

36

The Business Manager  
Business Management Unit  
Therapeutic Goods Administration  
PO Box 100  
WODEN ACT 2606

10 June 2003

Our Ref : 43mf03



Dear Sir/Madam,

2003/259

**Clinical Trial Notification for Study: Seroquel (quetiapine fumarate)**

AstraZeneca Pty Ltd wish to provide notification of a new Phase III Clinical Trial entitled:

**A Pilot Study to Examine the Effectiveness, Safety and Tolerability of Quetiapine in the Treatment of Anorexia Nervosa (AN) in Young People**

**Protocol No.: AU-SEA-0002**

This is a randomised case-control study of quetiapine in young people with Anorexia Nervosa aged 15 – 24 years inclusive.

The study period consists of 12 weeks of active treatment with quetiapine versus treatment as usual (a combination of cognitive behavioural therapy, family and supportive therapy). There is a one year follow up period with a 6 month and 12 month assessment.

Patients will be started on quetiapine 25mg bd. The dose will be titrated by 25 mg/day steps up to 100 mg/day and then in 50mg/day steps to a maximum target dose of 400 mg to be attained by week 4 and maintained for at least the study period of 12 weeks.

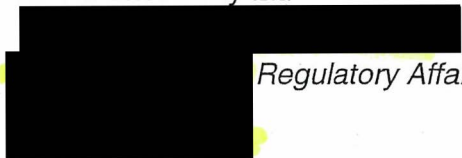
There is no use of comparators in this study.

This study has been approved by the North Western Mental Health Behavioural and Psychiatric Research and Ethics Committee and is to be conducted by Dr Andrew Court and Ms Claudia Mulder (Principal Investigators) at the Eating Disorders Clinic, ORYGEN Youth Health, Parkville, Vic.

This trial is expected to start after the 17<sup>th</sup> June 2003.

Please find enclosed a completed notification form for this site, together with a cheque for \$220.00 (cheque no. 232590) to cover the cost of processing. The protocol for this study is also attached.

Yours faithfully  
AstraZeneca Pty Ltd



*Regulatory Affairs Associate*

Enclosed:

- CTN form
- Cheque No. 232590
- Research Protocol

190

## CLINICAL TRIAL NOTIFICATION SCHEME

# Notification of Intent to Supply Unapproved Therapeutic Goods under the Clinical Trial Notification (CTN) Scheme

## Therapeutic Goods Act 1989

To be used for:

- initial notifications of clinical trials involving medicines and/or medical devices under the Clinical Trial Notification (CTN) Scheme; or
- notification of one or more additional sites for a Clinical Trial previously reported under the Clinical Trial Notification (CTN) Scheme

THIS IS THE FORM APPROVED BY THE SECRETARY OF THE DEPARTMENT OF  
HEALTH AND AGED CARE

On completion please send this form to the Therapeutic Goods Administration:

*Courier address*

The Business Manager  
Business Management Unit  
Therapeutic Goods Administration  
136 Narrabundah Lane  
Symonston ACT 2609  
Australia

or

*Postal address*

The Business Manager  
Business Management Unit  
Therapeutic Goods Administration  
PO Box 100  
Woden ACT 2606  
Australia

Cheques should be made payable to "Therapeutic Goods Administration"

### For Office Use Only

Total Fee Paid

\$

Receipt Number

TGAIN Number

179 621

Enterprise ID Code

RECEIVED TGA/FSG

Ent.....35

11 JUN 2003

A.M.

P.M.

B/D 13122575

REC 14-39781

\$ 220

CODE Form no. 2954 (0105)

189

## SECTION 1. TO BE COMPLETED BY THE SPONSOR OF THE TRIAL

### 1.1 Notification Type

Complete this section for all notifications. Select one box only. If multiple sites are being notified, complete a 'Trial Site Details' page for each site.

Initial notification of a single CTN site (new trial) ☐ Subsequent notification of a single additional CTN site ☐  
 Initial notification of multiple CTN sites (new trial) ☒ Subsequent notification of multiple additional CTN sites ☐

### 1.2 Use of Restricted Goods

Complete this section for all notifications of medicines only.

Does this trial involve the use of any medicine as an abortifacient or for "post-coital" or "emergency" contraception in women, or the use of a progesterone antagonist or a vaccine against human chorionic gonadotrophin for any purpose? Yes ☐ No ☒

### 1.3 Sponsor of the trial

Complete this section for all notifications. In cases where a trial is sponsored by an individual, that person's name may also be the enterprise business name. Business details can be provided to TGA via the Enterprise Details Form. If in doubt, contact the Experimental Drugs Section.

Sponsor name  
(Enterprise Business Name)

AstraZeneca Pty Ltd

Enterprise ID Code (If known)

39

### 1.4 Trial details

Protocol Number  
(Complete for all notifications;  
maximum of 20 characters)

AU-SEA-0002

If adding a site, Clinical Trial Number  
(assigned by TGA; see  
acknowledgment letter for  
previously notified sites.  
Leave blank if unsure)

### Title of study

Complete for all notifications. Maximum of 255 characters. Title should indicate the aim of the trial and give a broad description of the trial. Include, for example: phase, indication(s) being treated, main medicines and comparators, use of placebo-control, focus of the study, patient population and any other significant or novel aspects. "A Trial of X" is not adequate. Similar detail is required for device trials.

A Pilot Study to Examine the Effectiveness, Safety and Tolerability of Quetiapine in the Treatment of  
Anorexia Nervosa (AN) in Young People

### Trial Type

Complete for initial notification only of trials involving the use of medicines; tick relevant box(es) or otherwise describe.

Phase 1 ☐ Phase 2 ☐ Phase 3 ☒ Phase 4 ☐ Bioavailability/bioequivalence ☐

Describe if  
necessary

**This trial**

Complete for initial notification only; tick only those boxes which are applicable. Note: For the purpose of this document, gene therapy includes related therapies that overlap with the traditional concept of gene therapy by virtue of the fact that they introduce DNA into somatic cells. For example, modifications to immunisation strategies in which DNA, rather than protein, is used to generate an immune response for the purposes of prevention or treatment of chronic viral infection or as part of cancer treatment would be considered a related therapy.

involves the use of a medicine ☒ involves the use of a device ☐  
 is placebo controlled ☐ Is comparator controlled ☐  
 is also being conducted in other countries ☐ involves gene therapy ☐

**Expected trial start date**  
 (Complete for initial notification)

17/06/2005  
~~22/04/2003~~

**Expected trial completion date**  
 (Complete for all notifications)

30/06/2005  
~~29/08/2003~~

**Medicine details**

Complete for all notifications of clinical trials involving medicines. Do not use for clinical trials involving the use of devices only. List the therapeutically active components in formulations being used in the trial. All medicines being trialed should be listed, including comparators. The form has space for three medicines. For more than four, attach details of additional medicines in the same format. For the Active Name, enter the active ingredient name using where possible, the Australian Approved Name (AAN). If no AAN, BAN or USAN has been assigned, a code name (see below) or chemical name must be given. For the Code Name, enter code name/s used currently or previously to identify the drug. For the Dosage Form, enter a primary descriptor for dosage form (eg. tablet, injection) and include a secondary descriptor (eg. sustained release, microsphere emulsion) where necessary, particularly if a new dosage form is the focus of the trial.

1	Active name	Quetiapine Fumarate			
	Trade name	Seroquel	Code name		
	Dosage form	Tablet	Strength	25mg	Biological origin N/A
2	Active name	Quetiapine Fumarate			
	Trade name	Seroquel	Code name		
	Dosage form	Tablet	Strength	100mg	Biological origin N/A
3	Active name	Quetiapine Fumarate			
	Trade name	Seroquel	Code name		
	Dosage form	Tablet	Strength	200mg	Biological origin N/A
4	Active name				
	Trade name		Code name		
	Dosage form		Strength		Biological origin



### 1.6 Sponsor certification

Complete this section last for all notifications. In the Name field, print the name of the person signing the form on behalf of the company, organisation, institution, body or individual sponsoring the trial. (Do not enter a company or organisation name here - the entity name appears in Section 1.3) In the Position field, state the person's position within, or relationship to, the entity sponsoring the trial.

I, the undersigned, certify:

- all details contained in this form are true and accurate, and all required information and signatures have been included;
- all Human Research Ethics Committee conditions of approval have been or will be met;
- the sponsor of the trial named in section 1.3 of this form is taking overall responsibility for the conduct of the trial;
- the investigator(s) has/have training and experience relevant to the conduct of this trial;
- the participating institution has resources adequate for the proper conduct of the trial;
- the sponsor of the trial has received an undertaking from the investigator(s) to conduct the trial in accordance with Good Clinical Practice Guidelines and the National Statement of Ethical Conduct in Research Involving Humans;
- the sponsor agrees to report all serious and/or unexpected adverse reactions to the Therapeutic Goods Administration;
- the sponsor of the trial undertakes to cooperate with and make all records available to the Therapeutic Goods Administration in the event of an inquiry or audit of this clinical trial; and
- the sponsor accepts that information concerning the use of unregistered therapeutic goods may be released to State and Territory regulatory authorities.

Name (Print)

Position

Regulatory Affairs  
Associate

Signature

  
10 / 06 / 2003

Phone

Fax

## SECTION 2. TO BE COMPLETED BY THE PRINCIPAL INVESTIGATOR

*The principal investigator is the person responsible for the conduct of the clinical trial at a trial site. In the case of a trial being conducted by a team of individuals at the site, the principal investigator is the responsible leader of the team.*

### Principal investigator certification

I, the undersigned:

- am the principal investigator at the site shown in section 1.5 of this form;
- agree to personally supervise the clinical trial at this site in accordance with the relevant current protocol(s) and will only make changes in a protocol after approval by the sponsor;
- have received and read the trial protocol and other relevant information;
- have met or will meet all Human Research Ethics Committee conditions of approval for this trial;
- acknowledge my obligations with respect to monitoring patient safety, record management and reporting requirements for adverse events;
- agree to ensure that all associates, colleagues and employees assisting in the conduct of the trial are informed of their obligations in meeting the above requirements;
- agree to promptly report to the Human Research Ethics Committee all unanticipated problems and will not make any changes to the trial without Human Research Ethics Committee and sponsor approval, except where necessary to eliminate apparent immediate hazards to subject safety;
- undertake to cooperate with and make all records available to the Therapeutic Goods Administration in the event of an inquiry or audit of this clinical trial; and
- accept that information concerning the use of unregistered therapeutic goods may be released to State and Territory regulatory authorities.

Name (Print)

Phone

Signature

Fax

### SECTION 3. TO BE COMPLETED BY THE HUMAN RESEARCH ETHICS COMMITTEE RESPONSIBLE FOR MONITORING THE TRIAL

This section must be completed by a Human Research Ethics Committee (HREC) that satisfies the following definition of an ethics committee, as set out in the Therapeutic Goods Act 1989, otherwise the notification is invalid:

A committee constituted and operating in accordance with guidelines issued by the National Health and Medical Research Council as in force from time to time and which has notified its existence to the Australian Health Ethics Committee.

HREC certification should not be given until all conditions of approval of the protocol by that HREC have been met. Wherever possible, the certification should be completed by the Chair or Deputy Chair of the Human Research Ethics Committee. Guidelines for the approval of clinical trials by HRECs are located at Chapter 12, The National Statement on Ethical Conduct in Research Involving Humans, 1999 and in the TGA publication 'HRECs and the Therapeutic Goods Legislation'.

For trials of gene therapy and related therapies, the proposal must be approved by all relevant bodies as per the NHMRC Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies.

HREC name	North/Western Mental Health Behavioural & Psychiatric Research Ethics C'ttee		
HREC address	176 Furlong Road (YO SUNSHINE HOSPITAL)		
	ST AUBANS VIC	Postcode	3021

Protocol Number approved by HREC

Does the trial for which approval is being given involve the use of gene therapy or a related therapy? (See NHMRC Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies)

Yes ☐ No ☒

If the trial involves gene therapy or a related therapy, has the Gene and Related Therapies Research Advisory Panel (GTRAP) agreed that the trial can be conducted under the CTN Scheme?

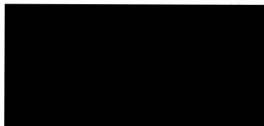
Yes ☐ No ☒

#### Human Research Ethics Committee Certification

I, the undersigned, certify:

- I am a member of the above named Human Research Ethics Committee;
- the above named Human Research Ethics Committee is a properly constituted ethics committee and operates in accordance with the National Statement on Ethical Research Involving Humans and has notified its existence to the Australian Health Ethics Committee;
- the above named Human Research Ethics Committee, having regard to the guidance provided by the *National Statement on Ethical Conduct in Research Involving Humans* and, where applicable, the *Guidelines for Ethical Review of Research Proposals for Human Somatic Cell Gene Therapy and Related Therapies*, has approved the clinical trial protocol identified above and has assumed responsibility for monitoring the conduct of the trial; and
- the above named Human Research Ethics Committee agrees to cooperate with and make all records available to the Therapeutic Goods Administration in the event of an inquiry or audit of this clinical trial.

Name (Print)		
Signature		715103

Position	Chair person.
Phone	
Fax	

## SECTION 4. TO BE COMPLETED BY THE AUTHORITY APPROVING THE CONDUCT OF THE TRIAL

Complete for all notifications. In cases where the Human Research Ethics Committee or Approving Authority for more than one site is the same, it is still necessary to submit a Trial Site Details Page for **each** site. The bodies approving the conduct of the trial at each site need to be declared individually. This requirement also still applies in cases where, for example, an Area Health Service or Hospitals Group may encompass several different institutions.



The Approving Authority must appoint a person to be responsible for giving approval on its behalf. The terms of approval for the conduct of the trial must be consistent with the Human Research Ethics Committee's (HREC) recommendations and these terms must be no less restrictive than the HREC advice.


Approving Authority name	North Western Mental Health	
Address	7th Floor / Charles Connibere Building	
	Royal Melbourne Hospital VIC	Postcode 3050

### Approving Authority Certification

I, the undersigned

- am authorised to represent the body, organisation or institution at which the above mentioned clinical trial will be conducted and, having regard to the advice and approval of the trial protocol by the Human Research Ethics Committee responsible for monitoring the trial at this site, give approval for this trial to proceed;
- undertake that the use of the drug will comply with all relevant Commonwealth and State or Territory legislation; and
- undertake to cooperate with and make all records available to the Therapeutic Goods Administration in the event of an inquiry or audit of this clinical trial.

Name (Print)	
Signature	 28 14 103

Position	Clinical Director
Phone	
Fax	