

Study Participant Follow-up Post Treatment

2R2 SOP07_04August 2023

Title	Follow-up post treatment
SOP Code	2R2 SOP07_04August2023
Effective Date	

1.0 Purpose(s)

The objective of this standard operating procedure (SOP) is to ensure appropriate follow-up of study participants after treatment completion.

The SOP will ensure:

- these actions are in compliance with the standards of Good Clinical Practice
- the safety and protection of study participants
- the quality of the data produced by the study

2.0 Scope: Persons affected

This SOP concerns the site principal investigators (and their respective research teams) involved in conducting research with human subjects for the study entitled -2R² *Higher dose Rifampin for 2 months vs Standard dose Rifampin for Latent TB: a 3-arm randomized trial.*

3.0 Responsibilities.

The trial coordinating center is responsible for developing and maintaining this SOP and for making it available at the clinical research site. At the clinical trial site, the site principal investigator is responsible for adoption of the processes described in the SOP.

4.0 Definition(s)

Case Report Form (CRF): A printed, optical, or electronic document designed to record all of the protocol required information to be reported to the coordinating center on each trial participant in this research study.

Coordinating centre: research staff involved in running the 2R² study who are based at Research Institute of McGill University Health Centre (RI-MUHC)

ICF: Informed consent form.

ICH: International council for harmonization of technical requirements for pharmaceuticals for human use. Section E of the ICH are the reference for good clinical practice (GCP) used in the trial's SOPs.

IRB: Institutional Review Board

5.0 Procedures

5.1. Follow-up of study participant post treatment

5.1.1. Once a study participant is no longer taking study medication they should be contacted by telephone. This follow-up will begin, **if the participant is no longer on study medication**, as early as 1 month post randomization and should be made at approximately 5, 8, 11, 14, 17, 20, 23 and 26 months post randomization.

Randomization

X-----/-----/-----/-----/-----/-----/-----/-----// End of study
1 month 5 months 8 months 11 months 14 months 17 months 20 months 23 months 26 months

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- 5.1.2. At each follow up call, study participants should be questioned for evidence of active tuberculosis (TB) using the FOLLOW-UP EVALUATION POST-TREATMENT FORM (CRF7). If there is any suspicion of active TB the study participant must be assessed by the treating team. Refer to SOP08 “Active TB Initial and Final evaluation” for guidance. NOTE: for participants who had stopped study medication due to an AE and started an alternative treatment (as reported in CRF10), please ask them about completion of alternative treatment and report information on it in comment of CRF7 (at question P12).
- 5.1.3. If unable to contact the study participant for the follow-up call, attempts must be made to obtain information through alternate contact of participant and to continue to contact study participant until 26 months post randomization, unless the study participant has died. In particular: when trying to contact participant at every 3 months: try at least 3 times, at different times of the day and in different time of the week. If all three attempts are not successful: use alternative way to contact participant (email, alternative contact, etc). After 3 attempts with alternate contacts, fill a CRF7, specifying that for that call you could not reach the participant. Try again in 3 months’ time. If by month 27th after randomization, participant still cannot be reached, complete a CRF8, specifying at Z2 that “participant could not be reached”.
- 5.1.4. If the study participant has died, cause of death must be determined in order to rule out active TB and CRF 14 (DEATH IN POST TREATMENT follow up) must be completed. The scope of CRF14 is to document all information that can be found on circumstance of death post-treatment so that possible TB as cause of death can be excluded. If possible TB is suspected, as cause of death, a CRF11 and CRF12 (i.e. Initial and final active TB report) must be filed.
- 5.1.5. The study participants address and contact information must be reviewed and updated at each call and reported in the IDENTIFICATION FORM (CRF4).
- 5.1.6. The FOLLOW-UP EVALUATION POST-TREATMENT FORM (CRF7) must be filled out for each study participant (see **Appendix 1** for details on data to be collected) at each follow-up call.
- 5.1.6. For a sample of participants (list of Study Id sent from coordinating centre) please read script and if participants agrees, then administer added questions – see CRF07b. These questions are about their experience during study treatment.
- 5.1.7. Once completed in paper, enter the CRF7 in the 2R² database. Please refer to **SOP02** for instructions on data entry in the website.

5.2. Management of study participant follow-up scheduling and procedures

- 5.2.1. A local database can be created at each study site to maintain and manage study participant follow-up post treatment.
- 5.2.2. After three months in which contact with participants was attempted at least in 5 different occasions (in 5 different days), the participant will be considered lost to follow-up.
- 5.2.3. At the end of follow-up post treatment, either because the participant has been followed until 26 months after randomization or for because participant will not be followed any longer for any reason (for example, participant was lost to follow-up), a End of follow-up form (CRF-8) should be completed.

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Higher dose Rifampin for 2 months vs Standard dose Rifampin for Latent TB: a 3-arm randomized trial.

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6.0. References

INTEGRATED ADDENDUM TO ICH E6(R1): GUIDELINE FOR GOOD CLINICAL PRACTICE E6(R2), Current Step 4, version dated 9 November 2016.

7.0. SOP Revision history

SOP code	Effective date	Summary of changes
SOP07_25Nov2019	25 November 2019	NA (original version)
SOP07_13Oct2021		Added details on procedures for the calls (page 2).
SOP07_04Aug2023		Added questions about experience in treatment phase

APPENDIX 1 – Instructions for completion of FOLLOW-UP EVALUATION POST-TREATMENT FORM (CRF7)

The following is a list of explanations for specific fields on the FOLLOW-UP EVALUATION POST-TREATMENT FORM (CRF7). It does not cover all fields, only those that may require further descriptions or qualifications.

Dates: For some of the dates, if the study participant is uncertain about the exact date, you can indicate on the form: “exact date is unknown, study participant’s best guess is”.

Research staff completing the form – is not entered on web, this data is captured through the user ID.

Changes in health status

We are looking for changes reflective of potential Active TB.

Permission to obtain study participant information from hospitals is as per local requirements. This permission should be charted in the study participants’ medical record.

If there is any change in health status the most important information will be the narrative description of what happened (questions P12). Points A-E are listed as a guide not to omit any important information in the narrative. If any of the information mentioned in points A-E are not available or are unknown, please specify it (for example, “*participant has been hospitalized for 1 week during last month (December 2019); exact dates of hospitalization are not known*” ect.)

Current symptoms

Study participants should be encouraged to call, or see their TB therapy provider or TB clinic staff, if they develop any new symptoms between follow-up calls.

At each call, participants need to be asked about all symptoms listed in CRF7.