GREAT-2
GRemubamab ErAdication Trial

IMP/Placebo Prescribing and Administration

Clinical Trial Request Form – to be completed by Research Nurse

- Person randomising participant – unblinded – will print Clinical Trial Request Form, see GREAT-2 Training Presentation 3 Randomisation

- Clinical Trial Request Form details:
  - Participant ID
  - Participant date of birth
  - Visit number
  - Visit date
  - Randomisation arm - Gremubamab 1500mg / Gremubamab 500mg / Placebo
  - Total volume to be infused – 250ml
  - Rate of infusion – 62.5 ml/hr (4 hours)
  - Number of Gremubamab/placebo vials required
  - Amount of Saline 0.9%
  - Amount of water for injection required
  - Allocated pack ID numbers

- Details to be added:
  - Participant's name
  - CHI/hospital number
  - Research nurse & doctor signature

Example Clinical Trial Request Form

- To be reviewed and signed by a doctor delegated this task on the Delegation Log
- This must be an unblinded doctor and cannot be the PI
- Take to Clinical Trial Pharmacy as per local policy

GREAT-2
GRemubamab ErAdication Trial

GREAT-2: A phase 2 trial of Gremubamab compared to placebo in participants with bronchiectasis and chronic Pseudomonas aeruginosa infection

CLINICAL TRIAL REQUEST FORM FOR PHARMACY

EudraCT	**2022-003215-28**	Sponsor	**University of Dundee and NHS Tayside**
CTA		Protocol No.	**1-023-22**
IRAS	**1005993**	Local CTP ID	

Chief Investigator	**Prof James Chalmers**	Tel No	**01382 386131**
Principal Investigator	**Prof James Chalmers**	Tel No	**01382 386131**

Participant ID:	**0110**		
Participant Name:			
Date of Birth:	**21/08/2023**	Hospital Number/CHI:	
Visit Number:	**2**	Visit Date:	**04/04/2023**

Randomised to	**Gremubamab 1500mg**
Total volume to be infused	**250 ml**
Rate of infusion	**62.5 ml/hour**
Please Supply	
Sodium chloride 0.9% (250ml/500ml)	**1 bag**
Gremubamab 200mg/Placebo 4ml	**8 vials**
Water for injection	**40 ml**

Please Supply	**Gremubamab 1500mg/Gremubamab 500mg/Placebo**					
Dose	**200mg for Gremubamab per pack/4ml for Placebo per pack**					
Pack ID						
0103	**0104**	**0106**	**0107**	**0109**	**0110**	**0112**
0113						

Investigator's or delegate's Signature:		Date:
Research Nurse's Signature:		Date:

FOR TRuST Validation:			
Barcodes			
0103	**0104**	**0106**	**0107**
0109	**0110**	**0112**	**0113**

Antihistamine

- IV antihistamine should be administered **prior** to the Gremubamab/placebo infusion following local procedures.
- For example, 10 mg chlorpheniramine IV, 50 mg diphenhydramine IV, clemastine 2 mg IV, or dexchlorpheniramine 5 mg IV (or another antihistamine preparation utilised in routine clinical practice for management of acute allergic reactions).
- Where a participant is already taking antihistamines then the pre-dose antihistamine should not be given.
- Antihistamine should be prescribed and dispensed by local pharmacy as per local practice.
- A record of the administration of the antihistamine must be documented in the participant's medical notes

Clinical Trial Release Form – page 2

GREAT-2: A phase 2 trial of Gremubamab compared to placebo in participants with bronchiectasis and chronic Pseudomonas aeruginosa infection

This sheet ONLY to be given with IMP infusion to blinded Research Nurse

EudraCT	**2022-003215-28**	Sponsor	**University of Dundee and NHS Tayside**
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Participant ID:	**0110**		
Participant Name:			
Date of Birth:	**21/08/2023**	Hospital Number/CHI:	
Visit Number:	**2**	Visit Date:	**04/04/2023**

Randomised to	**Gremubamab 1500mg or Gremubamab 500 mg or placebo**
Total volume to be infused	**250 ml**
Rate of infusion	**62.5 ml/hour**
Infusion made up by (signature)	
Date	
Time	
Print name	
Checked by (signature)	
Print name	
Infusion given by (signature)	
Date	
Start time	
Print name	
Checked by (signature)	
Print name	

- Clinical Trial pharmacy will prepare the trial medication infusion and dispense along with a Clinical Trial Release Form.
- Only page 2 of the Clinical Trial Release form should be given to the blinded team member.
- The blinded person giving the infusion to the participant must sign, date and document the start time of the infusion.
- This information must be checked & signed by another team member (orange bracket)
- After the treatment has been completed, the signed infusion sheet must be filed in the site file as a record of infusion administration

Expiry of prepared dose

- Total in-use storage time from needle puncture of the first vial of Gremubamab or placebo for investigational product preparation to start of administration should not exceed 4 hours at room temperature or 24 hours at 2^{o}C to 8^{o}C.
- Time of infusion preparation is documented on the Clinical Trial Release Form
- If storage time exceeds these limits, a new dose must be prepared from new vials and the TM must be notified immediately.
- Any unused portion must be discarded.

IMP/Placebo Administration

- IV infusion over 4 hours – 62.5 ml/hour or slower
- The duration of the infusion must not exceed 8 hours.
- An IV infusion pump must be used
- All participants in all 3 dose arm must receive the entire 250 mL volume of Gremubamab/placebo IV unless the infusion is discontinued due to an AE.
- A low protein binding 0.2 µm or 0.22 µm filter must be used
- Must never be administered via IV push or bolus.
- IV tubing should be primed with Gremubamab/placebo from the infusion bag before initiating infusion.
- On completion, IV tubing should be flushed with 0.9% normal saline via infusion pump at the same rate as dosing.
- The start time of the infusion will be the time the infusion of the Gremubamab/placebo solution from the infusion bag (with IV tubing already primed with Gremubamab/placebo solution) is started.
- The stop time of the infusion should be the time the IV tubing has been flushed to administer the residual Gremubamab/placebo solution.

Safety Monitoring

- BP, P, Temp & O_2 sats, recorded before infusion and at 5, 30, 60, 120 and 240 mins after the start of the infusion and 30 minutes after end of infusion.
  - Record in medical record
  - Not entered in eCRF

- Site must have drugs/equipment to treat acute anaphylactic reactions plus staff trained to recognise and treat anaphylaxis.

- Allergic reaction grade: Assessed using Common Terminology Criteria for Adverse Events
  - Grade 1 Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
  - Grade 2 Moderate; minimal, local or non-invasive intervention indicated; limiting age appropriate instrumental activities of daily living.
  - Grade 3 Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care activities of daily living.
  - Grade 4 Life-threatening consequences; urgent intervention indicated.
  - Grade 5 Death related to AE.

Treatment of Allergic Reaction

- Non-severe allergic reaction (grade 1 or 2) as determined by the local PI (or delegate);
  - Reduce infusion rate
  - Initiate treatment as appropriate
  - Continuation of further doses of Gremubamab/placebo will be decided by the PI in discussion with the participant.
  - Complete adverse event form

- Allergic reaction ≥ grade 3, including anaphylaxis, assessed as related to the trial:
  - Stop infusion immediately
  - Initiate treatment as appropriate
  - Withdrawn from further Gremubamab/placebo treatments.
  - Complete adverse event form

Documenting infusion administration

- Details of the infusion administration must be entered in the participant's medical notes
- Also recorded in eCRF