

## Assessment report Part II – DENMARK

**1) ADMINISTRATIVE INFORMATION**

CT number	2023-509703-33-00
Member State Concerned	Denmark
Title of the study	Empirical Meropenem versus Piperacillin/Tazobactam for Adult Patients with Sepsis (EMPRESS) trial
Name of sponsors	Rigshospitalet
IMPs (repeat for PR1, PR2.....)	Substance (name/ code): PIPERACILLIN SODIUM, TAZOBACTAM SODIUM, PIPERACILLIN, TAZOBACTAM, PIPERACILLIN MONOHYDRATE/SUB03840MIG, SUB04682MIG, SUB09867MIG, SUB10849MIG, SUB237761, , MEROPENEM TRIHYDRATE/SUB21617, Marketing authorisation status (MA number, MS where authorised etc): 40178/DK, 45320/DK Modified in relation to MA:

Has Part I been submitted prior to the submission of Part II?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>If Yes</i>	
Is there already a conclusion on part I?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the CT already approved in any member state?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**2) GENERAL INFORMATION**

Is the CT a low-interventional trial <sup>1</sup> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First in man <input type="checkbox"/> , Phase I <input type="checkbox"/> , II <input type="checkbox"/> , III <input type="checkbox"/> , IV <input checked="" type="checkbox"/> , NA <input type="checkbox"/>	
Is the CT a cluster trial <sup>2</sup> ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the CT intended to be performed in more than one member state?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the CT involve more than one site in the concerned member states?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the CT include healthy volunteers?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the CT include female?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
male?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Age group	
Adults (18-64 years)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Elderly (>= 65 years)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If < 18 years:	
In Utero	Yes <input type="checkbox"/> No <input type="checkbox"/>

<sup>1</sup> If yes – other demands for damage compensation, cfr. Art. 76

<sup>2</sup> If yes – other demands for informed consent, cfr. Art. 30

Preterm Newborn Infants (up to gestational age < 37 weeks)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Newborns (0-27 days)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Infants and toddlers (28 days - 23 months)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children (2-11 years)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adolescents (12-17 years)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the CT include vulnerable persons?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>If yes</i>	
Minors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incapacitated subjects	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Pregnant women	Yes <input type="checkbox"/> No <input type="checkbox"/>
Breastfeeding women	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subjects in emergency situations	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other groups	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes specify: .....	
Are there study-specific procedures and/or interventions beyond the drug application?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>If yes</i>	
Specify: Questionnaires. No biological material is collected for the trial.	

**3) INFORMED CONSENT FORMS**

***L1\_ICF\_Participant EMPRESS 2023-509703-33-00***

Date/version of Informed Consent Form	V2, 01-03-2024 CTIS System version 2 Submission date 01-03-2024
Does the Informed Consent Form contain the correct title of the CT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the Informed Consent Form contain placeholder for the dated signature of the person performing the interview?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does this placeholder indicate the qualification of the person performing the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the Informed Consent Form contain a placeholder for:	
The dated signature of the subject?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
The dated signature of legally designated representative?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Does the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the subject or the legally designated representative declare that the information is understood?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Comment:** The date on the informed consent form for participants must be corrected to 01-03-2024 before handing the form out to participants. This can be done as a non-substantial medication. The updated form must be submitted with the next substantial modification.

### Conclusion

The Inform Consent Form fulfils the conditions in art. 29, 1.

#### ***L1\_ICF\_Relative EMPRESS 2023-509703-33-00***

Date/version of Informed Consent Form	V1, 29-02-2024 CTIS System version 1 Submission date 01-03-2024
Does the Informed Consent Form contain the correct title of the CT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the Informed Consent Form contain placeholder for the dated signature of the person performing the interview?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does this placeholder indicate the qualification of the person performing the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the Informed Consent Form contain a placeholder for:	
The dated signature of the subject?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
The dated signature of legally designated representative?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the subject or the legally designated representative declare that the information is understood?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Conclusion

The Inform Consent Form fulfils the conditions in art. 29, 1.

#### ***L1\_ICF\_Relative EMPRESS 2023-509703-33-00***

Date/version of Informed Consent Form	V1, 29-02-2024 CTIS System version 1 Submission date 01-03-2024
Does the Informed Consent Form contain the correct title of the CT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the Informed Consent Form contain placeholder for the dated signature of the person performing the interview?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does this placeholder indicate the qualification of the person performing the interview?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the Informed Consent Form contain a placeholder for:	
The dated signature of the subject?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
The dated signature of legally designated representative?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the subject or the legally designated representative confirm whether a copy of the Informed Consent Form (or the record) has been retained?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>

Does the subject or the legally designated representative declare that the information is understood?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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### Conclusion

The Inform Consent Form fulfils the conditions in art. 29, 1.

### 4) WRITTEN INFORMATION

Is the Information sheet sufficiently comprehensive, concise, clear, relevant, and understandable to a layperson?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet describe adequately nature, objectives, benefits, implications, risks, and inconveniences, of the clinical trial?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet adequately describe the subject's rights and guarantees regarding his or her protection, in particular his or her right to refuse to participate and the right to withdraw from the clinical trial at any time without any resulting detriment and without having to provide any justification?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet adequately explain that withdrawal of the informed consent will not affect the results of activities already carried out and the use of data obtained, based on informed consent, before its withdrawal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet adequately describe the conditions under which the clinical trial is to be conducted, including the expected duration of the subject's participation in the clinical trial?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet adequately describe:		
The possible treatment alternatives?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The follow-up measures if the participation of the subject in the clinical trial is discontinued?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Post trial treatment options?	Yes <input type="checkbox"/>	No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the information sheet provide information about the damage compensation according to national law of concerned member state	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet provide:		
The EU trial number?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Information about the availability of the clinical trial results (that the summary of the results of the clinical trial and a summary presented in terms understandable to a layperson will be made available in the EU database)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet provide adequate information about planned personal data collection and processing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the information sheet provide adequate information about planned collection, storage and future use of biological samples?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

In the case of a trial with minors:

Is there Informed Consent documents adequately paying attentions to the information needs of these subjects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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In the case of a trial with incapacitated subjects:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there Informed Consent documents adequately paying attentions to the information needs of these subjects?	
In the case of a trial in an emergency situation:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there Informed Consent documents to obtain consent from the subject and/or legally designated representative to continue the participation of the subject in the CT after the intervention?	

## Conclusion

The written information fulfils the conditions in art. 28 and 29.

## 5) PROTECTION OF PERSONAL DATA

Has a statement been submitted by the sponsor or his or her representative that data will be collected and processed in compliance with Regulation (EC) No 45/2001 and <b>national data protection legislation</b> implementing Regulation (EU) 2016/679, respectively?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Will the subject (or his or her legally designated representative) be asked to consent to the use of his or her data and/or biological samples outside the protocol of the clinical trial for other scientific purposes?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>If Yes</i>	
Will the subject be informed that this consent may be withdrawn at any time by the subject or his or her legally designated representative?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 6) COMPENSATION

Is there no undue influence, including that of a financial nature, exerted on subjects to participate in the clinical trial?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In trials with incapacitated subjects, minors, pregnant or breastfeeding subjects:	
Are no incentives or financial inducements given to the subjects or their legally designated representatives, except for compensation for expenses and loss of earnings directly related to the participation in the clinical trial?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## 7) RECRUITMENT

Is the procedure for inclusion of subjects described in detail in the protocol or a separate document?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is it clearly described what the first act of recruitment is?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the person performing the interview have the required qualification according to the law of concerned member states?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the recruitment of subjects planned to be done through advertisement?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>If yes:</i>	
Have copies of the advertising material been submitted, including any printed materials, and audio or visual recordings. been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has an outline of the procedures proposed for handling responses to the advertisement been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have copies of communications used to invite subjects to participate in the clinical trial been submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have arrangements for information or advice to the respondents found not to be suitable for inclusion in the clinical trial been described?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the arrangements for recruitment of subjects adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### 8) SUITABILITY OF THE INVESTIGATOR

Is there an informative CV?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is previous experience obtained from work with clinical trials described?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is previous experience obtained from work with patient care described?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have certificates describing adequate ICH/GPV training been submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has a financial disclosure been submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have institutional affiliations, that might influence the impartiality of the investigators been presented?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the investigator qualified in accordance with national law? ( <i>medical doctor as defined in national law, or a person following a profession which is recognised in the Member State concerned</i> )	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### 9) SUITABILITY OF THE FACILITIES

Has a list of the planned clinical trial sites with name and position of the principal investigators?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
And the planned number of subjects at the sites been submitted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has a written statement been submitted describing the suitability of the clinical trial sites adapted to the nature and use of the investigational medicinal product? (issued by the head of the clinic/institution at the clinical trial site or by some other responsible person, according to the system in the Member State concerned)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does this statement adequately describe:	
The suitability of facilities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The equipment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The human resources?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The expertise of the site?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**10) PROOF OF INSURANCE COVER OR INDEMNIFICATION**

Is the arrangement for damage compensation in accordance to **national law**? Yes  No

**11) FINANCIAL AND OTHER ARRANGEMENTS**

Is there a description confirming adequate financing of the clinical trial is ensured? Yes  No

Are financial transactions and compensation paid to subjects adequate? Yes  No

Are financial transactions and compensation paid to the investigator/site for participating in the clinical trial adequate? Yes  No

Are there any other agreements between the sponsor and the site adequate? Yes  No  NA

**12) LIST OF QUESTIONS TO THE SPONSOR**

See CTIS for list of considerations sent during assessment process as RFI.

All queries been answered satisfactorily.

**13) ASSESSMENT OF THE SPONSOR'S RESPONSE**

Are all queries resolved? Yes  No

**Condition:** The date on the informed consent form for participants must be corrected to 01-03-2024 before handing the form out to participants. This can be done as a non-substantial medication. The updated form must be submitted with the next substantial modification.

**14) FINAL DECISION**

The Clinical trial is approvable

The Clinical trial is not approvable

The Clinical trial is approvable subjects to conditions

**Ethics committee that participated in the assessment of the application**

Committee (1) on meeting date: 14-02-2024

A list of committee members in each of the MREC committees can be seen here:

Committee 1: <https://nationaltcenterforetik.dk/raad-og-komiteer/de-videnskabsetiske-medicinske-komiteer/medlemmer-af-videnskabsetisk-medicinsk-komite-1>

Committee 2: <https://nationaltcenterforetik.dk/raad-og-komiteer/de-videnskabsetiske-medicinske-komiteer/medlemmer-af-videnskabsetisk-medicinsk-komite-2>

Committee 3: <https://nationaltcenterforetik.dk/raad-og-komiteer/de-videnskabsetiske-medicinske-komiteer/medlemmer-af-videnskabsetisk-medicinsk-komite-3>

Please note that a committee member may have been absent from the meeting due to scheduling conflicts. Furthermore, if a committee member had a conflict of interest, they would thus not have participated in the discussion and assessment of the application.

If a sponsor requires a specific list of members who participated in the application, they may contact MREC for this information ([kontakt@dvmk.dk](mailto:kontakt@dvmk.dk)).

**The approval is valid for the following trial sites and investigators**

- Holbaek Sygehus, Mette Krag
- Aarhus Universitet, Steffen Christensen
- Region Midtjylland (Randers), Helle Bundgaard
- Region Midtjylland (Viborg), Christoffer Sølling
- Region Midtjylland (Herning), Thomas Tværmose Troelsen
- Rigshospitalet (neuroanæstesi), Kirsten Møller
- Rigshospitalet (intensiv), Morten Hylander Møller
- Rigshospitalet (thoraxanæstesi), Peter Buhl Hjortrup
- Rigshospitalet (kardiologi B), Christian Hassager
- Roskilde University, Thomas Hildebrandt
- Aalborg University Hospital, Bodil Steen Rasmussen
- Regionshospital Nordjylland, Malgorzata B Pawlowicz-Dworzanska
- Kolding Sygehus, Anne Brøchner
- Odense University Hospital, Jens Michelsen
- Herlev Hospital, Anne Sofie Andreasen
- Hvidovre Hospital, Ronni Plovsing
- Hillerød Hospital, Morten Bestle
- Bispebjerg Hospital, Theis Itenov
- Slagelse Hospital, Klaus Marcussen

**List of documents on the basis of which the decision was made**

List of submitted documents can be accessed via Full Trial Information in CTIS.