

# **Annual Safety report GODIF trial**

EudraCT number	2019-004292-40	
Clinical Trial Title	Goal directed fluid removal with furosemide in intensive care patients with fluid overload – A randomised, blinded, placebo-controlled trial (GODIF).	
Sponsor	Morten Bestle	
Designated reporter	Sine Wichmann	
Danish Medicines Agency Journal Number	2019121067	
Ethics Committees case number	H-19080597	
Date of initial authorisation	February 29 <sup>th</sup> 2020	

Period of reporting: August 17<sup>th</sup>, 2020 to December 31<sup>st</sup>, 2020.

(Initiation of trial: August 17th, 2020)

SAR in the period of reporting: 35 included patients. Number of SARs: 8

Number of patients with SARs: 3

SUSAR in the period of reporting: 35 included patients, 0 SUSAR.

## Conclusions on observed SAR/SUSAR:

#### Number of patients with one or more of the following SARS:

- 2 Severe electrolyte disturbance (p-K < 2.5 mmol/L, p-Na < 120 mmol/L, p-Cl < 90 mmol/L)
- 0 Aplastic anaemia
- 0 Agranulocytosis
- 0 Pancreatitis
- 1 Circulatory collapse leading to cardiac arrest
- O Seizures because of furosemide induced low calcium or magnesium
- 0 Steven Johnsons syndrome
- 0 Toxic epidermal necrolysis
- 0 Hearing impairment/loss
- 0 Anaphylaxis

One patient experienced shortly circulatory collapse leading to cardiac arrest in a situation with serous gastrointestinal bleeding. The patient was shortly stabilised with adequate treatment. The trial drug was paused but days later restarted with no further events.

SAR to trial drug (furosemide/placebo) are documented each day for all patients without clinicians' decisions on a causal relationship between trial drug and SARs observed.



## Benefit-risk evaluation:

The reported cases did not give rise to any new safety concerns as all patients are closely monitored in the Intensive Care department. Risk and benefits for the patients are considered unchanged.

## Implication for the clinical trial population:

Change in /amendment to protocol	☐ YES	$\boxtimes$ NO
Change in study procedures	☐ YES	$\boxtimes$ NO
Change in patient information	☐ YES	$\boxtimes$ NO
Change in informed consent form	☐ YES	⊠ NO

Date:

2/1-2021

Signature:

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