## **Clinical Research Submission**

Last Modified: 7/11/2025, 3:33:09 PM

### 1. Administration

Name: Roopali Somani

**Department:** CPT

Submission Date: 7/4/2025

**Review Type:** Full Committee Review

**Study Title:** Efficacy Study Of Tofacitinib In Pediatric JIA Population

**Short Title:** 

**Protocol:** tof/cpt/01

Version: 01

**Date:** 2025-06-05T18:30:00.000Z

## 2. Investigators

Type: principal

Name: Roopali Somani

**Designation:** Assistant professor

**Qualification:** DM

**Department:** Department of Clinical Pharmacology

Email: drsroopali@gmail.com

**Contact:** 9036619259

Type: hod

Name: Dr. P usharani

**Designation:** Senior Prof & Head

**Qualification:** DNB

**Department:** Department of Clinical Pharmacology

Email: drsroopali@gmail.com

**Contact:** 9849574143

Type: co-investigator
Name: P usharani

Designation:ProfQualification:DNBDepartment:CPT

Email: drsroopali@gmail.com

**Contact:** 9036619259

## 3. Investigators Count

**PI Count:** 01 **Co-PI Count:** 02

**Duration:** 13 months

## 4. Funding Details

**Estimated Budget:** 5 lakh only

Funding Source: Pharmaceutical Industry sponsored

false

Sponsor Name: Hetero Drugs

Sponsor PAN: trcbvgj

Sponsor GST: adgjhakjdlkj

Total Grant: ₹ 25 lakh

**Budget Items:** 

• Per completed patients total sponsor grant: 2 lakh

• Per completed patients manpower sponsor grant (PI, Co-PI, coordinator,

others): 3 lakh

• Per completed patients overhead: 1lakh

Startup fee: 20000Archival fee: 25000

### **NIMS Investigations:**

Name: cbc
Cost: 100
Name: RFT
Cost: 200
Name: LFT

Cost: 200
• Name: HBa1c

Cost: 350

• Name: Lipid profile

**Cost:** 400

#### Personnel:

• **Designation:** co-ordinator

**Fees:** 5000

Designation: Data Entry Operator

Fees: 1000

Is Outsourced: Yes

**Outsourced Investigations:** 

• Name: HsCRP

Lab: Vljaya Diagnostic

**NABL:** Yes

## 5. Overview Research

Summary: This is a randomized withdrawal, double blind, placebo controlled study of pediatric subjects (2 to <18 years of age) with JIA. The primary objective is to compare the efficacy of tofacitinib versus placebo for the treatment of signs and symptoms of JIA at Week 26 of the double blind phase as measured by the percentage of subjects with disease flare (according to PRCSG/PRINTO Disease Flare criteria) after Week 18 of the open label run in phase. All eligible subjects enrolled in the study will initially receive open label tofacitinib for 18 weeks (run in phase). At the end of the 18 week run in phase, only subjects who achieve at least a JIA ACR 30 response will be randomized to the 26 week double blind, placebo controlled phase. Subjects who do not achieve a JIA ACR 30 response at this time point will be discontinued from

the study. In addition, subjects who experience a single episode of disease flare at any time during the study (including the open label run in and double blind phase) will also be discontinued from the study. All subjects participating in this study, including those discontinued from the study, will have the option, if eligible (based on inclusion and exclusion criteria), of enrolling in the tofacitinib JIA long term extension study (A3921145).

**Study Type:** Regulatory clinical trials

Other Type:

## 6. Methodology

Sample Size: 120
Participants per Site: 50
Lab Outsourcing: Yes

Lab Details: Vijaya Diagnostic

## 7. Participants

**Type:** Patient

**Vulnerable Groups:** 

**Other Participant:** 

**Reimbursement:** Yes

**Details:** 10000 per patient at every visit

**Additional Safeguards:** 

**Justification:** 

### 8. Benefits

Any Risk: Yes

**Risk Details:** risk of adverse events due to the drug

**Risk Strategy:** baseline and every 4 weeks blood counts will be

monitored. if there is any decrease in counts below predefined limits in protocol then

patient will be withdrawn from study

Participant Benefits: Direct
Social Benefits: Direct
Scientific Benefits: Direct

## 9. Consent

Waiver Consent: No

Translated Languages: Telugu

Other Reason:

## 10. Payment

Injury Treatment: Yes SAE Compensation: Yes

## 11. Storage

Docs Control: Yes

Drugs Control: Yes

## 12. Additional Info

Any Additional: No

**Details:** 

## 13. Declaration

• I/We certify that the information provided in this application is complete and correct.

- I/We confirm that all investigators have approved the submitted version of proposal / related documents.
- I/We confirm that this study will be conducted in accordance with the latest NDCT RULES, ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants and other applicable regulatory guidelines.
- I/We will comply with all policies and guidelines of the institute and affiliated / collaborating institutions wherever applicable.
- I/We will ensure that personnel performing this study are qualified, appropriately trained and will adhere to the provisions of the EC approved protocol.
- I/We declare that the expenditure in case of injury related to the study will be taken care of.
- I/We agree to inform all trial subject, that the drugs are being used for investigational purposes.
- I/we ensure that the requirements relating to obtaining informed consent and ethics committee review and approval specified in the New Drugs and Clinical Trials Rules, 2019 and Good Clinical Practices guidelines are met.
- I/We confirm that we shall submit any protocol amendments, serious adverse events report, significant deviations from protocols, regular progress reports and a final report and also participate in any audit of the study if needed.
- I/We confirm that we will maintain accurate and complete records of all aspects of the study.
- I/We will protect the privacy of participants and assure safety and confidentiality of study data and biological samples.
- I/We hereby declare that I / any of the investigators, researchers and / or close relative(s), have no conflict of interest (Financial / Non-Financial) with the sponsor(s) and outcome of study.
- If Conflict of interest is present, kindly declare and specify details
- I/We declare / confirm that all necessary regulatory approvals will be obtained as per requirements wherever applicable.

### **Principal Investigator**

Name: Roopali Somani

Signature: roopali

Date: N/A

#### Guide

Name:

Signature: Date: N/A

### **Head of Department**

Name:

Signature: Date: N/A

Co-Investigator 1

Name:

Signature:

Date: N/A

**Co-Investigator 2** 

Name:

Signature: Date: N/A

# 14. Checklist

DCGI Approval letter	View File
Others specify	File: null
Cover letter	
Brief CV of all Investigators- Updated, signed and dated	
Good Clinical Practice (GCP) training of investigators in last 3 years	
EC clearance of other centers	File: null
Agreement between collaborating partners	File: null
MTA between collaborating partners	File: null
Insurance policy / certificate	View File
Copy of CTA signed with the sponsor	
Provide all significant previous decisions (e.g. those leading to a negative decision or modified	
protocol) by other ECs / Regulatory authorities	File: null

for proposed study (whether in same location or elsewhere) and modification(s) to protocol Copy of the detailed protocol (clearly identified numbered and dated) and synopsis (summary as far as possible in non-technical language, View File flowchart, diagrammatic representation of the protocol) Investigators Brochure (If applicable for drug / View File biologicals / device trials) Participant Information Sheet (PIS) and Informed **Consent Form (ICF) (English and translated)** View File with version number and dated Assent form for minors (12-18 years) (English File: null and Translated) Proforma / Questionnaire / Case Report Forms (CRF) / Interview guides / Guides for Focused View File **Group Discussions (FGDs) (English and** translated) Advertisement / material to recruit participants File: null (fliers, posters, etc.)