MANIKGAD-V: SUMMER - 2015 SUBJECT: CLINICAL RESEARCH

Day: Monday Date: 6-4-2015 Time: 10.00 A'M'TO 1.00 P.M Max. Marks: 70 N.B: 1) Q. No.1 and Q. No. 5 are COMPULSORY. Out of remaining questions attempt ANY TWO questions from each section. 2) Answer to both the sections should be written in the SEPARATE answer books. 3) Figures to the right indicate FULL marks. **SECTION-I** (80)Q.1 A) Answer ANY FOUR of the following: What are different types of INDs? i) What is Hatch-Waxman Act? ii) Mention in brief activities of EMEA. iii) iv) What are the objectives of Phase-II trial? Expand the following abbreviations ICMR and CDSCO. v) Define Protocol. vi) (03)Write the significance of blinding and randomization in clinical trial. B) (12)Explain in detail different phases of clinical trial. 0.2 Discuss abbreviated new drug application process. How does it differ from (07)0.3 a) NDA? (05)Explain the steps involved in Pre-clinical drug development. b) (12)Write short notes on ANY THREE of the following: Q.4 Helsinki declaration a) Criteria for subject selection in clinical trial b) Drug characterization c) Regulatory environment in US with respect to drug application. d) **SECTION-II** (08)Answer ANY FOUR of the following: Q.5 A) Expand following abbreviations DSMB and USFDA. i) Who are vulnerable subjects? ii) What is the need for informed consent? iii) Define SAE. iv) What is Nuremberg trial? v) How many members constitute independent ethics committee? vi) What is the role of Monitor in efficient conduct of clinical trial? (03)Explain the roles responsibility of sponsor in clinical trial. Enlist the (12)0.6 members of sponsor's team. Discuss safety monitoring and reporting in clinical trial. (07)Q.7 a) (05)Define audit and audit trial as per ICH-GCP. b) Write short notes on ANY THREE of the following: (12)Q.8 Case Report Form **a**) Consent Vs Assent b) IP Vs Placebo c) Documentation in clinical trial d)

MANIKGAD- V: SUMMER - 2015

SUBJECT: PHARMACOEPIDEMIOLOGY & PHARMACOECONOMICS

Time: 10.00 A.M.To 1.00 P.M Day: Wednesday Max. Marks: 70 Date: 8.4.2015 N.B.: Q. No. 1 and Q.No.5 are COMPULSORY. Out of remaining questions attempt 1) ANY TWO from each section. Figures to the right indicate FULL marks. 2) Answer to both sections should be written in the SEPARATE answer book. 3) **SECTION-I** [08]Answer ANY FOUR of the following: **Q.1** a) Write advantages and disadvantages of prescription event monitoring. i) Enumerate different types of record linkage systems. (ii Enumerate various automated data base systems. (iii Explain use of case repots in Pharmacoepidemiology. iv) Outline the strengths of spontaneous ADR reporting. v) Applications of Pharmacoepidemiology. vi) [03]Brief note on Ad Hoc data sources. Classify different types of study designs used in pharmacoepidemiological [12] 0.2 research. Explain any two in detail. Explain the role and significance of registries in pharmacoepidemiology. [07]**Q.3** a) Compare the drug policy objectives in developing and developed countries. [05] b) [12] Write short notes on ANY THREE of the following: 0.4 Medical record data base system i) Relative risk ii) Role of 'Signal' in adverse drug reaction monitoring iii) Time-risk relationship iv) Data mining in ADR reporting. **SECTION-II** [80] Answer ANY FOUR of the following: Q.5 a) Enumerate the objectives of Pharmacoeconomics i) Define Adverse Event, Serious Adverse Event with suitable example. ii) Write a note on "patient perspective" with respect to cost. Enlist any four applications of Patient Reported Outcome (PRO). iv) Write the formulae for Incremental Cost-Effectiveness Ratio (ICER). v) Define cost-utility analysis vi) Define and give various applications of Pharmacoeconomics Research. [03]Explain Risk Management in detail with respect to Pharmacoepidemiology. [12] 0.6 Describe cost-minimization analysis with their application giving suitable [07] **Q.7** 2) example. Explain various health care cost categories with suitable example. [05] b) Write short notes on ANY THREE of the following: [12] Q.8 Outcome analysis i) HRQOL ii) Secular trend analyses iii) Average Cost-Effectiveness Ratio (ACER) iv)

Consumer price indexes

V)

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MANIKGAD - V : SUMMER - 2015 SUBJECT: CLINICAL PHARMACOKINETICS & PHARMACOTHERAPEUTIC DRUG MONITORING

Day: Friday Date: 10-4-2015 Time: 10.00 A.M. To 1.00

Max Marks. 70

P.M

N.B.

1) Q. No. 1 and Q. No. 5 are COMPULSORY.

- 2) From the remaining answer any other **TWO** questions from Section I and **TWO** questions from Section II.
- 3) Answer Section I and Section II on SEPARATE answer books.
- 4) Figures to the right indicate FULL marks.

SECTION - I

Q.1 a) Answer any FOUR of the following

(08)

- i) Define loading dose.
- ii) What is half life?
- iii) Define volume of distribution
- iv) Name two hepatic enzyme inducers
- v) Mention two methods for determining serum drug level
- vi) Define clinical pharmacokinetics
- b) Explain with suitable examples pharmacokinetic drug interactions related to (03) drug absorption.
- Q.2 Define therapeutic drug monitoring (TDM). Explain the indications and (12) applications of TDM in details.
- Q.3 a) Describe the intravenous to oral conversion.

(07)

b) Explain drug dosing in elderly patients.

(05)

Q.4 Write short notes on TDM of any THREE of the following, drugs.

(12)

- a) Theophylline
- b) Phenytoin
- c) Methotrexate
- d) Aminoglycosides

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SECTION - II

Q.5	a)	Answer any FOUR of the following	(08)
	i)	Pharmacogenetics	
	ii)	Single nucleotide polymorphism (SNP)	
	iii)	Give examples of drugs which inhibit liver enzymes	
	iv)	Creatinine clearance	
	v)	What is genotype?	
	vi)	Define adverse drug reaction.	
	b)	Describe drug dosign in renal important.	(03)
Q.6		What are the advantages of population pharmacokinetics over traditional	(12)
		pharmacokinetic? Explain documentation of popular pharmacokinetics.	. ,
Q.7	a)	Explain genetic polymorphism in drug transport.	(07)
	b)	Explain how response is affected due to individual patient variations?	(05)
Q.8		Write short notes of THREE of the following.	(12)
	a)	Nomogram	` ,
	b)	Drug metabolism in hepatic diseases	
	c)	Extracorporeal removal of drugs	
	d)	Genetic polymorphism in drug target	