**PROTOCOL TEMPLATE: TREATMENT PLAN for a SINGLE PATIENT EXPANDED ACCESS OF AN INVESTIGATIONAL NEW DRUG (IND)**

This template can be modified to accommodate a variety of single-subject treatment plans. Sections that are not applicable can be deleted. Delete the sections in blue and save the final document with all “track changes” accepted before submission.

|  |  |
| --- | --- |
| Title | Single subject IND for an indication using drug |
| Drug or Biologic Name | Indicate drug or biologic name |
| FDA IND | Include IND# or indicate Pending |
| Regulatory Sponsor | Sponsor Name: Contact Information |
| eIRB Number | Include ID# or Pending |
| Protocol Date |  |

**PATIENT CLINICAL INFORMATION**

**Brief Clinical History**

Clinical diagnosis, age, gender, weight, allergies.

Clinical course of patient

* Prior therapy
* Response to prior therapy
* Confirmation that patient has relapsed, or is refractory to therapy, and a description defining how therapeutic options have been exhausted.

**Investigational Product Information (Drug or Biologic)**

* Drug or Biologic Manufacturer or Supplier

**Description:**

A description of the study drug or biologic should be included here. The formulation and route of administration should be provided in the narrative.

NOTE: If the drug or biologic is an investigational drug or biologic that is not lawfully marketed within the U.S.: Make sure to obtain the **Certificate of Analysis** (CoA) for each lot provided by the drug provider, attach copy(ies) of the CoA(s) to the IND submission as an appendix (generally, the CoA is not available at the time of single subject IND submission, but is required for patient drug/biologic administration). Maintain copy(ies) of the CoAs in the patient file.

**Rationale for Proposed Treatment:**

Provide a narrative for the rationale of using this drug or biologic in this particular patient (eg, describe mechanism of action of drug and how this patient would potentially be amenable to drug, or describe genetic pathway targeted by drug), including a risk/benefit assessment. If there are literature citations (based on pre-clinical or clinical data), provide 1-3 key references for the drug use rationale, and cite these at end of the protocol (see Reference section, below).

**Dosing Regimen:**

List the dose(s) to be used for treatment, along with the routes (IV, po, NG, etc), formulation (powder, liquid, tablet, capsule) and the schedule of administration.

* Consider adding language that allows for an increase of the dose if inadequate efficacy results and no limiting toxicities occur
* Consider adding language to decrease the dose if certain toxicities occur, for example, if a serious or life-threatening adverse event should occur.
* Consider adding language for permanently discontinuing drug in the event of certain adverse events, for example, life-threatening allergic reaction.

**Expected Duration of Study**

Specify the expected duration of treatment, for example, 7 days, one month, 1 year, or longer, as applicable. In the event that that the drug may be given indefinitely, the discussion would state something to the effect that the drug will be provided as long as there is sufficient efficacy without dose-limiting toxicity. Potential language includes:

Treatment with the investigational product will continue until:

* Lack of clinical benefit
* Unacceptable toxicity
* Withdrawal of consent
* Patient or physician decision to discontinue treatment
* Death
* Investigational product becomes commercially available in the United States following approval of drug for the indication of \_\_\_ by the U.S. Food and Drug Administration (FDA).

# Consenting and Treatment Compliance

The investigator will obtain consent and/or assent before initiating treatment, conduct the study in accordance with the treatment plan, and will report unanticipated problems involving risks to subjects or others in accordance with The Children’s Hospital of Philadelphia IRB Policies and Procedures and all federal requirements. Note that a study physician needs to be available to explain the medical aspects of the research, risks and benefits of the intervention, and answer questions during the consenting process. Collection, recording and reporting of data will be accurate and ensure the privacy, health and welfare of the subject during and after treatment.

**Treatment Monitoring**

Add language such as: “The sponsor and investigative team will ensure that the patient receives study drug/biologic according to the dosing plan. Any changes to the dosing plan will be reported to the IRB and FDA, as required.” Also, eg, “The patient’s progress will be monitored regularly according to clinical care guidelines, as applicable for the study drug/biologic. Note: For certain single subject INDs, the drug provider requests a visit schedule (see appendix for an example) to be followed in order for the subject to receive drug/biologic. In these cases, the drug provider typically pays for research-only tests. Certain research only tests will be paid for by the drug manufacturer, CHOP, or as applicable.

**Adverse Event Reporting**

Adverse events that are non-serious will be reported in the Annual Report or Withdrawal of IND report to the FDA, and in the Continuing Review to the IRB. Serious or life-threatening adverse events directly attributable to the study product will be reported to the FDA and IRB in a prompt manner, based on IRB SOP 408. In general, a serious adverse event (SAE) will meet any of the following conditions:

1. results in death;
2. is life-threatening (places the subject at immediate risk of death from the event as it occurred);
3. requires inpatient hospitalization or prolongation of existing hospitalization; (hospitalization for a protocol-specified activity or for an elective, pre-planned procedure is not considered an SAE.)
4. results in persistent or significant disability/incapacity;
5. results in a congenital anomaly or a birth defect; or
6. based upon appropriate medical judgment, may jeopardize the subject’s health and may require medical or surgical intervention to prevent one of the other outcomes listed in this definition (examples of such events include allergic bronchospasm requiring intensive treatment in the emergency room or at home, blood dyscrasias or convulsions that do not result in inpatient hospitalization, or the development of drug dependency or drug abuse).

SAE reporting will be based on whether the SAE is possibly, probably or definitely related to the drug/biologic administration. Abnormal laboratory values will be reported if associated with a clinical abnormality.

**Drug/Biologic Accountability:**

Ensure that there is an adequate plan to capture and maintain records of the receipt, storage and dispensing of drug/biologic. For example: “Adequate records of study drug receipt and disposition will be maintained by the CHOP Pharmacy. Records of receipts, investigational drug orders, dispensing records, and disposition forms will be examined during the course of the study. The purpose of these records is to ensure regulatory authorities and the Sponsor that the investigational new drug will not be distributed to any person who is not a study subject under the terms and conditions set forth in this protocol. The study medication is to be prescribed by the Investigator or designee and may not be used for any purpose other than that described in this protocol.”

Furthermore, make sure that there is an adequate methodology for confirming that the subject is being administered the drug/biologic according to the treatment plan. This may involve study drug diaries, and/or pill/capsule counts at follow-up visits. At study completion, all drug supplies including partially used and empty containers must be disposed, or returned to the provider or designee.

**References**

Append relevant references to the appendix, especially ones regarding the potential benefit of the treatment outlined in this treatment plan.

**LETTER OF AUTHORIZATION (LOA) TEMPLATE**

Provided by the Drug or Biologic Manufacturer to Document the Manufacturer’s Authorization Allowing the FDA to Review the Manufacturer’s Master Drug File

in Support of this Single Subject IND

[DATE]

[FDA ADDRESSEE]

Re: Letter of Authorization to Cross Reference to IND [INSERT DRUG NAME AND IND NUMBER]

Dear [NAME OF ADDRESSEE]:

This letter of authorization (LOA) authorizes [INSERT PHYSICIAN SPONSOR’S NAME] to reference and rely on [INSERT COMPANY’S NAME] IND [INSERT IND NUMBER] in connection with [INSERT PHYSICIAN SPONSOR’S NAME] individual patient expanded access IND [INSERT RELEVANT INFORMATION DESCRIBING PHYSICIAN SPONSOR’S IND].

FDA is authorized to refer to [INSERT COMPANY’S NAME] IND [INSERT IND NUMBER] for the purpose of FDA’s review of the IND submitted by [INSERT PHYSICIAN SPONSOR’S NAME] and described above.

As indicated by my signature below, I am authorized to provide this LOA on behalf of [INSERT COMPANY NAME], and my full name, title, address, email address, telephone number, and facsimile number are set out below for verification.

If you have any questions, please contact me at [INSERT TELEPHONE NUMBER].

Sincerely,

[INSERT SIGNATURE OF RESPONSIBLE OFFICIAL]
[INSERT NAME OF RESPONSIBLE OFFICIAL]
[INSERT RESPONSIBLE OFFICIAL’S TITLE]
[INSERT RESPONSIBLE OFFICIAL’S FAX NUMBER]
[INSERT RESPONSIBLE OFFICIAL’S E-MAIL ADDRESS]

**PHYSICIAN QUALIFICATION STATEMENT\***

\*Physicians can append his/her complete curriculum vitae (CV) or NIH Biosketch in this section.

**OR:**

**Medical School Attended:**

**Year of Graduation:**

**Medical Specialties:**

**PA Medical License Number:**

**CHOP Department Designation:**

**Job Title:**

# APPENDICES

# CV or Biosketch of Sponsor/Investigator

# Product Package Insert (If a legally marketed drug, from search of “FDA Drug Label”)

# Investigator’s Brochure (from Drug Manufacturer)

# Certificate of Analysis (Copies of all Certificates of Analysis from the manufacturer of investigational drugs/biologics administered to a patient must be maintained in the patient file)

# Note:

# The following documents should be included in the FDA submission:

# Cover Letter (Time-frame: Important to indicate if need to treat in < 30 days)

# FDA Form 3926

# Treatment Plan

# Investigator’s Brochure (if applicable)

# Letter of Authorization

# CV or Biosketch of Sponsor/Investigator

# Draft Informed Consent Form (using CHOP IRB template)

# The following documents should be included in the IRB submission:

# FDA Form 3926

# Treatment Plan

# Investigator’s Brochure (if applicable)

# Letter of Authorization

# Draft Informed Consent Form (using CHOP IRB template)

# FDA Approval Letter\*

# \*May be provided to IRB in subsequent submission once FDA approval provided

# INVESTIGATIONAL TREATMENT PLAN SCHEDULE

# (To be employed only if mandated by the drug manufacturer, for a prescribed visit schedule)

# Study Treatment Plan

General overview of this phase (if mandated by drug/biologic manufacturer).

# Visit 1

Detailed description of study visit including all procedures. This is usually included as a simple bullet list of all of the interventions, monitoring procedures and measurements that will take place. The study coordinator should be able to quickly review the list of procedures at each visit in order to correctly execute the study.

* Physical Exam
* Vital Signs
* Laboratory tests
* Dispense study drug
* Assess possible adverse events
* Medical Record Review

# Visit 2

Detailed description of study visit including all procedures.

* Physical Exam
* Vital Signs
* Laboratory tests
* Collect unused study drug
* Dispense study drug
* Assess possible adverse events
* Medical Record Review

**Visits 3, 4, 5, 6, etc.**

Detailed description of study visit including all procedures – listed like above examples.