NeuroNEXT Network

Standard Operating Procedure (SOP)

Adverse Event Coding
Version 4.0
SOP NN DM 1006

Originators: NeuroNEXT CCC and DCC Personnel

Reviewed and Approved by:

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NEURONEXT NETWORK STANDARD OPERATING PROCEDURE FOR ADVERSE EVENT CODING

SOP: DM 1006 Version No.: 4.0 Issue Date: 01Mar2024 Effective Date: 15Apr2024	ADVERSE EVENT CODING	Supersedes Document Version :3.0 Effective Date : 08Apr2023

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11-Mar-2024

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NEURONEXT NETWORK STANDARD OPERATING PROCEDURE FOR ADVERSE EVENT CODING

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1. POLICY

The purpose of this SOP is to provide guidance regarding proper procedures for coding adverse events (AEs) and serious adverse events (SAEs) for clinical trials supported by the NeuroNEXT Network. The Medical Dictionary for Regulatory Activities (MedDRA) is used by the Data Coordinating Center (DCC) for coding AEs and SAEs.

2. SCOPE

This SOP has been developed to be in alignment with federal regulations and Good Clinical Practices (GCP) as set forth in the 2016 Integrated Addendum to ICH E6(R1): Guideline for Good Clinical Practice E6(R2). The policies and procedures described in this SOP apply to the NeuroNEXT Clinical Coordinating Center (CCC) and DCC within the context of their oversight and advisory roles for the NeuroNEXT Network, and to all NeuroNEXT investigators, staff, subcontractors, or other entities associated with the NeuroNEXT Network who manage, oversee, and conduct research regulated by FDA and/or applicable review committees.

3. ROLES AND RESPONSIBILITIES

The PPI and CSS are responsible for submitting AE reports in a timely manner using appropriate event terms.

Depending on the nature and requirements of the study protocol, NeuroNEXT DCC personnel with clinical expertise and who have completed at least one MedDRA training course may be responsible for coding AEs and SAEs for NeuroNEXT clinical trials. If appropriate for the study, the DCC may request funding for a DCC Medical Reviewer (MR) to participate in AE/SAE coding. The DCC staff will assist the DCC MR by providing initial MedDRA code(s) for each AE/SAE report prior to review of the report and coding by the DCC MR. As required by the study protocol, the DCC MRs may be responsible for assigning the final MedDRA code(s) to each AE/SAE.

4. APPLICABLE REGULATIONS AND GUIDELINES

ICH E6	Good Clinical Practice: Consolidated Guidance

5. REFERENCES TO OTHER APPLICABLE SOPS

NN RA 205	Adverse Event Reporting
NN RA 206	Medical Monitoring and Safety Monitoring

6. ATTACHMENTS AND REFERENCES

NN DM 1006 - A	Document History

7. TERMS AND ABBREVIATIONS

The following terms and abbreviations are used in this document:

AE	Refers to an Adverse Event. As defined by the National Institutes of Health NINDS Standard Operating Procedure Title: Identification and Reporting of Protocol Related Event, an AE is any untoward medical occurrence in a human subject, including any abnormal sign (for example, abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the subject's participation in research, whether or not considered related to the subject's participation in the research.
CCC	Clinical Coordinating Center at Massachusetts General Hospital
CSS	Clinical Study Site(s)

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DCC	Data Coordinating Center at The University of Iowa
DSMB	Data and Safety Monitoring Board
DSMC	Data and Safety Monitoring Committee
LLT	Lowest Level Term, as described in the MedDRA handbook
MedDRA	Medical Dictionary for Regulatory Activities
MR	Medical Reviewer for Adverse and Serious Adverse Events at the DCC
NINDS	National Institute of Neurological Disorders and Stroke
PPI	Protocol Principal Investigator
PT	Preferred Term, as described in the MedDRA handbook
SAE	Refers to a Serious Adverse Event. As defined by the National Institutes of Health NINDS Standard Operating Procedure Title: Identification and Reporting of Protocol Related Event, an SAE is any untoward medical occurrence that: • Results in death, • Is life-threatening, • Requires inpatient hospitalization or prolongation of existing hospitalization, • Results in persistent or significant disability/incapacity, or • Is a congenital anomaly/birth defect. • Based upon appropriate medical judgment, may jeopardize the subject's health and may require medical or surgical intervention to prevent one of the other outcomes listed in this definition
SOC	System/Organ Class, as described in the MedDRA handbook

8. SPECIFIC PROCEDURES

A. MedDRA Coding of Adverse and Serious Adverse Events

#	*Who*	*Task*	*Attachment/ Reference*	*Related SOP*
1.	DCC Lead Coordinator	Assign NeuroNEXT DCC staff members with clinical expertise who have completed at least one MedDRA training course to perform MedDRA coding.		
2.	DCC MedDRA Coding Personnel	Review the submitted AE/SAE and contact the site investigator if the adverse event term does not appear to accurately reflect the event.		
3.	Each DCC MedDRA Coding Staff Member	On a regular basis (as determined by the DCC Lead Coordinator), independently perform MedDRA coding to the Lowest Level Term (LLT) for all adverse and serious adverse events that have been submitted to the DCC through the electronic data capture system. Coding may be performed by one or two coders. If two coders, assign codes without consulting the other coder.		

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#	Who	Task	Attachment/ Reference	Related SOP
4.	DCC MedDRA Coding Personnel	If two coders are assigned, meet regularly (as determined by the DCC Lead Coordinator) to review and compare independent coding results to identify consistencies and discrepancies in coding.		
5.	DCC MedDRA Coding Personnel	If a discrepancy is found, discuss the event and arrive at agreement about the coding.		
6.	DCC MedDRA Coding Personnel	If applicable to the protocol, present both code opinions to the DCC Medical Reviewer (MR) for final coding.		

B. Consulting with a Medical Reviewer

#	Who	Task	Attachment/ Reference	Related SOP
1.	DCC MedDRA Coding Personnel	If a DCC Medical Reviewer (MR) will be involved in the coding, meet with the DCC MR on a regular basis (as determined by the DCC Lead Coordinator) to review all AE and SAE reports and coding.		
2.	DCC MR	Review the submitted AE/SAE and contact the site investigator if the adverse event term does not appear to accurately reflect the event.		
3.	DCC MR	At the start of a new study, review all AE codes that have been provided by the DCC MedDRA Coding Personnel, and accept or reject the codes. Discuss coding discrepancies with the DCC MedDRA Coding Personnel.		
4.	DCC MR and DCC MedDRA Coding Personnel	Collaborate to develop and agree upon conventions for reviewing and coding AEs.		
5.	DCC MedDRA Coding Personnel	After conventions for coding AEs have been agreed upon with the DCC MR, it is only necessary to consult with the DCC MR for AEs that have discrepancies in coding opinions, if questions arise, or if new terms are proposed.		
6.	DCC MR	Throughout the course of the entire study, review all codes for SAEs provided by the DCC MedDRA Coding personnel, and accept or reject the codes.		

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#	Who	Task	Attachment/ Reference	Related SOP
7.	DCC MR or DCC MedDRA Coding Personnel	Enter final MedDRA codes for all SAEs and for any AEs with discrepancies in coding or that contain new terms into the electronic data entry system for MedDRA coding.		

C. Adverse and Serious Adverse Event Tracking Reports

#	Who	Task	Attachment/ Reference	Related SOP
1.	DCC MedDRA Coding Personnel	Work with DCC Biostatisticians to develop reports to track adverse and serious adverse events.		
2.	DCC Biostatistician	Prior to meetings of study safety oversight committees (e.g. Independent Medical Monitor, DSMC, DSMB,), create reports of all AEs and SAEs that have been submitted by Clinical Study Sites (CSSs) through the electronic data capture system. Reports should include the MedDRA System Organ Class (SOC) and Preferred Term (PT) assigned by the DCC MedDRA Coding personnel and/or the DCC MR.		
3.	DCC Lead Coordinator	Submit AE and SAE reports (blinded and unblinded) to the study safety oversight committees.		

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ATTACHMENT NN 1006 – A. DOCUMENT HISTORY

NeuroNEXT Network Standard Operating Procedure (SOP) Adverse Event Coding SOP NN DM 1006					
Version	**Description of Modification**	**Reason or Justification for Modification**	**Issue Date**	**Effective Date**	**Reviewer(s)**
1.0	New	N/A	06Apr2012	06May2012	N/A
2.0	Modified the Policy section to remove the phrase ‘current version of the’ in reference to the use of the Medical Dictionary for Regulatory Activities (MedDRA) for AE/SAE coding.	Update for version 2.0	21Sep2016	21Oct2016	N/A
3.0	Updated “1996 ICH E6 Consolidated Guidance” to “2016 Integrated Addendum to ICH E6(R1): Guideline for Good Clinical Practice E6(R2)”. Updated signature block to accommodate for electronic signatures.	Updates for version 3.0	22Feb2023	08Apr2023	Catherine Gladden
4.0	Minor edits for clarity	Periodic review	01Mar2024	15Apr2024	Preeti Paul

NN DM 1006 Adverse Event Coding v4.0 clean

Final Audit Report 2024-03-11

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