

Assessment report Part II – CZECHIA

1) ADMINISTRATIVE INFORMATION

CT number	2023-504773-20-00
Member State Concerned	Italy Belgium Croatia Czechia Denmark Spain Greece Poland Hungary
Title of the study	Otevřené jednoramenné klinické hodnocení fáze 3 hodnotící účinnost, bezpečnost, snášenlivost, farmakokinetiku a imunogenicitu nitrožilně podávaného vedolizumabu při léčbě pediatrických pacientů s aktivní chronickou pouchitidou An Open Label Single-Arm Phase 3 Study to Evaluate the Efficacy, Safety, Tolerability, Pharmacokinetics, and Immunogenicity of Vedolizumab Intravenous in the Treatment of Pediatric Subjects with Active Chronic Pouchitis
Name of sponsors	Takeda Development Center Americas Inc.
IMPs (repeat for PR1, PR2.....)	Substance (name/ code): AMOXICILLIN SODIUM, CLAVULANIC ACID/SUB00503MIG, SUB06642MIG, , CIPROFLOXACIN HYDROCHLORIDE, CIPROFLOXACIN/SUB01316MIG, SUB07470MIG, , VEDOLIZUMAB/SUB30452, , METRONIDAZOLE/SUB08922MIG, , VANCOMYCIN/SUB05076MIG, , RIFAMYCIN SODIUM/SUB04246MIG, Marketing authorisation status (MA number, MS where authorised etc): -/null, -/null, EU/1/14/923/001/EU, -/null, -/null, -/null Modified in relation to MA:

Has Part I been submitted prior to the submission of Part II?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>If Yes</i>	
Is there already a conclusion on part I?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the CT already approved in any member state ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

2) GENERAL INFORMATION

Is the CT a low-interventional trial? ¹	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
First in man <input type="checkbox"/> , Phase I <input type="checkbox"/> , II <input type="checkbox"/> , III <input checked="" type="checkbox"/> , IV <input type="checkbox"/> NA <input type="checkbox"/>	
Is the CT a cluster trial ²	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

¹ If yes – other demands for damage compensation, cfr. Art. 76² If yes – other demands for informed consent, cfr. Art. 30

Is the CT intended to be performed in more than one member states?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the CT involve more than one site in the concerned member states?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the CT include healthy volunteers?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the CT include female?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Male?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Age group	
Adults (18-64 years)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Elderly (>= 65 years)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
< 18 years	
In Utero	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Preterm Newborn Infants (up to gestational age < 37 weeks)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Newborns (0-27 days)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Infants and toddlers (28 days - 23 months)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Children (2-11 years)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Adolescents (12-17 years)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the CT include vulnerable persons? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<i>If yes</i>	
Minors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incapacitated subjects	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pregnant women	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Breastfeeding women	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Subjects in emergency situations	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other groups	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes specify:	
Are there study-specific procedures and/or interventions beyond the drug application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<i>If yes</i>	
Specify:	

3) INFORMED CONSENT FORM
(Repeat for ICF1, ICR2)

Date/version of Informed Consent Form	ICF_Main_Adult_CZE_Czech, v1.0_12Jan2024		
Does the Informed Consent Form contain the correct title of the CT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Does the Informed Consent Form contain placeholder for the dated signature of the person performing the interview?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Does this placeholder indicate the qualification of the person performing the interview	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Does the Informed Consent Form contain a placeholder for for the dated signature of the subject	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
for the dated signature of legally designated representative?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Does the Informed Consent Form contain a placeholder for the assent from minor (capable of forming an opinion)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Does the subject or the legally designated representative declare that the information is understood?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Does the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
Does the subject or the legally designated representative declare that the information is understood?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<i>Additional items may be added according to national requirements</i>			
For example			
Does the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Conclusion

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

If not

Questions/queries:

4) WRITTEN INFORMATION

Is the Information sheet sufficiently comprehensive, concise, clear, relevant, and understandable to a layperson?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the information sheet describe adequately nature, objectives, benefits, implications, risks, and inconveniences, of the clinical trial?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the information sheet adequately describe the possible treatment alternatives,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
the follow-up measures if the participation of the subject in the clinical trial is discontinued	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Post trial treatment options	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the information sheet provide information about the damage compensation according to national law of concerned member state	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<i>Further detailed points to be filled in at a national level</i>	
<i>If NA</i>	
Does the information sheet adequately inform that no particular arrangements for damage compensation are in place	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the information sheet provide the EU trial number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

Does the information sheet provide adequate information about planned personal data collection and processing

Yes No

Does the information sheet provide adequate information about planned collection, storage and future use of biological samples?

Yes No

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)

In the case of a trial with minors.

Is there Informed Consent documents adequately paying attentions to the information needs of these subjects?

Yes No

In the case of a trial with incapacitated subjects.

Is there Informed Consent documents adequately paying attentions to the information needs of these subjects?

Yes No

In the case of a trial in a n emergency situation

Are 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

Conclusion

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

If not

Questions/queries:

5) 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

Yes No

Further detailed points must filled in by member states at national level

Yes No

For example

Are the rules for the collection, storage and future use of biological samples of the subject fulfilled?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the procedure to pseudonymise the data correct?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are Initials omitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there no placeholder for the complete birthday?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will the coding number maintained in the hand of the investigator or of a trustee?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is described how long the data will be stored?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a comprehensive description of the aims and scope of data collection?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>If Yes</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will the subject be informed that this consent may be withdrawn at any time by the subject or his or her legally designated representative?	

Questions/queries:**6) COMPENSATION**

Is there no undue influence, including that of a financial nature, exerted on subjects to participate in the clinical trial	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
In 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

Questions/queries:**7) RECRUITMENT**

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

Questions/queries:**8) SUITABILITY OF THE INVESTIGATOR**

V Uvalu 84/1, Motol (Mitrová Katarína)	
Is there an informative CV?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is previous experience obtained from work with clinical trials described?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is previous experience obtained from work with patient care described?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have certificates describing adequate ICH/GPV training been submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has a financial disclosure been submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have institutional affiliations, that might influence the impartiality of the investigators been presented?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Further detailed points may be filled in by member states at national level</i>	
For example	
Is the investigator qualified in accordance with national Law? (medical doctor as defined in national law, or a person following a profession which is recognised in the Member State concerned)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Conclusion

V Uvalu 84/1, Motol (Mitrová Katarína)

Reason:

9) SUITABILITY OF THE FACILITIES

Has a list of the planned clinical trial sites with name and position of the principal investigators	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
and the planned number of subjects at the sites been submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V Uvalu 84/1, Motol (Mitrová Katarína)	
Has 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)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does this statement adequately describe	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
the suitability of facilities,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
the equipment,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
the human resources	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
the expertise of the site,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Conclusion

V Uvalu 84/1, Motol (Mitrová Katarína)

Reason:

10) PROOF OF INSURANCE COVER OR INDEMNIFICATION

Is the arrangement for damage compensation in accordance to national law ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Further detailed points must be filled in at the national level</i>	

Questions/queries:

11) FINANCIAL AND OTHER ARRANGEMENTS

Is there a description confirming adequate financing of the clinical trial is ensured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are financial transactions and compensation paid to subjects	Yes <input type="checkbox"/> No <input type="checkbox"/>

adequate?

Are financial transactions and compensation paid to the investigator/site for participating in the clinical trial adequate?

Yes No

Are any other agreement between the sponsor and the site adequate?

Yes No

Questions/queries:

12) LIST OF QUESTIONS TO THE SPONSOR/

13) ASSESMENT OF THE SPONOR´S RESPONSE

Are all queries resolved?

Yes No

If not specify:

.....

14) FINAL DECISION

The Clinical trial is approvable

The Clinical trial is not approvable

The Clinical trial is approvable subjects to conditions

In case of approval

The approval is valid for the following trial sites and investigators

List of trial sites and investigators

- 1) MUDr. Katarína Mitrová, Ph.D., Pediatrická klinika, Fakultní nemocnice Motol, V Úvalu 84/1, 150 00 Praha

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

1. K1_Vedolizumab-3041_Recruitment and Informed consent procedure_CZE_v1.0_30Jan2024_NotPublic
2. K1_Vedolizumab-3041_Recruitment and Informed consent procedure_CZE_v1.0_30Jan2024_Placeholder
3. L1_Vedolizumab-3041_ICF_Assent_12_14_CZE_Czech_v1_0_12Jan2024_Public
4. L1_Vedolizumab-3041_ICF_Assent_15_17_CZE_Czech_v1_0_12Jan2024_Public

5. L1_Vedolizumab-3041_ICF_Optional_FutureResearch_Adult_CZE_Czech_v1_0_12Jan2024_Public
6. L1_vedolizumab_3041_ICF_Optional_FutureResearch_Parental_CZE_Czech_v1_0_12Jan2024_Public
7. L1_Vedolizumab-3041_ICF_PP_CZE_Czech_v1_0_12Jan2024_Public
8. L1_Vedolizumab-3041_ICF_Main_Parental_CZE_Czech_v1_0_12Jan2024_Public
9. L1_Vedolizumab-3041_ICF_Main_Adult_CZE_Czech_v1_0_12Jan2024_Public
10. L1_Vedolizumab-3041_ICF_GDPR_Adult_CZE_Czech_v1_0_12Jan2024_Public
11. L1_Vedolizumab-3041_ICF_GDPR_Parental_CZE_Czech_v1_0_12Jan2024_Public
12. 17. ICF_Assent_12_14_CZE_Czech_v1_0_27.5.2024
13. 18. ICF_Assent_15_17_CZE_Czech_v1_0_27.5.2024
14. 22. ICF_Main_Parental_CZE_Czech_v1_0_27.5.2024
15. L2_Vedolizumab-3041_Patient_Card_CZE_Czech_v1_0_0_26Oct2023_Public
16. L2_Vedolizumab-3041_Appointment_Card_CZE_Czech_v1_0_02Nov2023_Public
17. L2_Vedolizumab-3041_Stickers_CZE_v1_0_26Oct2023_Public
18. L2_Vedolizumab-3041_Thank_You_Card_CZE_Czech_v1_0_02Nov2023_Public
19. L2_Vedolizumab-3041_Visit_Passport_CZE_Czech_v1_0_02Nov2023_Public
20. L2_Vedolizumab-3041_Brochure_CZE_Czech_v1_0_01Feb2024_Public
21. L2_Vedolizumab-3041_Parent_Letter_CZE_Czech_v1_0_01Feb2024_Public
22. L2_Vedolizumab-3041_Video_CZE_Czech_V1_0_01Feb2024_Public
23. L2_Vedolizumab-3041_Visit_Guide_CZE_Czech_V1_0_01Feb2024_Public
24. L2_Vedolizumab-3041_Visit_Guide-Passport_CZE_Czech_V1_0_01Feb2024_Public
25. L2_Vedolizumab-3041_Application_Screen_eDiary_v1_21Feb2024_Public
26. L2_Vedolizumab-3041_QRG_v1_CZE_Czech_22Feb2024_Public
27. L2_Vedolizumab-3041_Slate_Screen_EQ_5D_Y_v1_21Feb2024_Public
28. M1_CV_PI_Mitrova_Katarina_FN_Motol_CZE_17Jan2024_NotPublic
29. M1_CV_PI_Mitrova_Katarina_FN_Motol_CZE_17Jan2024_Placeholder
30. M2_Vedolizumab-3041_Declaration_of_Interest_Mitrova_Katarina_PI_FN_Motol_CZE_16Jan2024_NotPublic
31. M2_Vedolizumab-3041_Declaration_of_Interest_Mitrova_Katarina_PI_FN_Motol_CZE_16Jan2024_Placeholder
32. N1_Vedolizumab_3041_Statement_of_Suitability_CZE_Mitrova_Katarina_16Jan2024_NotPublic
33. N1_Vedolizumab_3041_Statement_of_Suitability_CZE_Mitrova_Katarina_16Jan2024_Placeholder
34. N2_Vedolizumab-3041_List_of_participating_sites_CZE_11Jan2024_NotPublic
- 35.** N2_Vedolizumab-3041_List_of_participating_sites_CZE_11Jan2024_Placeholder
36. O1_Vedolizumab-3041_Insurance_Certificate_CZE_English_01Dec2023_NotPublic
37. O1_Vedolizumab-3041_Insurance_Certificate_CZE_English_01Dec2023_Placeholder
38. O2_Vedolizumab-3041_Insurance_Policy_CZE_English_04Jul2019_NotPublic
39. O2_Vedolizumab-3041_Insurance_Policy_CZE_English_04Jul2019_Placeholder
40. O2_Vedolizumab-3041_Insurance_Terms and Conditions_CZE_Czech_26May2021_NotPublic
41. O2_Vedolizumab-3041_Insurance_Terms and Conditions_CZE_Czech_26May2021_Placeholder
42. O2_Vedolizumab-3041_Insurance_Terms and Conditions_CZE_English_26May2021_NotPublic
43. O2_Vedolizumab-3041_Insurance_Terms and Conditions_CZE_English_26May2021_Placeholder
44. P1_Vedolizumab-3041_Compensation_for_Trial_Participants_CZE_14Sep2023
45. R1_Vedolizumab-3041_Data_Protection_Declaration_CZE_06Feb2024_NotPublic
46. R1_Vedolizumab-3041_Data_Protection_Declaration_CZE_06Feb2024_Placeholder
47. S1_Vedolizumab-3041_Use_of_Biological_Samples_Declaration_CZE_05Feb2024_NotPublic
48. S1_Vedolizumab3041_Use_of_Biological_Samples_Declaration_CZE_05Feb2024_Placeholder

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.
Iveta Sudolská
Věra Bartlová