

Work Practice Document: 21 Health Economics sub-study				
Title of study	High Dose AMBISOME [®] on a Fluconazole Backbone for Cryptococcal Meningitis Induction Therapy in sub-Saharan Africa: A Phase III Randomized Controlled Non-Inferiority Trial			
Acronym	Ambition-cm – AMBIsome Thera	Ambition-cm – AMBIsome Therapy Induction OptimizatioN		
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Author(s)	Timothée Boyer Chammard Clinical Advisor		11/01/2018	
Reviewer(s)	David Lawrence Lead Clinician	De	11/01/2018	
Approved by	Joseph Jarvis Cl	J.N. J.	11/01/2018	

Revision History:		
Version Number	Effective Date	Reason for Change
1.0		First version

Working Practice Document 20: Health Economics sub-study AMBITION-cm AMBISOME Therapy Induction Optimization

Purpose

This document describes the processes to be followed for the health economics sub-study.

Scope

This WPD applies to the collection of data on D1 and W10 of the Ambition study

General

- 1. The aim of this sub-study is to collect data to formulate an argument for expanded access to Ambisome in Africa. Collecting data on the societal costs of cryptococcal meninigitis from both the provider and patient perspective is essential.
- 2. Data will be collected from all patients across all sites.
- 3. Data is collected on D1 and W10 of the study.
- 4. If a patient is confused then the data can be collected from the next of kin / relative
- 5. Data is entered onto the Electronic Data Capture system.
- 6. Please follow the below interview guide to help you when collecting data.

The following questions need to be completed on D1 eCRF: Medical Expenses

Patient ID

This is auto-populated by the database but if using the paper CRF then you will need to enter it yourself.

Who is the main source of information?
 Patient □ Next of kin/Relative □

If the information comes from a combination of both then select the patient. If patients are confused then the next of kin will be the main source of information.

3. Which currency do you use?

Botswanan Pula

Malawian Kwacha

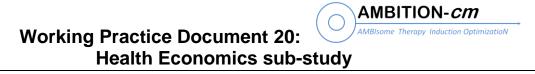
South African Rand

Ugandan Shilling

US Dollar

Zimbabwean Dollar

We want patients to be consistent with the currency that they use. If they have used multiple currencies we want them to give us the amount in the currency they select below. They may need to convert from one currency to the other if this is the case.



4. Over that last 4 weeks, how much have you spent on activities relating to your health?

This is to include travel, consultation fees, hospital admissions, medication, equipment etc. Subsequent questions will break this down into the constituent parts but this will get the patient thinking about how much of their own money they have spent on health. If the patient pays a regular contribution for medical insurance then do not include that here as we only need additional out-of-pocket expenses.

5. Over that last 4 weeks, how much has someone else spent on activities relating to your health?

Some patients will have had help from their parents, partner, friends or family members. They may not know the answer to this but this can be an estimate.

6. How much in total has been spent on your healthcare in the last 4 weeks?

This needs to be the combined total of Q4 and Q5

 7. How long have you been sick with your current condition? (days) How long they have been suffering with this episode of cryptococcal meningitis. They may lonly recently been diagnosed but we want to know how long they have been unwell which days or months. 8. What would you have been doing if you were not sick with your current condition? Working □ Maintaining the house □ Studying □ Nothing □ Caring for children □ Other, Specify: We want to know the main activity that the patient does but acknowledge that they may have multiple roles. If they have a job then select working first as this is the activity that brings in 	
only recently been diagnosed but we want to know how long they have been unwell which days or months. 8. What would you have been doing if you were not sick with your current condition? Working Maintaining the house Studying Nothing Caring for children Other, Specify:	
Working Maintaining the house Studying Nothing Caring for children Other, Specify: We want to know the main activity that the patient does but acknowledge that they may have	
Caring for children Other, Specify: We want to know the main activity that the patient does but acknowledge that they may have	
We want to know the main activity that the patient does but acknowledge that they may have	
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9. How much time did you take off work? (days)	
This should only be answered if the patient has a paid job.	
10. How much time did a caring family member or primary caregiver take off work to accompa to the hospital?	าy you

Working Practice Document 20: Health Economics sub-study AMBITION-cm AMBISOME Therapy Induction Optimization

Some patients will be supported by someone else to attend appointments, look after them at home, visit them in hospital. If multiple people have taken time off then please record information for the person who has taken the most time off.

11. Did you lose earning as a result?

No □

Yes □

	This question only applies to those in paid employment. Some patients will get sick pay and will no		
	lose any earnings. Others will not get sick pay and we want to know how much they may have lost. This may be an estimate.		
12.	If YES, how much did you lose?		
	This may be the daily income of the patient multiplied	by the number of days of work missed.	
13.	How much do you/your family spend on food in a wee	k?	
14.	This question and the next two questions are used to gauge the economic status of the patient and their household as well as to understand the proportion of their money which has been diverted to paying for healthcare. They may be estimates or the patient may not know the answer but try to get a rough figure for each of these. 4. How much do you/your family spend on rent and utilities per month?		
	This is the household expenditure on rent/mortgage, electricity, gas, water, internet, telephone contracts etc.		
15.	5. How much have you spent on large items (e.g. furniture, electrical items, cars) in the last year?		
	Large, one-off purchases like those listed in the question give us an idea of the economic status of the household and which expensive items they can afford with their income.		
16.	6. Which form of transport did you take to get here today?		
	Bus □	Hired motorbike □	
	Train □ Ambulance □	Own car □ Own motorbike □	
	Private taxi	Hired Bicycle	
	Own Bicycle Other	Foot	
17.	7. How much did you spend on the transport (in total)?		
	The cost to the patient of reaching the hospital on the day of their admission.		
18.	3. How long did it take you to reach there?		
	(in hours and minutes)		

Working Practice Document 20: Health Economics sub-study

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19.	Did you tak Yes □	te out any loans to pay for your healt No \Box	hcare?
	These ques	tions relate to the current illness (cr	/ptococcal meningitis).
20.	Did you sel Yes □	I anything to pay for your healthcare No □	?
21.	Do you hav Yes □	e private healthcare insurance? No	
22.	If YES, did y Yes □	ou use it to help pay for your health No □ Not applicable □	care?
	•	ome patients may have health insura e using their own money to pay for o	nce they may not yet have used it and may care.
23.	Do you rece Yes □	eive any welfare or social service sup No No Output Description:	port?
		and if the patient is in receipt of add e employment allowance, disability a	tional financial support from the government which llowance, housing allowance etc.
24.	Have you re	eceived any treatment or care for yo No	ur present condition, before coming to the hospital?
	meningitis	up to a maximum of three distinct vi	patient has spent on this episode of cryptococcal sits to different healthcare providers. They will also indertake before they reach the hospital.
	Ple	ease enter the answers to these que	stions on D1 eCRF: Medical Expenses Part 2
25.	If YES, when	re did you receive treatment or care	for your present condition, before coming to the
	Private h	nent healthcare nealthcare althcare	Pharmacy Home Other, Specify:
		most recent visit to a healthcare provof three times, starting with the mos	vider. Complete this set of questions up to a trecent visit.
26.	Which form	n of transport did you take to reach t	here?
Bus			Hired motorbike □

Own car \square

Train

Working Practice Document 20: Health Economics sub-study

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Priv Owi	oulance ate taxi n Bicycle er	Own motorbike Bicycle Foot
27.	How much did you spend on the transport (in t	total)?
	The cost of return transport for that visit.	
28.	How long did it take you to reach there?	
	(in hours and minutes)	
29.	Who provided treatment or care during this vis	sit?
	care but these individuals do not hold a medica	Nurse Family/Friend Pharmacist Other, Specify: A doctor holds a medical degree and in some er countries there are clinical officers who provide al degree. The terms medical officer and clinical process ascertain if the person who provided the care hold
30. Did you pay for the consultation you received during that visit? Yes \Box No \Box		during that visit?
	that here. If only medication was bought and t	tion/tests/medication and if this is the case record the advice given was free then record that in Q32. If dditional costs should be recorded here but if it was withing here.
	all covered by insurance then do not enter any	thing here.

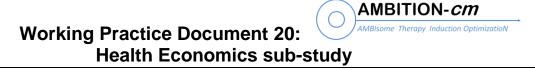
This may be medication that was prescribed or recommended. It may also be medication that the patient opted to buy without any instruction to do so.

33. How much did you pay?

Yes □

32. Did you buy other medication for relief?

No □



Ensure that Q30 and Q32 encompass the full cost of that episode. If there is a one-off cost for the entire episode that was submitted in Q30 then do not repeat the cost of medication here.

34. Before this, did you go to another place for the treatment of the current condition?

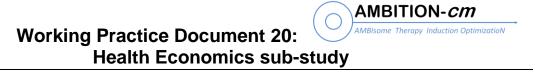
	Yes No
	Complete questions 17 to 26 again from p.6 of this CRF.
	Repeat this series of questions for the second and third most recent visits to healthcare facilities fo this episode of cryptococcal meningitis, if applicable. If a patient has sought care on more than three occasions then capture the most recent.
	The following questions need to be completed on D1 eCRF: Education
35.	What is your profession?
	The primary occupation of the individual. If they do not have a job then you can state their primary role in the household (student, carer, retired etc.)
36.	How many years of education did you complete?
	The total number of years spent in education, including years that were repeated. This should be the total of years spent in primary, secondary and higher education. If someone took an extra two years to complete primary education then include that in the number of years spent in primary education. The answer to this question may be zero.
37.	What is your highest education certificate?
	This question is free text so you can enter whichever applies. If someone did not attend school ther you can state that they have no education certificate here.
38.	Did you go to primary/elementary school? Yes □ No □
39.	If Yes, for how many years?
40.	Did you go to secondary school? Yes No
41.	If Yes, for how many years?
42.	Did you go to Higher education? Yes □ No □

This could be university, college, a vocational institution etc.

Working Practice Document 20: Health Economics sub-study

AMBITION-cm

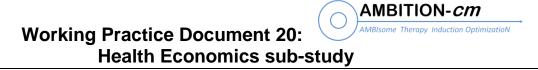
43.	If Yes, for how many years?
44.	Are you the person who earns the highest income in your household? Yes \Box No \Box
	It is important to understand what the breadwinner of the household does for a living. This can be used to estimate the socio-economic status of the household. The patient themselves may identify as the head of the household but we want to know about the person who earns the most money through work.
If N	O, please complete the questions below on behalf of the Person who earns the highest income
	This will generate a new eCRF: Education (person who earns the highest income)
45.	If no, what is their profession?
	If the patient does not know then it is OK for them to estimate these answers.
46.	What is their highest education certificate?
47.	How many years of education did they complete?
48.	Did they go to primary/elementary school? Yes No No
49.	If Yes, for how many years?
50.	Did they go to secondary school? Yes No No
51.	If Yes, for how many years?
52.	Did they go to Higher education? Yes □ No □
53.	If Yes, for how many years?



ADDITIONAL MEDICAL EXPENSES QUESTIONS

To be completed if the patient went to more than a single place for treatment before coming to the hospital

Where did you receive treatment or care	e for your present condition, before coming to the hospital?
Government healthcare Pharmacy	
Private healthcare □ Home □	
NGO healthcare Other, Specify:	
Which form of transport did you take to	reach there?
Bus □	Hired motorbike □
Train □	Own car □
Ambulance □	Own motorbike □
Private taxi □	Bicycle □
Foot □	-,
How much did you spend on the transpo	ort (in total)?
How long did it take you to reach there? (in hours and minut	
Who provided treatment or care during t	this visit?
Doctor □	Nurse □
Traditional healer □	Family/Friend □
Spiritual healer □	Pharmacist □
Clinical Officer □	Other, Specify:
Did you pay for the consultation you rece Yes □ No □	eived during that visit?
If YES, how much did you pay for the trea	atment of your current condition?
Did you buy other medication for relief?	
Yes □ No □	
How much did you pay?	
Before this, did you go to another place f	for the treatment of the current condition?



ADDITIONAL MEDICAL EXPENSES 3

where did you receive the	eatment or care for your present condition, before coming to the hospital
Government healthcare	Pharmacy □
Private healthcare □	Home □
NGO healthcare Other	r, Specify:
Which form of transport of	did you take to reach there?
Bus □	Hired motorbike □
Train 🗆	Own car □
Ambulance 🗆	Own motorbike □
Private taxi □	Bicycle □
Foot □	
How much did you spend	on the transport (in total)?
How long did it take you to	o reach there?
(in h	ours and minutes)
Who provided treatment	or care during this visit?
Doctor □	Nurse □
Traditional healer □	Family/Friend □
Spiritual healer □	Pharmacist
Clinical Officer □	Other, Specify:
	Itation you received during that visit?
Yes □ No □	
If YES, how much did you	pay for the treatment of your current condition?
Did you buy other medica	tion for rolliof?
Yes No	tion for rener:
How much did you pay?	
Refere this did you go to	another place for the treatment of the current condition?
Yes No	another place for the treatment of the current condition:

On W10 the first form is generated again with some of the questions omitted. The aim of this second questionnaire is to understand the expenses incurred during the 10-week period of the Ambition study. The education eCRF will not be generated again.

Working Practice Document 20: Health Economics sub-study AMBITION-cm AMBISOME Therapy Induction Optimization

Training

Each staff member receives or has direct access to applicable Working Practice Documents (WPDs).

Each staff member reviews the applicable WPDs once a year.

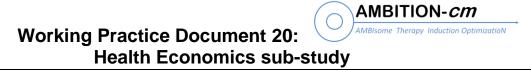
All WPD training is documented and tracked in the WPD training logbook located in the Project Coordinator's office.

New staff is trained on applicable WPDs within 30 days of employment and all WPDs within 90 days of employment.

Staff members whose duties fall within this WPD scope are retrained within 14 days of the approval of each WPD revision.

References

- 1. Declaration of Helsinki, 2013: https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/accessed 12th June 2017
- 2. International Conference on Harmonisation (ICH) Guideline For Good Clinical Practice E6(R1), 1996
- 3. Integrated Addendum To ICH E6(R1): Guideline For Good Clinical Practice E6(R2), 2016
- 4. Ambition Trial Protocol



Staff signatures: (signing below indicate that you have read this SOP and understand the material contained in it)

Date	Name (Please print)	Signature