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## A case study for time line advance serious adverse reaction and compensation

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### Abstract

India is one of the top ten countries in 2015-2016 who enrolled 3,841 Clinical Trial Participants or 2.92 Per cent of total Participants and 34.3 Per cent of trial Participants are Woman. The trial sponsor is responsible for on-going safety evaluation, reporting to regulatory authority and paying compensation in case of any serious adverse event occurs in clinical trials. As per India regulatory, Ethics committee and regulatory body responsible for monitoring right and safety of trial participants. In these articles, carryout delayed process for composition and less benefit for subjects.

**Keywords:** Adverse event, adverse reaction, unexpected serious adverse drug reaction Expedited reporting regulatory guideline and ICMR

### Introduction

<sup>[1]</sup> Clinical research is a branch of healthcare science that determines the safety and effectiveness of medications, devices, diagnostic product and treatment regimens intended for human use <sup>[2]</sup>. These may be used for prevention, treatment, diagnosis or for relieving symptoms of a disease. Clinical trials involving new drugs are commonly classified into four phases that is Phase I, II and III usually involve investigational product and Phase IV for marketed products.

As per India population i.e.1.2 billion many people suffering from common diseases but pharmaceutical industry conducting trial on those diseases. Example. Cancer, Respiratory conditions, Diabetes etc. In this overall they have not focused on common disease. example Maternal and perinatal infections and diarrhea diseases. Because of continuing growth of trial participant, patient related safety is deserted. At global level 70% of global death occurred due to SAE in 2016 and majority of deaths are attributed to the category of non-communicable diseases (NCD).

As per rule 122 DAB of Drugs and Cosmetics Rules 1945, this is the responsibility of sponsor to compensate financially in case of clinical trial related any injury/death as per order of DCGI based on recommendation of expert committee. India new amendments in Schedule Y of the Drugs and Cosmetics Act Feb 2018 <sup>[3]</sup>. Pikee Saxena and Rohit Saxena reported the first gazette notification is G.S.R 53(E) dated January 30,2013, with insertion of Rule 122 DAB which specifies procedures to analysis the reports of SAEs occurring during clinical trials and payment of compensation in case of trial related injury or death as per defined timelines <sup>[4]</sup>. The detailed process is described by addition of Appendix XII in Schedule Y.

The third amendment is related to mandatory registration of the Ethics Committee (EC) in the Drug and Cosmetic act vide G.S.R.72 (E) dated February 08, 2013 with insertion of Rule 122DD. In India 24,117 cases of deaths and SAEs due to clinical trials occurred between January 2005 and September 2016.Safety reporting act as an parameter which is used to evaluate safety and efficacy of Investigational medicinal product and also measures benefit – risk ratio. Safety reporting is applicable for both under investigational medicinal product and marketed medicinal product.

### Methodology for SAE reporting

Principal investigator responsible for identification of event, detection, diagnosis of event, evaluation of event and notification of event to the Regulatory authority, Sponsor and Ethics committee within 24hrs of occurrence of SAE. Ethics committee responsible for monitoring

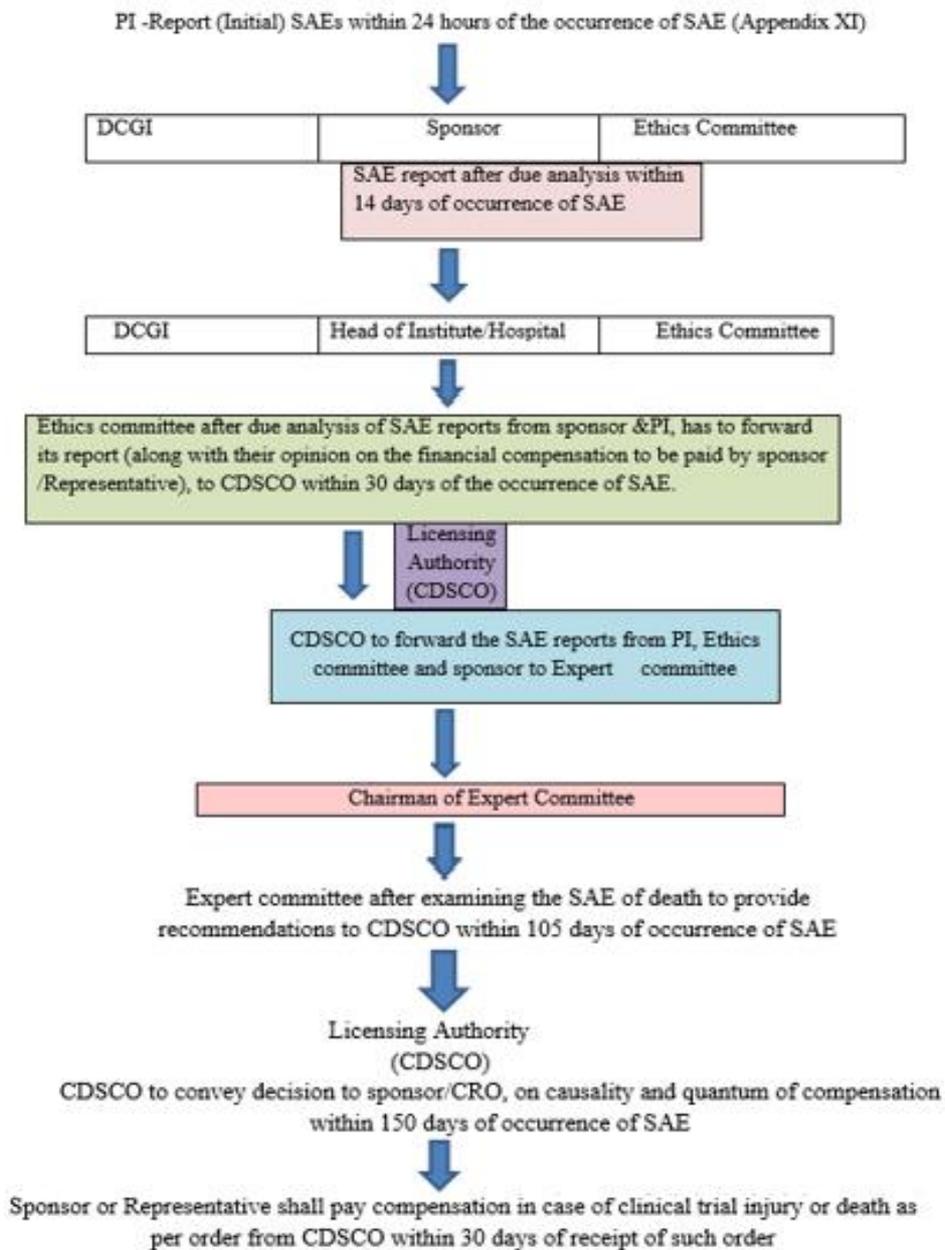
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right and safety of trial participant and also responsible for overview voluntarily participation.5.DCGI responsible for Approval of Drugs, Conduct of clinical trial, laying down the standards and quality of manufacturing, selling, import and Distribution of drugs in India. If Principal Investigator fails to furnish the initial report of SAE within 24 hrs, he/she shall have to furnish the reason for the delay to satisfaction of the licensing authority (CDSCO) along with the SAE report. Notification of Initial SAE by PI required patient related information eg. Informed consent form (ICF) and Appendix XI.

SAE (App XI) report after due analyse by sponsor notify to licensing authority, head of institute/hospital and ethics committee within 14 days of occurrence of SAE (App XI).Ethics committee after due analysis of SAE reports (App XI) from sponsor and PI, than forward this report with

there opinion on SAE report to CDSCO regarding compensation for trial participant on the basis of seriousness of outcome within 30 days of occurrence of SAE.

Seriousness is specific term for outcome of event and severe often used for intensity of event example mild, moderate and severe. CDSCO/licensing authority forward SAE (App XI) report to expert committee which is received from PI, EC committee and sponsor. Expert committee communicates its recommendation about causality and quantum of compensation to the licensing authority within 105 days of occurrence of SAE, and then, the licensing authority shall pass the final order within 150 days of occurrence of SAE. Sponsor needed to compensate the participant as per order of licensing authority within 30 days of receipt of such order. Kindly below mentioned flow chart SAE reporting time line.



**Issues regarding compensation assessment**

6The rules of G.S.R 53 (E) vide; Gazette notification by the Ministry of Health dated January 30, 2013 stated that any injury or death occurring due to any of the following reasons

will be considered as clinical trial-related injury or death, as the case may be:

- a. Adverse effect of investigational product(s)
- b. Noncompliance of the approved protocol

- c. Failure of investigational product to provide intended therapeutic effect
- d. Use of placebo in placebo-controlled trial
- e. Adverse effect due to concomitant medication excluding standard care, necessitated as part of approved protocol
- f. For injury to child in utero because of the participation of parent in clinical trial
- g. Any clinical trial procedure involved in the study.

7. Preeti, Cohen E. Device Associated Infections, An Issue of Infectious Disease Clinics - E-Book.

**Principle of 'No-fault compensation':** This principle is unlike that of 'tort liability' wherein the trial participant has to prove that the injury was caused due to participation in the clinical trial. It is believed that in our country a no fault approach is a sustainable method in which trial participant no needs to prove injury or death relevant or not with clinical trial.

**Informed consent:** The informed consent document respects the individual's decision making process of being a part of a trial. However, he/she not having a risk or harm as a participant in a clinical trial.

**Role of ethics committee:** Ethics committee has to review the Informed consent document and also the consent process to ensure that adequate compensation for trial related injury or death has been provided for or informed to trial participant.

### Result and Discussion

Preeti Y *et al.* [7], and Cohen E *et al.*, observed the same that infectious disease that are very common in India, but clinical trials addressing this issue are very less. Informed consent was mentioned in 67.5% clinical trials and Assent taken from children was not mentioned in any trial although 51(8.6%) clinical trials related to childhood diseases. But there sample size was not mentioned in 68 trials and In 60 trials duration of trial was not mentioned.

In India, by the year 2005-2012 there were a total of 2868 deaths of trial participants, out of which only 89 deaths were found to be related to trial and compensation was paid to 86 only and the amount of compensation paid ranged from 55,000 to 4,200,000 rupees and this compensation not based on any objectively defined guideline/formula but was decided according to the best judgement of ethics committee/or the sponsor/investigator.

It was observed that many adverse events not notify by PI because they are not well aware regarding Ethical principles and many times only serious adverse effect notify by PI because it include critical condition of trial participant.

### References

1. <https://www.cas-clinicalresearch.ch/>
2. [https://wn.com/clinical\\_science/Clinical\\_Research](https://wn.com/clinical_science/Clinical_Research)
3. Pikee Saxena and Rohit Saxena, Clinical Trials: Changing Regulations in India. Indian J Community Med. 2014; 39(4):197-202.
4. Manoj A, Saurabh A, Shilpa GA. Recent Regulatory Amendment in Schedule Y: Bioequivalence Studies Conducted In India. Journal of Bioequivalence & Bioavailability, 2013.
5. <http://www.ias4sure.com/wikiias/prelims/drugs-controller-general-of-india>
6. <http://www.cdsco.nic.in>.