

INITIAL INFORMATION

ORIG → EDG, ASERB  
 # 2810  
 - 7 MAY 2001 163375

Centre Number	Subject Number	Subject Initials	Page

SERIOUS ADVERSE EXPERIENCE (SAE)

Person Reporting SAE (Please print clearly) [REDACTED]

Serious Adverse Experience (Please print clearly)

Eye Problems

Onset Date and Time 24 APR 00 N/A  
 Day Month Yr 24hr:min

End Date and Time (if ongoing please leave blank)  
 Day Month Yr 24hr:min

Outcome If subject died, please complete Form D  
 Resolved  
 Ongoing  
 Died

Experience Course  
 Intermittent → No. of episodes   
 Constant

Intensity (maximum)  
 Mild  
 Moderate  
 Severe

Action Taken with Respect to Investigational Drug  
 None  
 Dose reduced  
 Dose increased  
 Drug interrupted/restarted  
 Drug stopped

POSS

Relationship to Investigational Drug  
 Not related  
 Unlikely  
 Suspected (reasonable possibility)  
 Probable

Corrective Therapy If 'Yes', record details in the Concomitant Medication section  
 Yes  No

Was subject withdrawn due to this specific SAE?  
 Yes  No

- 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

Did the SAE abate?  Yes  No  
 If study medication was interrupted, stopped or dose reduced:  
 Was study medication reintroduced (or dose increased)?  Yes  No  
 If yes, did SAE recur?  Yes  No

Assessment  
 The SAE is probably associated with:  
 Protocol design or procedures (but not to study drug)  
 Please specify \_\_\_\_\_  
 Another condition (eg, condition under study, intercurrent illness)  
 Please specify \_\_\_\_\_  
 Another drug  
 Please specify \_\_\_\_\_

PRE-REG CT

Wendy  
 WLn 24/01

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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

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]

*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 – D<sub>L</sub>CO) 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.