

INITIAL INFORMATION

163376
#2909
ONG → EDG, DS EB

- 7 MAY 2001

Page

	Centre Number 	Subject Number XXXXXXXXXX	Subject Initials XXXXXX
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SERIOUS ADVERSE EXPERIENCE (SAE)

Person Reporting SAE <i>(Please print clearly)</i>		XXXXXXXXXX	
Serious Adverse Experience <i>(Please print clearly)</i>	Eye Problems		
Onset Date and Time	24 APR 00	NA	
End Date and Time <i>(If ongoing please leave blank)</i>			
Outcome <i>If subject died, please complete Form D</i>	<input type="checkbox"/> Resolved <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Died		
Experience Course	<input type="checkbox"/> Intermittent → No. of episodes <input type="checkbox"/> <input checked="" type="checkbox"/> Constant		
Intensity (maximum)	<input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Action Taken with Respect to Investigational Drug	<input checked="" type="checkbox"/> None <input type="checkbox"/> Dose reduced <input type="checkbox"/> Dose increased <input type="checkbox"/> Drug interrupted/restarted <input type="checkbox"/> Drug stopped		Did the SAE abate? <input type="checkbox"/> Yes <input type="checkbox"/> No If study medication was interrupted, stopped or dose reduced: Was study medication reintroduced (or dose increased)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did SAE recur? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Investigational Drug	<input type="checkbox"/> Not related <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Suspected (reasonable possibility) <input type="checkbox"/> Probable		Assessment The SAE is probably associated with: <input type="checkbox"/> Protocol design or procedures (but not to study drug) Please specify _____
Corrective Therapy <i>If 'Yes', record details in the Concomitant Medication section</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Another condition (eg, condition under study, intercurrent illness) Please specify _____
Was subject withdrawn due to this specific SAE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Another drug Please specify _____

- Specify reason(s) for considering this a serious AE. Mark all that apply.
- (1) fatal
 - (2) life threatening
 - (3) disabling/incapacitating
 - (4) results in hospitalisation (excluding elective surgery or routine clinical procedures)
 - (5) hospitalisation prolonged
 - (6) congenital abnormality
 - (7) cancer
 - (8) overdose
 - (9) Investigator considers serious or a significant hazard, contraindication, side effect or precaution

PRE-REG CT
None
20/4/01

NON-ADAC TRAY

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Page

Centre Number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	Subject Number <div style="background-color: black; width: 100%; height: 20px;"></div>	Subject Initials <div style="background-color: black; width: 100%; height: 20px;"></div>	
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SERIOUS ADVERSE EXPERIENCE (SAE) (cont)

Relevant Laboratory Data
Please provide relevant abnormal laboratory data below

Test	Date	Value	Units	Normal Range
	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> Day Month Yr			
	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> Day Month Yr			
	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> Day Month Yr			
	<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto;"></div> Day Month Yr			POSS

Remarks (Please provide a brief narrative description of the SAE, attaching extra pages eg. hospital discharge summary if necessary)

- ① Soldier had Lasik surgery previously which on pre-deployment assessment were well healed.
- ② On post deployment assessment a central whorl of right eye and whorl infolds of left eye were noted. The ophthalmologist felt that Lasik surgery caused the more central distribution. Macular-normal. Visual acuity had deteriorated marginally from 6/6, 6/6 to 6/9, 6/12 but requires formal assessment.

If applicable, was randomisation code broken at investigational site? No Yes

Randomisation / Study Medication Number: 17001

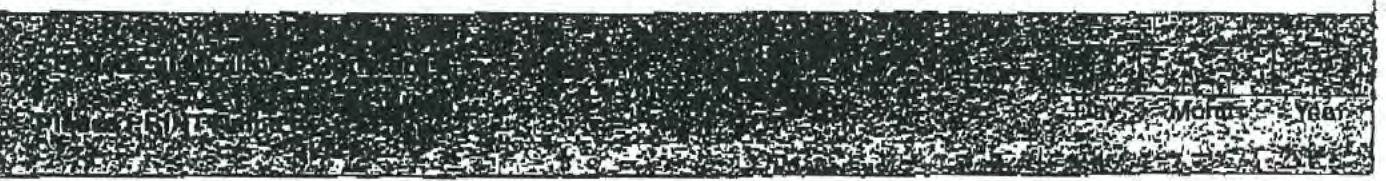
Investigator's Signature: [REDACTED]

Date 0 1 M A Y 0 1
Day Month Year

Please PRINT Name [REDACTED]

VISION ABNORMAL

MISC





GlaxoSmithKline

FAX

- 7 MAY 2001

To ADRAC

Company

Fax 02 6232 8392

From

Tel

E-mail

Date 07-May-2001

Pages including cover 12

CC

Subject Clinical Trial Serious Adverse Event (local ID#

2806 to 2810)

SmithKline Beecham (Australia)
Pty Ltd

ABN 73 008 399 415

300 Frankston Road

Private Mail Bag 34

Dandenong Vic 3175

Australia

Tel: 613 9213 4444

Fax 613 9706 5883

www.gsk.com

Dear Sir / Madam

The attached fax contains five cases for reporting to you in this investigator driven study.

Study: 252263/033

Study Title: A randomised, double-blind, comparative study to evaluate the safety, tolerability and effectiveness of tafenoquine and mefloquine for the prophylaxis of malaria in non-immune Australian soldiers deployed to East Timor.

Study Drug: Tafenoquine, This Study has been unblinded

Relationship to study Drug (causality): Suspected

POSS

Please note full documentation of the Safety Report has been sent to the TGA under separate cover. To follow as an attachment is a summary of the Safety Report as background information.

Should you have any enquires regarding this case, please do not hesitate to contact me on [redacted] or directly on [redacted]

Yours sincerely

[redacted signature block]

This fax is intended for the addressee(s) only and may contain information which is confidential or legally privileged. If received in error, please contact the writer immediately.

- 7 MAY 2001

CONFIDENTIAL

Letter to the Regulatory Authorities

TO WHOM IT MAY CONCERN

Dear Sirs

Summary

The purpose of this Safety Report is to inform Regulatory Agencies, Ethics Committees and Investigators of preliminary safety findings related to the monitoring for the effects of phospholipidosis in a Phase III Tafenoquine clinical study.

These data are from a subset of subjects (n = 33/99) in a Phase III study (Study 252263/033) investigating the safety, tolerability and effectiveness of tafenoquine in the prophylaxis of malaria in non-immune Australian soldiers deployed to East Timor.

Ophthalmological (corneal examination, visual acuity, visual field) and lung function testing (diffusing capacity of carbon monoxide – DLCO) data are presented on the first 33 soldiers within this subset, 26 of whom were receiving tafenoquine and 7 of whom were receiving mefloquine. After 6 months weekly dosing corneal changes (a vortex keratopathy) have been seen in 25 of 26 tafenoquine subjects, but in none of the 7 mefloquine subjects. Amsler Grid examinations suggest mild visual field changes in 4 tafenoquine subjects, but not mefloquine subjects. Minor visual acuity changes are reported across both treatment groups. All examinations were normal at baseline.

The changes considered to be clinically significant are the 4 tafenoquine subjects with Amsler Grid changes (subjects 17, 18, 22, 24 in Appendix B), and single tafenoquine subject (subject 14) with more central corneal changes in a Lasik-corrected eye and a reduction in visual acuity. These have been reported as SAEs by the Investigator.

Similar corneal changes (vortex keratopathy) have been observed with other cationic amphiphilic agents. However given the requirement to establish the reversibility of these changes off study drug, and more fully understand the associated visual field and visual acuity changes, GlaxoSmithKline have voluntarily suspended all tafenoquine dosing across both the adult and paediatric programmes.