Assessment report Part II – CZECHIA

# ADMINISTRATIVE INFORMATION

|  |  |
| --- | --- |
| CT number  | **2024-514656-32-00** |
| Member State Concerned | Italy Czechia Spain France Poland  |
| Title of the study | Nezaslepená multicentrická jednoramenná studie hodnotící bezpečnost, snášenlivost a farmakokinetiku přípravku VaboremⓇ (meeropenem-vaborbaktam) u pediatrické populace s komplikovanými infekcemi močových cest, včetně akutní pyelonefritidy**An Open-label, Multicentre, Single-Arm Study to Evaluate the Safety, Tolerability, and Pharmacokinetics of VaboremⓇ (Meropenem-Vaborbactam) in Paediatric Population with Complicated Urinary Tract Infections, including Acute Pyelonephritis.** |
| Name of sponsors | Menarini Ricerche S.p.A. |
| IMPs (repeat for PR1, PR2…..) | Substance (name/ code): MEROPENEM, VABORBACTAM/SUB08778MIG, SUB185581, Marketing authorisation status (MA number, MS where authorised etc): EU/1/18/1334/001/EUModified in relation to MA: |

|  |  |
| --- | --- |
| Has Part I been submitted prior to the submission of Part II?*If Yes*Is there already a conclusion on part I?Is the CT already approved in any member state ? | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |

# General information

|  |  |
| --- | --- |
| Is the CT a low-interventional trial?[[1]](#footnote-1) | Yes [ ]  No [ ]  |
| First in man [ ] , Phase I [ ] , II [ ] , III [ ] , IV[ ]  NA[ ]  |
| Is the CT a cluster trial[[2]](#footnote-2) | Yes [ ]  No [ ]  |
| Is the CT intended to be performed in more than one member states?  | Yes [ ]  No [ ]  |
| Does the CT involve more than one site in the concerned member states?  | Yes [ ]  No [ ]  |
| Does the CT include healthy volunteers?  | Yes [ ]  No [ ]  |
| Does the CT include female? Male? | Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| Age groupAdults (18-64 years) Elderly (>= 65 years) < 18 years In UteroPreterm Newborn Infants (up to gestational age < 37 weeks) Newborns (0-27 days) Infants and toddlers (28 days - 23 months) Children (2-11 years) Adolescents (12-17 years) | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| Does the CT include vulnerable persons?*If yes*MinorsIncapacitated subjectsPregnant womenBreastfeeding womenSubjects in emergency situationsOther groupsIf yes specify: ............................................................. | Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |
| Are there study-specific procedures and/or interventions beyond the drug application? *If yes*Specify: ............................................ | Yes [ ]  No [ ]  |

# Informed Consent fORM

***(Repeat for ICF1, ICR2 ….)***

|  |  |
| --- | --- |
| Date/version of Informed Consent Form  |  |
| Does the Informed Consent Form contain the correct title of the CT?  | Yes [ ]  No [ ]  |
| Does the Informed Consent Form contain placeholder forthe dated signature of the person performing the interview?  | Yes [ ]  No [ ]  |
| Does this placeholder indicate the qualification of the person performing the interview  | Yes [ ]  No [ ]  |
| Does the Informed Consent Form contain a placeholder forfor the dated signature of the subject for the dated signature of legally designated representative?for the dated signature and name for an impartial witness (in case of a subject is not able to sign (temporarily disabled or illiterate)? | Yes [ ]  No [ ]  NA [ ] Yes [ ]  No [ ]  NA [ ] Yes [ ]  No [ ]  NA [ ]  |
| Does the Informed Consent Form contain a placeholder for the assent from minor (capable of forming an opinion) | Yes [ ]  No [ ]  NA [ ]  |
| Does the subject or the legally designated representative declare that the information is understood? | Yes [ ]  No [ ]  NA [ ]  |
| Does the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained? | Yes [ ]  No [ ]  NA [ ]  |
| Does the subject or the legally designated representative declare that the information is understood? | Yes [ ]  No [ ]  |
| *Additional items may be added according to national requirements*For exampleDoes the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained?  | Yes [ ]  No [ ]  |

**Conclusion**

If all points are addressed Yes): The Inform Consent Form fulfils the conditions in art. 29, 1.

If not

**Questions/queries:**

# Written Information

|  |  |
| --- | --- |
| Is the Information sheet sufficiently comprehensive, concise, clear, relevant, and understandable to a layperson? | Yes [ ]  No [ ]   |
| Does the information sheet describe adequately nature, objectives, benefits, implications, risks, and inconveniences, of the clinical trial? | Yes [ ]  No [ ]   |
| Does the information sheet adequately describe the subject's rights and guarantees regarding his or her protection, in particular his or her right to refuse to participate and the right to withdraw from the clinical trial at any time without any resulting detriment and without having to provide any justification ?Does the information sheet adequately explain that withdrawal of the informed consent will not affect the results of activities already carried out and the use of data obtained, based on informed consent, before its withdrawal? | Yes [ ]  No [ ]  Yes [ ]  No [ ]   |
| Does the information sheet adequately describe the conditions under which the clinical trial is to be conducted, including the expected duration of the subject's participation in the clinical trial? | Yes [ ]  No [ ]   |
| Does the information sheet adequately describe the possible treatment alternatives, the follow-up measures if the participation of the subject in the clinical trial is discontinued Post trial treatment options | Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  NA [ ]   |
| Does the information sheet provide information about the damage compensation according to national law of concerned member state*Further detailed points to be filled in at a national level**If NA*Does the information sheet adequately inform that no particular arrangements for damage compensation are in place | Yes [ ]  No [ ]  NA [ ] Yes [ ]  No [ ]   |
| Does the information sheet provide the EU trial number information about the availability of the clinical trial results (that the summary of the results of the clinical trial and a summary presented in terms understandable to a layperson will be made available in the EU database)  | Yes [ ]  No [ ]  Yes [ ]  No [ ]   |
| Does the information sheet provide adequate information aboutplanned personal data collection and processing Does the information sheet provide adequate information about planned collection, storage and future use of biological samples? *Further detailed points must filled in by member states at national level* (in accordance with Regulation (EC) No 45/2001 and **national data protection legislation** implementing Regulation (EU) 2016/679, respectively) | Yes [ ]  No [ ]  Yes [ ]  No [ ]   |

|  |  |
| --- | --- |
| In the case of a trial with minors. Is there Informed Consent documents adequately paying attentions to the information needs of these subjects? In the case of a trial with incapacitated subjects. Is there Informed Consent documents adequately paying attentions to the information needs of these subjects? In the case of a trial in an emergency situationAre there Informed Consent documents to obtain consent from the subject and/or legally designated representative to continue the participation of the subject in the CT after the intervention? | Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]   |

**Conclusion**

If all points are addressed Yes: The written information fulfils the conditions in art. 28 and 29

If not

**Questions/queries:**

# Protection of personal Data

|  |  |
| --- | --- |
| Has a statement been submitted by the sponsor or his or her representative that data will be collected and processed in compliance with Regulation (EC) No 45/2001 and **national data protection legislation** implementing Regulation (EU) 2016/679, respectively*Further detailed points must filled in by member states at national level* For exampleAre the rules for the collection, storage and future use of biological samples of the subject fulfilled?Is the procedure to pseudonymise the data correct?Are Initials omitted?Is there no placeholder for the complete birthday?Will the coding number maintained in the hand of the investigator or of a trustee?Is described how long the data will be stored?Is there a comprehensive description of the aims and scope of data collection?Is there an indication, whether the data will be transferred to a so called “third party country” with a reduced level of data protection? | Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]   |
| Will the subject (or his or her legally designated representative) be asked to consent to the use of his or her data and/or biological samples outside the protocol of the clinical trial for other scientific purposes?*If Yes*Will the subject be informed that this consent may be withdrawn at any time by the subject or his or her legally designated representative? | Yes [ ]  No [ ]  Yes [ ]  No [ ]   |

**Questions/queries:**

# Compensation

|  |  |
| --- | --- |
| Is there no undue influence, including that of a financial nature, exerted on subjects to participate in the clinical trialIn trials with incapacitated subjects, minors, pregnant or breastfeeding subjects: Are no incentives or financial inducements given to the subjects or their legally designated representatives, except for compensation for expenses and loss of earnings directly related to the participation in the clinical trial; | Yes [ ]  No [ ]  Yes [ ]  No [ ]   |

**Questions/queries:**

# Recruitment

|  |  |
| --- | --- |
| Is the procedure for inclusion of subjects described in detail in the protocol or a separate document Is clearly described of what the first act of recruitment is?Is the recruitment of subjects planned to be done through advertisementIf yes: Have copies of the advertising material been submitted, including any printed materials, and audio or visual recordings. Has an outline of the procedures proposed for handling responses to the advertisement been submitted? Have copies of communications used to invite subjects to participate in the clinical trial been submitted?Have arrangements for information or advice to the respondents found not to be suitable for inclusion in the clinical trial been described?Does the person performing the interview has the required qualification according to the law of concerned member statesAre the arrangements for recruitment of subjects adequate? | Yes [ ]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ] Yes [ ]  No [ ]  Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ] Yes [ ]  No [ ]  |

**Questions/queries:**

# SUITABILITY OF THE INVESTIGATOR

|  |  |
| --- | --- |
| 1. doc. MUDr. Terezie Šuláková, Ph.D., Fakultní nemocnice Ostrava, Klinika dětského lékařství, 17.listopadu 1790/5, 768 52 Ostrava
2. MUDr. Alexandr Kolský, CSc., Fakultní nemocnice Královské Vinohrady, Klinika dětí a dorostu, Šrobárova 1150/50, 100 34 Praha
 |  |
| Is there an informative CV?Is previous experience obtained from work with clinical trials described?Is previous experience obtained from work with patient care described?Have certificates describing adequate ICH/GPV training been submitted?Has a financial disclosure been submitted?Have institutional affiliations, that might influence the impartiality of the investigators been presented?*Further detailed points may be filled in by member states at national level* For exampleIs the investigator qualified in accordance with national Low?*(medical doctor as defined in national law, or a person following a profession which is recognised in the Member State concerned)*  | Yes [x]  No [ ]  Yes [x]  No [ ] Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [ ]  No [ ]   |

**Conclusion**

1. doc. MUDr. Terezie Šuláková, Ph.D., Fakultní nemocnice Ostrava, Klinika dětského lékařství, 17.listopadu 1790/5, 768 52 Ostrava
2. MUDr. Alexandr Kolský, CSc., Fakultní nemocnice Královské Vinohrady, Klinika dětí a dorostu, Šrobárova 1150/50, 100 34 Praha

**Reason:**

# SUITABILITY OF THE FACILITIES

|  |  |
| --- | --- |
| Has a list of the planned clinical trial sites with name and position of the principal investigators and the planned number of subjects at the sites been submitted?Fakultní nemocnice Ostrava, Klinika dětského lékařství, 17.listopadu 1790/5, 768 52 Ostrava Fakultní nemocnice Královské Vinohrady, Klinika dětí a dorostu, Šrobárova 1150/50, 100 34 PrahaHas a written statement been submitted describing the suitability of the clinical trial sites adapted to the nature and use of the investigational medicinal product? (issued by the head of the clinic/institution at the clinical trial site or by some other responsible person, according to the system in the Member State concerned)Does this statement adequately describe the suitability of facilities, the equipment, the human resources the expertise of the site, | Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [x]  No [ ]   |

**Conclusion**

1. Fakultní nemocnice Ostrava, Klinika dětského lékařství, 17.listopadu 1790/5, 768 52 Ostrava (doc. MUDr. Terezie Šuláková, Ph.D.)
2. Fakultní nemocnice Královské Vinohrady, Klinika dětí a dorostu, Šrobárova 1150/50, 100 34 Praha (MUDr. Alexandr Kolský, CSc.)

**Reason:**

# PROOF OF INSURANCE COVER OR INDEMNIFICATION

|  |  |
| --- | --- |
| Is the arrangement for damage compensation in accordance to **national law**?*Further detailed points must be filled in at the national level*  | Yes [ ]  No [ ]   |

**Questions/queries:**

# FINANCIAL AND OTHER ARRANGEMENTS

|  |  |
| --- | --- |
| Is there a description confirming adequate financing of the clinical trial is ensured?Are financial transactions and compensation paid to subjects adequate?Are financial transactions and compensation paid to the investigator/site for participating in the clinical trial adequate?Are any other agreement between the sponsor and the site adequate? | Yes [x]  No [ ]  Yes [x]  No [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]   |

**Questions/queries:**

# LIST OF questions TO THE SPONSOR/

#  Assesment of the Sponor´s Response

|  |  |
| --- | --- |
| Are all queries resolved?If not specify:..........................................................................................  | Yes [x]  No [ ]   |

# FINAL Decision

|  |  |
| --- | --- |
| The Clinical trial is approvableThe Clinical trial is not approvableThe Clinical trial is approvable subjects to conditions  | [x] [ ] [ ]  |

**In case of approval**

**The approval is valid for the following trial sites and investigators**

1. Fakultní nemocnice Ostrava, Klinika dětského lékařství, 17.listopadu 1790/5, 768 52 Ostrava - doc. MUDr. Terezie Šuláková, Ph.D.
2. Fakultní nemocnice Královské Vinohrady, Klinika dětí a dorostu, Šrobárova 1150/50, 100 34 Praha - MUDr. Alexandr Kolský, CSc.,

**List of documents on the basis of which the decision was made**

**L1\_Children becoming adults**

**L1\_ICF Assent 15 to less than 18y**

**L1\_ICF Pregnant Parent-Guardian**

**L1\_ICF Pregnant Participant**

**L1\_ICF\_Annex\_GDPR\_Children becoming Adults**

**L1\_ICF\_Annex\_GDPR\_Parent-Guardian**

**L1\_ICF\_Assent\_12y to14y**

**L1\_ICF\_Greenphire\_Data Protection**

**L1\_ICF\_Parent-Guardian**

**O1\_Trial Participant Insurance Certificate**

**O2\_Proof of coverage of MENARINI RICERCHE**

**P1\_Compensation trial participants investigator funding and other arrangements template**

**R1\_Compliance on the collection and use of personal data**

**S1\_Compliance on the collection use and storage of biological samples**

**K1\_Recruitment Arrangements**

**L2\_Greenphire\_Bank Transfer FAQ**

**L2\_Greenphire\_Bank Transfer Standard Message**

**N1\_Site Suitability Form FN Ostrava**

**N1\_Suitability Form FNKV Praha M1\_CV Alexander Kolsky FNKV Praha**

**M1\_CV Terezie Sulakova Fakultni nemocnice Ostrava**

**M2\_DoI Alexander Kolsky FNKV\_Praha**

**M2\_DoI Terezie Sulakova Fakultni nemocnice Ostrava**

**M3\_List of Sites Participating in the Study**

**List of members of the ethic committee participating in the decision**

MUDr. Jindřiška Burešová (chairman)

doc. MUDr. Jiřina Zapletalová, Ph.D.

prof. MUDr. et Mgr. Jiří Minařík, Ph.D.

MUDr. Libor Kvapil

MUDr. Josef Srovnal, Ph.D.

Anna Holá

MUDr. et PhDr. Lenka Hansmanová, Ph.D.

PharmDr. Tomáš Anděl, Ph.D.

doc. MUDr. Libuše Stárková, CSc.

prof. MUDr. Karel Indrák, DrSc.

MUDr. Karel Cwiertka, Ph.D.

MUDr. Jan Strojil, Ph.D.

Pavel Stuška, ThLic., PhD.

MUDr. Renata Lubičová

Ing. Jakub Král

Iveta Sudolská

Věra Bartlová

**In Olomouc – 2024-**

1. If yes – other demands for damage compensation, cfr. Art. 76 [↑](#footnote-ref-1)
2. If yes – other demands for informed consent, cfr. Art. 30 [↑](#footnote-ref-2)