

INITIAL INFORMATION

- 7 MAY 2001

Page

Centre Number	Subject Number	Subject Initials

SERIOUS ADVERSE EXPERIENCE (SAE)

Person Reporting SAE (Please print clearly)		
Serious Adverse Experience (Please print clearly)	Eye Problems	
Onset Date and Time	24 APR 00 NA Day Month Yr 24hr:min	
End Date and Time (If ongoing please leave blank)		
Outcome If subject died, please complete Form D	<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	
Relationship to Investigational Drug	<input type="checkbox"/> Not related <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Suspected (reasonable possibility) <input type="checkbox"/> Probable	
Corrective Therapy (If 'Yes', record details in the Concomitant Medication section)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was subject withdrawn due to this specific SAE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Specify reason(s) for considering this a serious AE. Mark all that apply. [1] <input type="checkbox"/> fatal [2] <input type="checkbox"/> life threatening [3] <input type="checkbox"/> disabling/incapacitating [4] <input type="checkbox"/> results in hospitalisation (excluding elective surgery or routine clinical procedures) [5] <input type="checkbox"/> hospitalisation prolonged [6] <input type="checkbox"/> congenital abnormality [7] <input type="checkbox"/> cancer [8] <input type="checkbox"/> overdose [9] <input checked="" type="checkbox"/> Investigator considers serious or a significant hazard, contraindication, side effect or precaution		
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		
Assessment The SAE is probably associated with: <input type="checkbox"/> Protocol design or procedures (but not to study drug) Please specify _____ <input type="checkbox"/> Another condition (eg. condition under study, intercurrent illness) Please specify _____ <input type="checkbox"/> Another drug Please specify _____		

PAC-REG T.

20/4/01

NON-ADAPIC TRAY

INITIAL INFORMATION

- 7 MAY 2001

Page

Centre Number	Subject Number	Subject Initials

SERIOUS ADVERSE EXPERIENCE (SAE) (cont)

Relevant Laboratory Data

Please provide relevant abnormal laboratory data below

Test	Date	Value	Units	Normal Range
	Day Month Yr			
	Day Month Yr			
	Day Month Yr			
	Day Month Yr			

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

- Soldier saw 'edges of square slightly blurred' on Amsler test but unable to be fully assessed due to dilated pupils. Normal macular.
- Mild epithelial whorl deposits
- Predeployment vision screened as 6/6, 6/6 but change at ophthalmologist to 6/4, 6/4. Post deployment screening acuity 6/6, 6/6.

VISION ABNORMAL

POSS

If applicable, was randomisation code broken at investigational site?

☒ No ☐ Yes

Randomisation / Study Medication Number

Investigator's Signature:

(confirming that the above data are accurate and complete)

Date

01 MAY 01
Day Month Year

Please PRINT Name

Site Medical Monitor	Date
Please PRINT Name	Day Month Year

FAX

- 7 MAY 2001



GlaxoSmithKline

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 73 006 399 415
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

- 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_LCO) 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.

INITIAL INFORMATION

164026
01/16 → 08/06/2013
20593

- 7 MAY 2001

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Corrective Therapy If 'Yes', record details in the Concomitant Medication section	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was subject withdrawn due to this specific SAE?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PME-REG CT

Wid 20/11/21

NON-ADAP TINA

INITIAL INFORMATION

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	Day Month Yr			
	Day Month Yr			

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

- Soldier had Red/Green colour deficiency on pre-deployment but otherwise normal examination. *DESC*
- On post deployment saw "waving line" on Amster testing but unable to fully assess due to dilated pupils - requires follow up without dilation. Normal macular examination.
- Linear epithelial whorl on corneal examination
- Visual acuity unchanged 6/6 6/6 to 6/6 6/6. *POSS*

If applicable, was randomisation code broken at Investigational site?

☒ No ☐ Yes

Randomisation / Study Medication Number

Investigator's Signature:

(confirming that the above data are accurate and complete)

Date

01 MAY 01
Day Month Year

Please PRINT Name

Please PRINT Name



GlaxoSmithKline

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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.

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CONFIDENTIAL

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