

163376

125609

ORIG → DEC, OSEB

- 7 MAY 2001

Page

## INITIAL INFORMATION

Centre Number	Subject Number	Subject Initials	
[Redacted]	[Redacted]	[Redacted]	

## SERIOUS ADVERSE EXPERIENCE (SAE)

Person Reporting SAE [Redacted]  
(Please print clearly)

Serious Adverse Experience (Please print clearly)	Eye Problems		→ Specify reason(s) for considering this a serious AE. Mark all that apply.
Onset Date and Time	24 APR 2000 NA Day Month Yr 24hr:min		[1] <input type="checkbox"/> fatal
End Date and Time (If ongoing please leave blank)	Day Month Yr 24hr:min		[2] <input type="checkbox"/> life threatening
Outcome If subject died, please complete Form D	<input type="checkbox"/> Resolved <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Died		[3] <input type="checkbox"/> disabling/incapacitating
Experience Course	<input type="checkbox"/> Intermittent → No. of [Redacted] <input checked="" type="checkbox"/> Constant episodes [Redacted]		[4] <input type="checkbox"/> results in hospitalisation (excluding elective surgery or routine clinical procedures)
Intensity (maximum)	<input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		[5] <input type="checkbox"/> hospitalisation prolonged
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		[6] <input type="checkbox"/> congenital abnormality
Relationship to Investigational Drug	<input type="checkbox"/> Not related <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Suspected (reasonable possibility) <input type="checkbox"/> Probable		[7] <input type="checkbox"/> cancer
Corrective Therapy If 'Yes', record details in the Concomitant Medication section	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[8] <input type="checkbox"/> overdose
Was subject withdrawn due to this specific SAE ?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		[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)  <input type="checkbox"/> Another drug  <input type="checkbox"/> Please specify _____

PRE-REG CT  
No 29 Jh. 2001

NON-ADAPT TH91

## INITIAL INFORMATION

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-7 MAY 2001

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Centre Number 	Subject Number 	Subject Initials 	Page
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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
	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Yr			
	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Yr			
	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Yr			
	<input type="text"/> / <input type="text"/> / <input type="text"/> Day Month Yr			Pass

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 inflows of left eye were noted, <sup>Worsen</sup> 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. <sup>Decrease</sup>

If applicable, was randomisation code broken at investigational site?

No  Yes

## VISION ABNORMAL

**Randomisation / Study Medication Number:**

17 Oct 11

**Investigator's Signature:**

(confirming that the above data are accurate and complete)

Page

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Please PRINT Name

1993-1994



GlaxoSmithKline

**FAX**

- 7 MAY 2001

**To** ADRAC

SmithKline Beecham (Australia)

Pty Ltd

ABN 73 008 399 415

300 Frankston Road

Private Mail Bag 34

Dandenong Vic 3175

Australia

**Company****Fax** 02 6232 8392**From** [REDACTED]

Tel: 613 9213 4444

**Tel** [REDACTED]

Fax 613 9706 5863

www.gsk.com

**E-mail****Date** 07-May-2001 **Pages including cover** 12**CC****Subject** Clinical Trial Serious Adverse Event (local ID#

2806 to 2810)

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*CT*  
*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

**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.