see footnote+)	Action taken with study medication due to event^	Event Outcome (enter code)
2.	Start date _____ Stop date _____ Or ☐ ongoing		☐ Gr 1 ☐ Gr 2 ☐ Gr 3 ☐ Gr 4 ☐ Gr 5	☐ Suspected ☐ Not Suspected	☐ MDS ☐ PR~ ☐ CM ~ ☐ CI ~ ☐ OC ~ ~specify _____	☐ None ☐ Temporarily interrupted Date: _____ Date restarted; _____ ☐ Dose/schedule adjusted New dose: Date: _____ ☐ Permanently discontinued Date _____	
3.	Start date _____ Stop date _____ Or ☐ ongoing		☐ Gr 1 ☐ Gr 2 ☐ Gr 3 ☐ Gr 4 ☐ Gr 5	☐ Suspected ☐ Not Suspected	☐ MDS ☐ PR~ ☐ CM ~ ☐ CI ~ ☐ OC ~ ~specify _____	☐ None ☐ Temporarily interrupted Date: _____ Date restarted; _____ ☐ Dose/schedule adjusted New dose: Date: _____ ☐ Permanently discontinued Date _____	

Adverse Event Reference Codes

Serious Criteria Code	Causality Relationship for oral azacitidine /placebo**	Alternative explanation+ :	Event Outcome Code
1. Death 2. Life threatening 3. Inpatient hospitalization or prolongation 4. Persistent/significant disability or incapacity 5. Congenital anomaly/birth defect 6. Other important medical event* (* should only be used of no other serious criteria applies	**If not applicable applies, check "Not suspected" and provide alternative explanation	MDS = Myelodysplastic syndrome PR = Protocol related CM = Concomitant-Medication CI = Concomitant-Illness OC = Other Cause	1. Resolved 2. Not resolved 3. Resolved with sequelae 4. Event ongoing at death 5. Death from SAE 6. Unknown

^ **Record only 1 action taken for each SAE**. If more than one action applies for an event, choose from the "worst-case" scenario hierarchy: Discontinued > Dose adjusted > Dose Interrupted

Note: Please use the first three letters of the month e.g. JAN

Celgene	SERIOUS ADVERSE EVENT REPORT Protocol No.: AZA-MDS-003	Page 4 of 5

Subject initials (F, M, L): ☐☐☐ or ☐ Privacy | **Subject Number:** ☐☐☐ (Site Number) ☐☐☐☐ (Subject Number)

CONCOMITANT MEDICATIONS

(Used within 28 days prior to start of SAE(s); Attach additional medication sheets if necessary)

Data from eCRF may be attached, if data entry is current ☐ List attached

Drug Name Generic or Trade name (generic name preferred)	Dose	Unit	Freq.	Route	Indication	Start Date (dd/mmm/yyyy)	Ongoing? (✓)	Stop Date (dd/mmm/yyyy)
							☐	
							☐	
							☐	
							☐	
							☐	

TREATMENT MEDICATIONS

(Used to treat SAE; Attach additional medication sheets if necessary or attach list ☐)

							☐	
							☐	
							☐	
							☐	
							☐	

Relevant medical and surgical history <u>pertaining to SAE</u>

Data from eCRF may be attached, if data entry is current ☐ List attached

Relevant laboratory and diagnostic test results including dates <u>pertaining to SAE</u>

Data from eCRF may be attached, if data entry is current ☐ List attached

Note: Please use the first three letters of the month e.g. JAN

Celgene	SERIOUS ADVERSE EVENT REPORT Protocol No.: AZA-MDS-003	Page 5 of 5

Subject initials (F, M, L): ☐☐☐ or ☐ Privacy	Subject Number: ☐☐☐ (Site Number) ☐☐☐☐ (Subject Number)

SAE Narrative Description

Summarize applicable medical records/source documents chronologically using the SAE terms reported – medical records (beyond a death certificate and/or autopsy report) should not be provided *unless specifically requested by the Sponsor*

Hospital name and city: **(only required for Sites located in Spain)**	
Investigator's Name (printed) and Signature:	**Date:** ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy
Reporter's Name (printed) and Signature:	**Date:** ☐☐/☐☐☐/☐☐☐☐ dd mmm yyyy

Reporter's Email Address: **(print legibly)**	**Reporter's Phone Number:**	**Reporter's Fax Number:**

Note: Please use the first three letters of the month e.g. JAN