

## **Annual Safety report CLASSIC trial**

| EudraCT number                  | 2018-000404-42                                 |
|---------------------------------|--|
| Clinical Trial Title            | The Conservative vs. Liberal Approach to fluid |
|                                 | therapy of Septic Shock in                     |
|                                 | Intensive Care (CLASSIC) trial                 |
| Sponsor                         | Anders Perner, Professor, PhD                  |
| Designated reporter             | Tine Sylvest Meyhoff, MD, PhD-student          |
| Medicines Agency journal number | 2018020596                                     |
| Ethics Committees case number   | H-18006255                                     |
| Date of initial authorization   | March 20 <sup>th</sup> 2018                    |

Period of reporting: April 2<sup>nd</sup> 2019 to March 10<sup>th</sup> 2020

(Initiation of trial: November 27th 2018)

SAR in the period of reporting: 602 included patients. Number of SARs: 55.

Number of patients with SARs: 27.

SUSAR in the period of reporting: 602 included patients, 0 SUSAR.

## Conclusions on observed SAR/SUSAR:

Number of patients with one or more of the following SARs:

| Tonic-clonic seizures:          | 5  |
|---------------------------------|----|
| Severe hypernatremia:           | 8  |
| Severe hyperchloremic acidosis: | 13 |
| Anaphylactic reaction           | 1  |
| Central pontine myelinolysis    | 0  |
| Severe metabolic alkalosis      | 2  |

SAR to IV crystalloids are documented each day for all patients without clinicians decisions on a causal relationship between the IV fluids given administered and SARs observed.

## Benefit-risk evaluation:

Based on the above reported, the risk and benefits for the patients are considered unchanged.

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## Implication for the clinical trial population:

Change in / amendment to protocol ☐ yes

Change in study procedures ☐ yes

Change in patient information ☐ yes

Change in informed consent form ☐ yes

X no

X no

Date: 30-03-2020

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