

Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
REMAP-CAP

1. Is your project research?

☒ Yes ☐ No

2. Select one category from the list below:

- ☒ Clinical trial of an investigational medicinal product
- ☐ Clinical investigation or other study of a medical device
- ☐ Combined trial of an investigational medicinal product and an investigational medical device
- ☐ Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice
- ☐ Basic science study involving procedures with human participants
- ☐ Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology
- ☐ Study involving qualitative methods only
- ☐ Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)
- ☐ Study limited to working with data (specific project only)
- ☐ Research tissue bank
- ☐ Research database

If your work does not fit any of these categories, select the option below:

☐ Other study

2a. Is this a commercially sponsored Phase 1 or Phase 1/2a trial involving healthy volunteers?

☐ Yes ☒ No

2b. Will the study involve the use of any medical device without a CE Mark, or a CE marked device which has been modified or will be used outside its intended purposes?

☐ Yes ☒ No

2c. Please answer the following question:

Is this trial subject to advice from the Expert Advisory Group on Clinical Trials and the Commission on Human Medicine prior to authorisation from MHRA?

☐ Yes ☒ No

2d. Please answer the following question:

Is this a trial of a gene therapy medicinal product?

☐ Yes ☒ No

2e. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation?

☐ Yes ☒ No

b) Will you be taking new human tissue samples (or other human biological samples)?

☐ Yes ☒ No

c) Will you be using existing human tissue samples (or other human biological samples)?

☐ Yes ☒ No

3. In which countries of the UK will the research sites be located?(Tick all that apply)

- ☒ England
☐ Scotland
☒ Wales
☒ Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- ☒ England
☐ Scotland
☐ Wales
☐ Northern Ireland
☐ This study does not involve the NHS

4. Which applications do you require?

- ☒ IRAS Form
☒ Medicines and Healthcare products Regulatory Agency (MHRA) – Medicines
☐ Confidentiality Advisory Group (CAG)
☐ Her Majesty's Prison and Probation Service (HMPPS)

5. Will any research sites in this study be NHS organisations?

☒ Yes ☐ No

5a. Are all the research costs and infrastructure costs (funding for the support and facilities needed to carry out research e.g. NHS Support costs) for this study provided by a NIHR Biomedical Research Centre, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC), NIHR Patient Safety Translational Research Centre or Medtech and In Vitro Diagnostic Cooperative in all study sites?

Please see information button for further details.

☐ Yes ☒ No

Please see information button for further details.

5b. Do you wish to make an application for the study to be considered for NIHR Clinical Research Network (CRN) Support and inclusion in the NIHR Clinical Research Network Portfolio?

Please see information button for further details.

☒ Yes ☐ No

The NIHR Clinical Research Network provides researchers with the practical support they need to make clinical studies happen in the NHS e.g. by providing access to the people and facilities needed to carry out research "on the ground".

If you select yes to this question, you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form (PAF) immediately after completing this project filter question and before submitting other applications. Failing to complete the PAF ahead of other applications e.g. HRA Approval, may mean that you will be unable to access NIHR CRN Support for your study.

6. Do you plan to include any participants who are children?

☐ Yes ☒ No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

☒ Yes ☐ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

☐ Yes ☒ No

9. Is the study or any part of it being undertaken as an educational project?

☐ Yes ☒ No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

☐ Yes ☒ No

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

☐ Yes ☒ No

SUBSTANTIAL AMENDMENT FORM ¹

NOTIFICATION OF A SUBSTANTIAL AMENDMENT TO A CLINICAL TRIAL ON A MEDICINAL PRODUCT FOR HUMAN USE TO THE COMPETENT AUTHORITIES AND FOR OPINION OF THE ETHICS COMMITTEES IN THE EUROPEAN UNION

For official use:

Date of receiving the request:	Grounds for non acceptance/negative opinion:
	Date:
Date of start of procedure:	Authorisation/ positive opinion:
	Date:
Competent authority registration number of the trial:	Withdrawal of amendment application:
Ethics committee registration number of the trial:	Date:

To be filled in by the applicant:

*This form is to be used both for a request to the Competent Authority for authorisation of a **substantial** amendment and to an Ethics Committee for its opinion on a **substantial** amendment. Please indicate the relevant purpose in Section A.*

A TYPE OF NOTIFICATION

A.1 Member State in which the substantial amendment is being submitted:

England

A.2 Notification for authorisation to the competent authority:



A.3 Notification for an opinion to the ethics committee:



(¹) Cf. Section 3.7.b of the Detailed guidance on the request to the competent authorities for authorisation of a clinical trial on a medicinal product for human use, the notification of substantial amendments and the declaration of the end of the trial (OJ, C82, 30.3.2010, p.1) hereinafter referred to as 'detailed guidance CT-1'.

B TRIAL IDENTIFICATION (When the amendment concerns more than one trial, repeat this form as necessary.)

B.1 Does the substantial amendment concern several trials involving the same IMP? ² ☐ Yes ☒ No

B.2 EudraCT number: 2015-002340-14

B.3 Full title of the trial: Randomized, Embedded, Multifactorial Adaptive Platform trial for Community Acquired Pneumonia

B.4 Sponsor's protocol code number:

B.4 Sponsor's protocol version number: 3.0

B.4 Sponsor's protocol date: 10/07/2019

⁽²⁾ Cf. Section 3.7. of the detailed guidance CT-1

C IDENTIFICATION OF THE SPONSOR RESPONSIBLE FOR THE REQUEST

C.1 Sponsor

Organisation: University Medical Center Utrecht
 Contact Given name: Wilma
 Contact Family name: van Bentum-Puijk
 Address: Heidelberglaan 100 (room number STR.3.127),
 Town/city: Utrecht, The Netherlands
 Post code: 3584 CX Utrecht
 Telephone: 31887555196
 Fax: 31887568099
 E-mail: w.w.puijk-2@umcutrecht.nl

C.2 Legal representative ³ of the sponsor in the European Union for the purpose of this trial (if different from the sponsor)

Name of organisation: University Medical Center Utrecht
 Contact Given name: Albert
 Contact Family name: Vermaas
 Address: Heidelberglaan 100, 3584 CX Utrecht, The Netherlands
 Town/city: Utrecht
 Post code: 3584 CX
 Telephone:
 Fax:
 E-mail: A.M.Vermaas@umcutrecht.nl

⁽³⁾ As stated in Article 19 of Directive 2001/20/EC.

D APPLICANT IDENTIFICATION, (please tick the appropriate box)

D1. Request for the competent authority

- D.1.1 Sponsor ☒
 D.1.2 Legal representative of the sponsor ☐
 D.1.3 Person or organisation authorised by the sponsor to make the application. ☐
 D.1.4 Complete below:

Name of organisation University Medical Center Utrecht
 Contact Given name Wilma
 Contact Family name van Bentum-Puijk
 Address Heidelberglaan 100, 3584 CX Utrecht, The
 Netherlands
 Town/city Utrecht

Post code 3584 CX
Telephone
Fax
E-mail W.W.Puijk-2@umcutrecht.nl

D2. Request for the Ethics Committee

- D.2.1 Sponsor ☒
- D.2.2 Legal representative of the sponsor ☐
- D.2.3 Person or organisation authorised by the sponsor to make the application. ☐
- D.2.4 Investigator in charge of the application if applicable⁴:
- Co-ordinating investigator (for multicentre trial): ☐
 - Principal investigator (for single centre trial): ☐
- D.2.5 Complete below:

Name of organisation University Medical Center Utrecht
Given name Wilma
Family name van Bentum-Puijk
Address Heidelberglaan 100, 3584 CX Utrecht, The Netherlands
Town/city Utrecht
Post code 3584 CX
Telephone
Fax
E-mail W.W.Puijk-2@umcutrecht.nl

⁽⁴⁾ According to national legislation.

E SUBSTANTIAL AMENDMENT IDENTIFICATION**E.1 Sponsor's substantial amendment information for the clinical trial concerned:**

Code Number: AM05
Version: 1.0
Date: 2019/11/12

E.2 Type of substantial amendment

- E.2.1 Amendment to information in the CT application form ☒ Yes ☐ No
- E.2.2 Amendment to the protocol ☒ Yes ☐ No
- E.2.3 Amendment to other documents appended to the initial application form ☒ Yes ☐ No

If yes specify:

1. Core Protocol – minor administrative changes, incorporation of changes due to European ethical requirements, and substantive changes to the statistical model used for analysis of this trial including the way pre-defined strata are applied, evaluation of interaction between treatments in different domains, and how equivalence of interventions is evaluated.
2. Antibiotic Domain-Specific Appendix (DSA) – minor administrative changes and changes to reflect modification of the planned statistical analysis of this trial
3. Macrolide Duration DSA – minor administrative changes, changes to the definition of one study intervention to

reflect clinical practice, changes so that eligibility for this domain is evaluated at a time-point that is more clinically appropriate and changes to reflect modification of the planned statistical analysis of this trial

4. Corticosteroid DSA – minor administrative changes, introduction of a new intervention (shock-dependent hydrocortisone, which is part of the existing spectrum of standard care) based on evidence derived from more recent clinical trials, and changes to reflect modification of the planned statistical analysis of this trial

5. European

6. Region-Specific Appendix (RSA) – minor administrative changes, and addition of information relating to the new Antiviral Domain and patient Registry

7. Statistical Analysis Appendix – updated to reflect the introduction of new domains, changes to the ‘unit-of-analysis’ for this trial.

The following new documents have been added:

1. Antiviral DSA – a new domain investigating the use of an antiviral agent for patients with severe community-acquired pneumonia (CAP) caused by influenza. All intervention options are within the spectrum of existing standard care.
2. Registry Appendix – outlining collection, of a dataset through routinely collected data, to be collected for all patients admitted to participating ICUs with community acquired

Changes to the participant information sheets:

Patient information sheet and consent form

Personal Legal representative information sheet and consent form

Retrospective patient information sheet and consent form

Changes include:

1. rewording of the hydrocortisone as part of supportive treatment and this domain having 3 options rather than the original 2
2. The addition of the antiviral domain

E.2.4 Amendment to other documents or information: ☐ Yes ☐ No

If yes specify:

E.2.5 This amendment concerns mainly urgent safety measures already implemented⁵: ☐ Yes ☒ No

E.2.6 This amendment is to notify a temporary halt of the trial⁶: ☐ Yes ☒ No

E.2.7 This amendment is to request the restart of the trial⁷: ☐ Yes ☒ No

⁽⁵⁾ Cf. Section 3.9. of the detailed guidance CT-1.

⁽⁶⁾ Cf. Section 3.10. of the detailed guidance CT-1

⁽⁷⁾ Cf. Section 3.10. of the detailed guidance CT-1

E.3 Reasons for the substantial amendment:

E.3.1 Changes in safety or integrity of trial subjects ☐ Yes ☒ No

E.3.2 Changes in interpretation of scientific documents/value of the trial ☐ Yes ☒ No

E.3.3 Changes in quality of IMP(s) ☐ Yes ☒ No

E.3.4 Changes in conduct or management of the trial ☒ Yes ☐ No

E.3.5 Change or addition of principal investigator(s), co-ordinating investigator ☐ Yes ☐ No

E.3.6 Change/addition of site(s) ☒ Yes ☐ No

E.3.7 Other change ☐ Yes ☐ No

E.3.7.1 If yes specify:

We wish to add 2 new recruiting sites:

1. York Hospital, PI Dr Joseph Carter (MD)
2. Addenbrooks Hospital, Oxford, PI Dr Charlotte Summers (MD)

E.3.8 Other case

☐ Yes ☐ No

E.3.8.1 If yes specify:

E.4 Information on temporary halt of trial:⁸

E.4.1 Date of temporary halt

E.4.2 Recruitment has been stopped

☐ Yes ☒ No

E.4.3 Treatment has been stopped

☐ Yes ☒ No

E.4.4 Number of patients still receiving treatment at time of the temporary halt in the MS concerned by the amendment

E.4.5 Briefly describe:

Justification for a temporary halt of the trial (*free text*):The proposed management of patients receiving treatment at time of the halt (*free text*):The consequences of the temporary halt for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product (*free text*):⁽⁸⁾Cf. Section 3.10. of the detailed guidance CT-1**F DESCRIPTION OF EACH SUBSTANTIAL AMENDMENT⁹**

Please use this section to detail each substantial amendment which is being notified. If you are notifying more than one substantial amendment, please use the "Add Amendment" button as required

Substantial amendment 1**Previous and new wording:(tracked)**

1. change in wording for PIS / PerLR / Retro PIS

Page 1

Old text -

What medical treatments are being investigated?

In this project several different treatments are being compared at the same time. These treatments can be subdivided into the following three different types of treatment: 1) choice of antibiotic; 2) duration of macrolide treatment; and 3) supportive treatment.

New text -

What medical treatments are being investigated?

In this project several different treatments are being compared at the same time. These treatments can be subdivided into the following four different types of treatment: 1) choice of antibiotic; 2) duration of macrolide treatment; and 3) supportive treatment 4) Use of antiviral medication. This hospital is currently, taking part in the following treatments:

Page 2

3. Supportive treatment - (Old text) Whether to use hydrocortisone. Hydrocortisone is an anti-inflammatory medication. It may help reduce inflammation in the lungs and elsewhere in the body and that may help the body recover. However, there is still uncertainty about if hydrocortisone improves outcomes for patients with pneumonia.

Replaced with New Text -

Some doctors believe it helps reduce inflammation in the lungs and elsewhere in the body, and that this helps the body to recover. Other doctors disagree and don't use the medicine, and others use the medicine only when a patient is very unwell (is in "septic shock"). At this site, this study evaluates:

No corticosteroids

A fixed duration of treatment with hydrocortisone

Hydrocortisone given only when the patient is in "septic shock"

The doctors in this ICU don't know which treatment is best but believe all options are safe and reasonable. Therefore, the choice of whether to use hydrocortisone or not is comparing different types of "standard care".

[delete if not taking part in hydrocortisone domain]

New Text -4. Use of antiviral medications. When a patient has pneumonia caused by an influenza virus, some doctors will prescribe a drug called Oseltamivir, an antiviral medication. Some doctors do not routinely use Oseltamivir, and those who do may prescribe it for different lengths of time. At this site, this study evaluates:

No Oseltamivir

Oseltamivir for five days

Oseltamivir for ten days

The doctors in this ICU have selected these options because they do not know which of them is best, but believe that all of these options are safe and effective. Therefore, these options are different types of "standard care". The participant will only receive these treatments if they have pneumonia that is believed or known to be caused by Influenza.

[delete if not taking part in antiviral domain]

Page 9

addition of

- I agree to take part in the antiviral domain. *[delete if not taking part in hydrocortisone treatment domain]*

The following documents have been amended:

1. Core Protocol – minor administrative changes, incorporation of changes due to European ethical requirements, and substantive changes to the statistical model used for analysis of this trial including the way pre-defined strata are applied, evaluation of interaction between treatments in different domains, and how equivalence of interventions is evaluated.
2. Antibiotic Domain-Specific Appendix (DSA) – minor administrative changes and changes to reflect modification of the planned statistical analysis of this trial
3. Macrolide Duration DSA – minor administrative changes, changes to the definition of one study intervention to reflect clinical practice, changes so that eligibility for this domain is evaluated at a time-point that is more clinically appropriate and changes to reflect modification of the planned statistical analysis of this trial
4. Corticosteroid DSA – minor administrative changes, introduction of a new intervention (shock-dependent hydrocortisone, which is part of the existing spectrum of standard care) based on evidence derived from more recent clinical trials, and changes to reflect modification of the planned statistical analysis of this trial
5. European
6. Region-Specific Appendix (RSA) – minor administrative changes, and addition of information relating to the new Antiviral Domain and patient Registry
7. Statistical Analysis Appendix – updated to reflect the introduction of new domains, changes to the 'unit-of-analysis' for this trial.

The following new documents have been added:

1. Antiviral DSA – a new domain investigating the use of an antiviral agent for patients with severe community-acquired pneumonia (CAP) caused by influenza. All intervention options are within the spectrum of existing standard care.

2. Registry Appendix – outlining collection, largely by record-linkage, of a dataset to be collected for all patients admitted to participating ICUs with community acquired pneumonia, including patients randomized in REMAP-CAP as well as patients who were not randomized.

If at all possible, we request that the amendments to the existing protocol documents be considered separately and independently of the new protocol documents (the Antiviral domain-specific appendix and Registry Appendix) and the proposed amendment to add a third intervention to the Corticosteroid Domain-Specific Appendix.

New wording:

Comments/ explanation/ reasons for substantial amendment:

(9) Cf. Section 3.7.c. of the detailed guidance CT-1. The sponsor may submit this documentation on a separate sheet.

G CHANGE OF CLINICAL TRIAL SITE(S)/INVESTIGATOR(S) IN THE MEMBER STATE CONCERNED BY THIS AMENDMENT

Type of change:

G.1.1 Addition of a new site

G.1.1.1 Principal investigator (provide details below)

Given name	Joseph
Middle name(if applicable)	
Family name	Carter
Qualification (MD...)	MD
Professional address	York Hospital

Given name	Charlotte
Middle name(if applicable)	
Family name	Summers
Qualification (MD...)	MD
Professional address	Addenbrooke's Hospital

G.1.2 Removal of an existing site

G.1.2.1 Principal investigator (provide details below)

Given name	
Middle name(if applicable)	
Family name	
Qualification (MD...)	
Professional	

address

G.1.3 Change of co-ordinating investigator (provide details below of the new coordinating investigator)

Given name
Middle name(if
applicable)
Family name
Qualification
(MD...)
Professional
address

G.1.3.6 Indicate the name of the previous co-ordinating investigator:

G.1.4 Change of principal investigator at an existing site (provide details below of the new principal investigator)

Given name
Middle name(if
applicable)
Family name
Qualification
(MD...)
Professional
address

G.1.4.6 Indicate the name of the previous principal investigator:

H CHANGE OF INSTRUCTIONS TO CA FOR FEEDBACK TO SPONSOR**H.1 Change of e-mail contact for feedback on application*****H.2 Change to request to receive an .xml copy of CTA data**

☐ Yes ☒ No

H.2.1 Do you want a .xml file copy of the CTA form data saved on EudraCT?

☐ Yes ☒ No

H.2.1.1 If yes provide the e-mail address(es) to which it should be sent (up to 5 addresses):

H.2.2 Do you want to receive this via password protected link(s)¹⁰?

☐ Yes ☒ No

If you answer no to question H.2.2 the .xml file will be transmitted by less secure e-mail link(s)

H.2.3 Do you want to stop messages to an email for which they were previously requested?

☐ Yes ☒ No

H.2.3.1 If yes provide the e-mail address(es) to which feedback should no longer be sent:

(*This will only come into effect from the time at which the request is processed in EudraCT).

⁽¹⁰⁾ This requires a EudraLink account. (See eudract.emea.europa.eu for details)

I LIST OF THE DOCUMENTS APPENDED TO THE NOTIFICATION FORM (cf. Section 3.7 of detailed guidance CT-1)

Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

I.1 Cover letter



I.2 Extract from the amended document in accordance with Section 3.7.c. of detailed guidance CT-1 (if not contained in Part F of this form)



I.3 Entire new version of the document¹¹



I.4 Supporting information



I.5 Revised .xml file and copy of initial application form with amended data highlighted



I.6 Comments on any novel aspect of the amendment if any :

(11) Cf. Section 3.7.c. of the detailed guidance CT-1

J SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

Please submit only relevant documents and/or when applicable make clear references to the ones already submitted. Make clear references to any changes of separate pages and submit old and new texts. Tick the appropriate box(es).

J.1 I hereby confirm that/ confirm on behalf of the sponsor that (delete which is not applicable)

- The above information given on this request is correct;
- The trial will be conducted according to the protocol, national regulation and the principles of good clinical practice; and
- It is reasonable for the proposed amendment to be undertaken.

J.2 APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY (as stated in section D.1): ☐

J.2.1 Signature ¹²:

J.2.2 Print name:

J.2.3 Date:

This section was signed electronically by MSc Wilma Van Bentum-Puijk on 28/11/2019 18:28.

Job Title/Post: PM

Organisation: UMC Utrecht

Email: w.w.puijk-2@umcutrecht.nl

J.3 APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE (as stated in section D.2): ☐

J.3.1 Signature ¹³:

J.3.2 Print name:

J.3.3 Date:

This section was signed electronically by MSc Wilma Van Bentum-Puijk on 28/11/2019 18:29.

Job Title/Post: PM

Organisation: UMC Utrecht

Email: w.w.puijk-2@umcutrecht.nl

(12) On an application to the Competent Authority only, the applicant to the Competent Authority needs to sign.

(13) On an application to the Ethics Committee only, the applicant to the Ethics Committee needs to sign.