EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

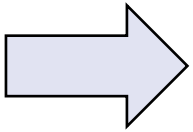
Survey on the collection of data on adverse events related to medicinal products through registries

EMA 25 years

Presented by Kelly Plueschke
EMA Data Analytics and Methods Task Force

Background

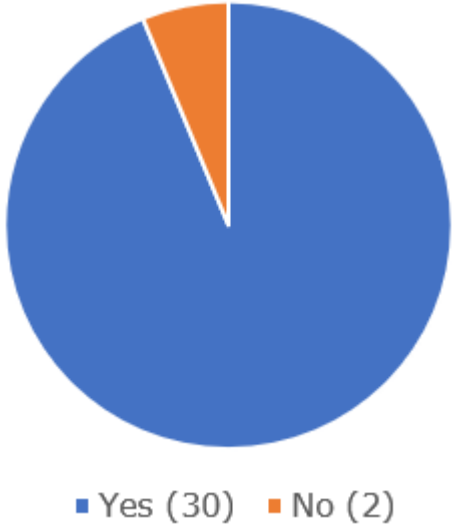
- Patient registries are data collection systems that may provide valuable information to support regulatory decisions on medicines



But are adverse events related to medicines experienced by the patients enrolled recorded and collected centrally in registries? What type of data? According to which frequency? Time lag for the data to be available?

- Objective of the survey: gather information on the current practice and capability of registries registered in the ENCePP Resources Database to collect, manage and share data on adverse events related to medicines
- Launch date: 17/04/2020, extended until 31/08/2020
- Sent to 85 registries registered in ENCEPP Resources Database as of April 2020
- Survey published in the EU PAS Register: EUPAS35474

Q1: Does your registry routinely collect information on medicines taken by each patient enrolled in the registry? (32 responses)

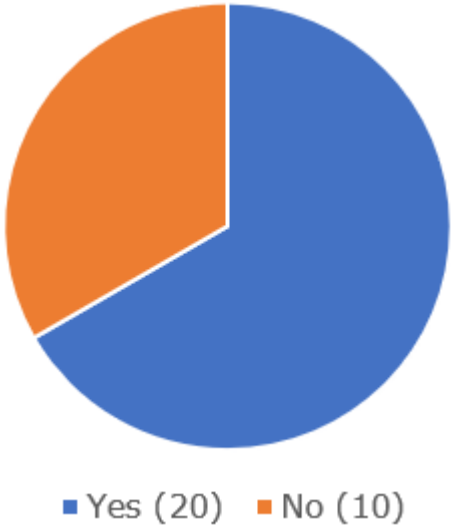


Yes: 93%

Comments received:

- Datasets recently expanded by some of the registries to capture information on (some of the) medicines
- Data routinely updated (e.g. during annual visits)
- Some registries also collect data on medicines taken prior, concomitantly or after the treatment of interest
- 2 "NOs": No information on whether the data can be collected upon request from regulatory authorities and/or pharmaceutical companies

Q2: Does your registry routinely collect information on adverse events experienced by patients taking medicines? (30 responses)



Yes: 66%

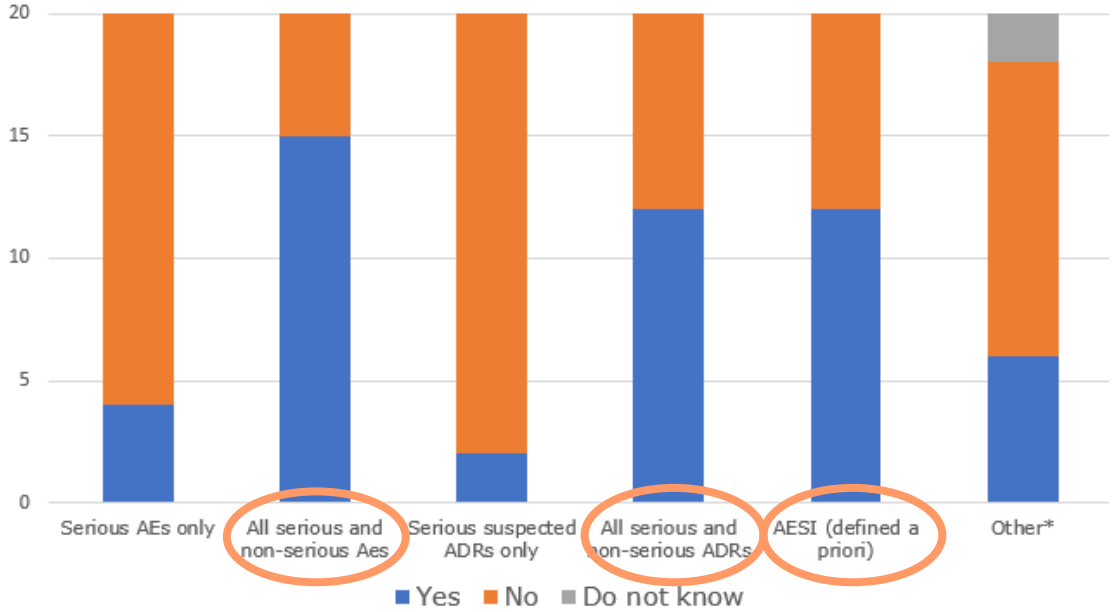
YES:

- Subset of centres only (roll-out in phases)
- Subset of AESI/ADRs according to specific timepoints
- Patients report AEs they experience but no further details asked

NO:

- Subset of patients in dedicated studies only
- Field exist but rarely used

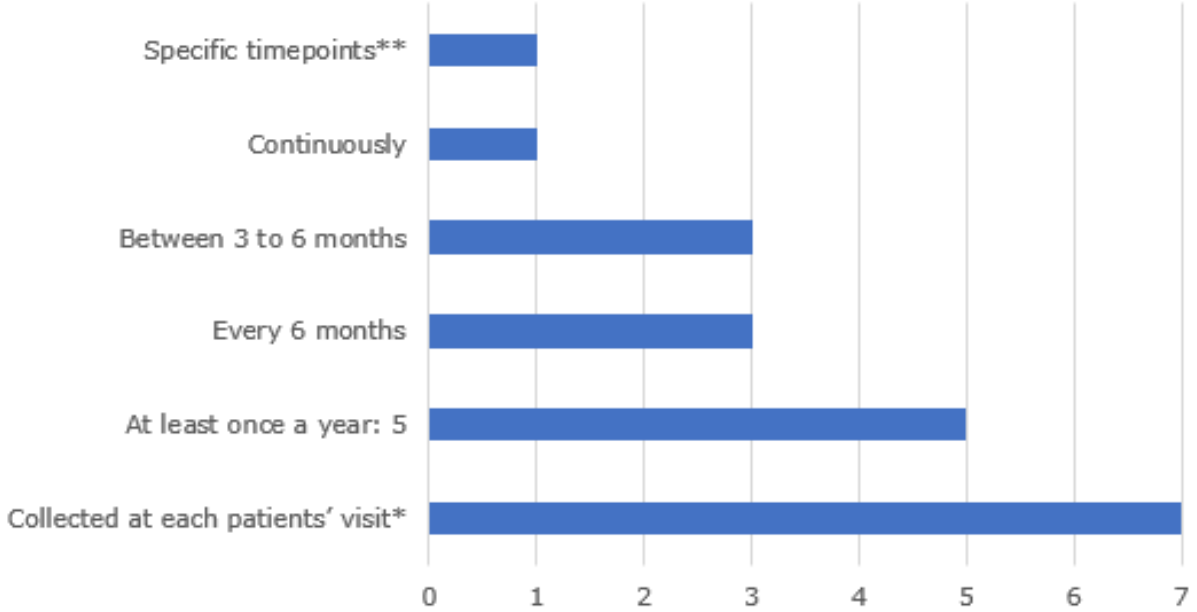
Q3: Which information on adverse events experienced by patients taking medicines does your registry routinely collect? (20 responses)



- Patient-reported data for some registries
- According to study protocol accepted by centres
- AEs/ADRs recorded but registries not designed for pharmacovigilance purposes (i.e. no ICSR reporting)
- Causality assessment and seriousness not systematically collected

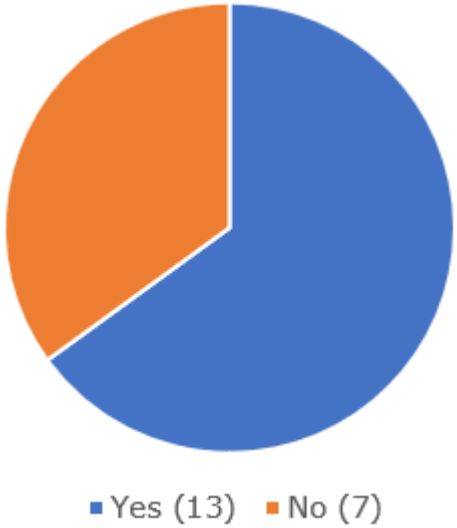
** Others: Information on spontaneous reports related to patients included in the registry that have also been sent to national competent authorities or marketing authorisation holders*

Q4: At which frequency is the data on adverse events collected centrally? (20 responses)



* Depends on frequency of FU visits by local practices or centres' set data upload
** E.g. baseline, 100 days, 6 months and then yearly

Q5: Is information available to explain the current practice and processes in place for the collection of data on adverse events? (20 responses)

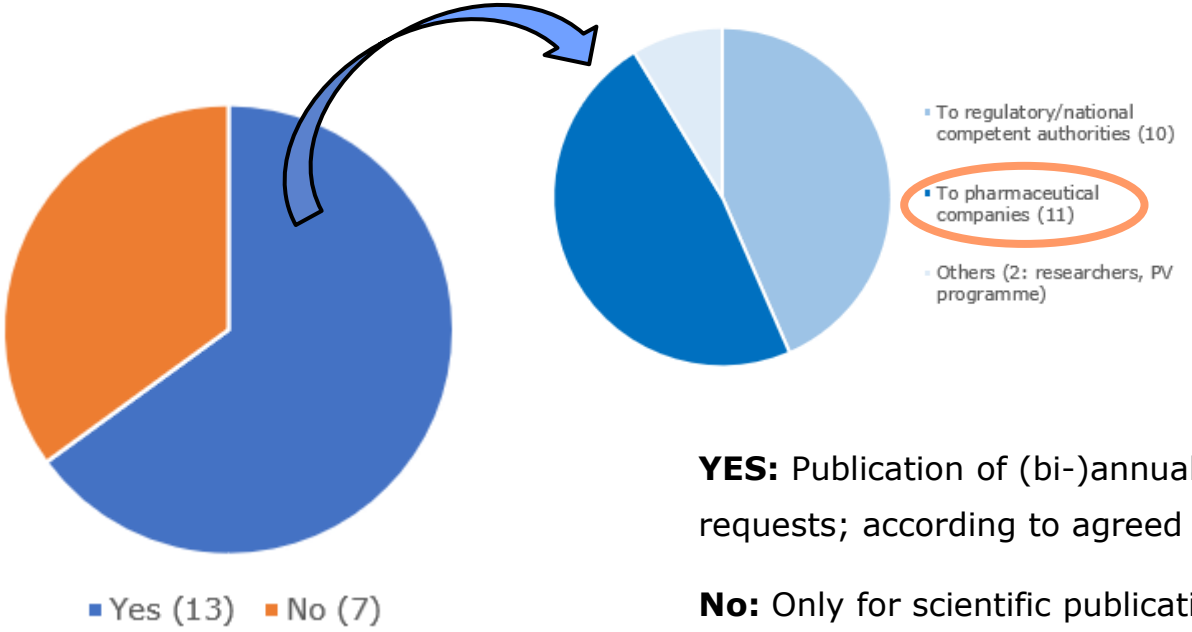


Yes: 65%

YES:

- The complete data set recorded in the registry / study protocol / data collection forms can be downloaded from some of the registries' websites
- Available upon request

Q6: Does your registry provide data on adverse events experienced by patients taking medicines to other organisations? (20 responses)

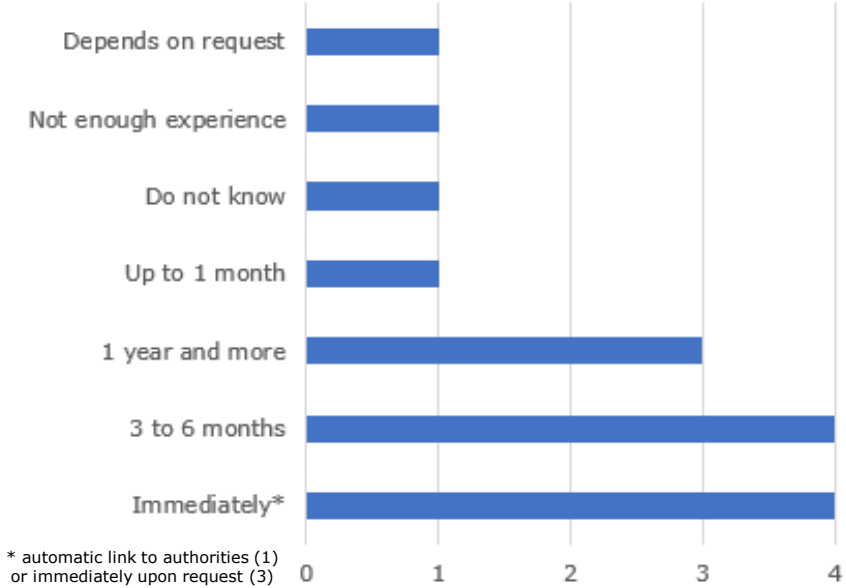


Yes: 65%

YES: Publication of (bi-)annual reports; upon requests; according to agreed timelines

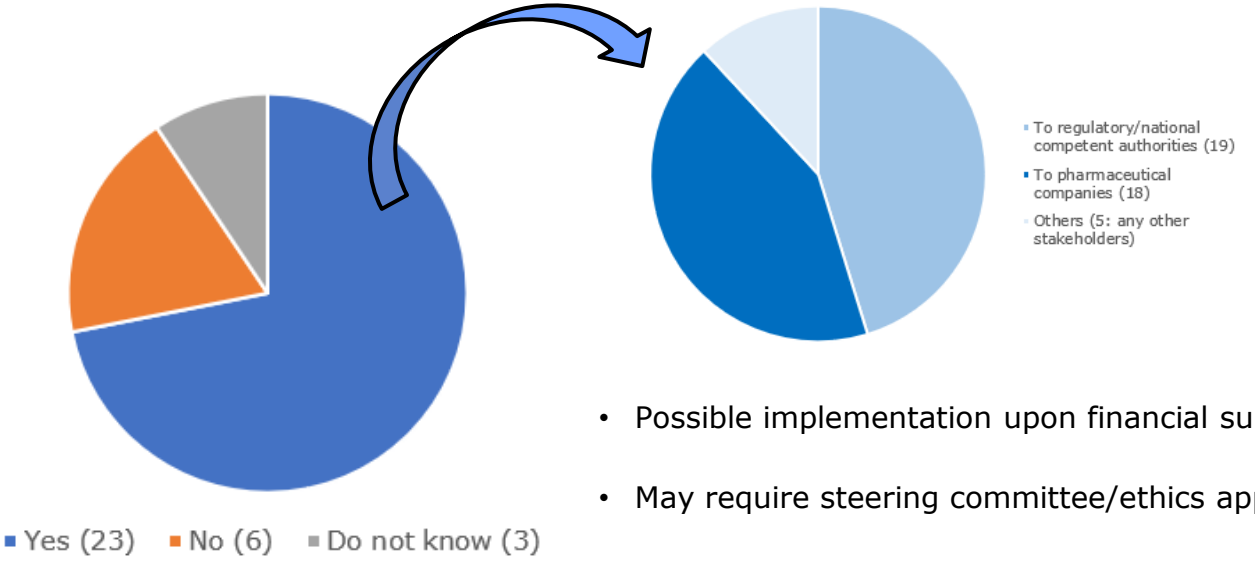
No: Only for scientific publications

Q7: What is the time lag between the collection of data on adverse events at a central level and the date of sharing of these data with other organisations (e.g. at the point of data sharing, how "old" would this data be)? (13 responses)



The time lag depends on the type of organisations with which the data is shared (1 respondent may have provided several timelines accordingly)

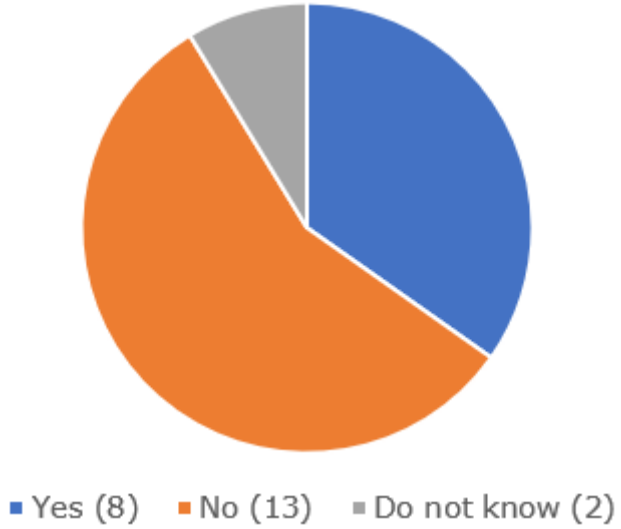
Q8: Can your registry collect additional data elements related to adverse events experienced by patients taking medicines upon requests from pharmaceutical companies and/or regulatory authorities? (32 responses)



Yes: 72%

- Possible implementation upon financial support, e.g. for registry-based studies
- May require steering committee/ethics approval to change the registry platform
- Possibility to go back to the site(s) and ask for additional information on cases

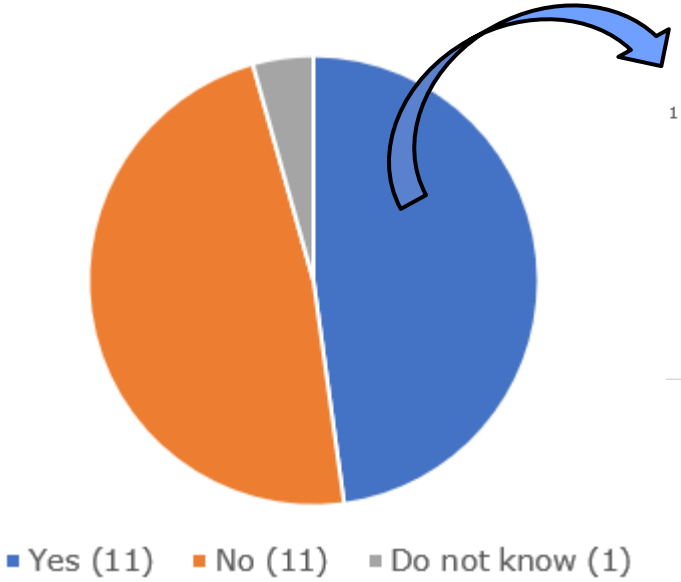
Q9: Has your registry developed a policy for collaboration with other organisations for the monitoring of medicines? (32 responses)



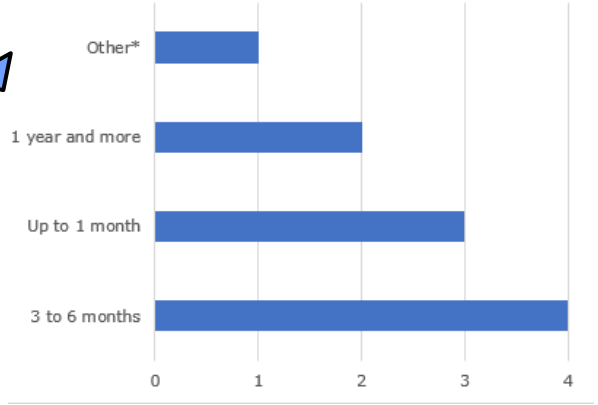
Yes: 25%

Examples provided: Protocols for data sharing; Governance documents for data linkage program; Data application procedures

Q10: Does your registry analyse internally data on adverse events to medicines requested by pharmaceutical companies and/or regulatory competent authorities and is the result of this analysis shared with the requester? (23 responses)



Yes: 49%



Time lag between data collection and sharing of analysis

* Do not know / not enough experience / depends on timing of requests

- According to agreements with stakeholders in place
- AEs are analysed centrally and reported at least annually in a report
- Specific projects on medications of interest are published

Q11: Important obstacles for the collection and provision of data on adverse events to pharmaceutical companies and/or regulatory competent authorities?

Data collection process

- Lack of harmonisation of data collection forms – time consuming to map/adapt
- Staff training at centres and registries' levels (e.g. for MedDRA-Coding and follow-up on AEs)
- Data reported by patients (possible impact on data quality)
- Non-compliance of physicians in reporting AEs in a timely manner
- Voluntary contribution of centres to the registries
- Lack of data linkage with other healthcare databases
- Long term follow up of patients that might be moving between centres and countries
- Possible bias in (non)reporting AEs for certain products
- Collection of Patient Reported Outcomes from patients

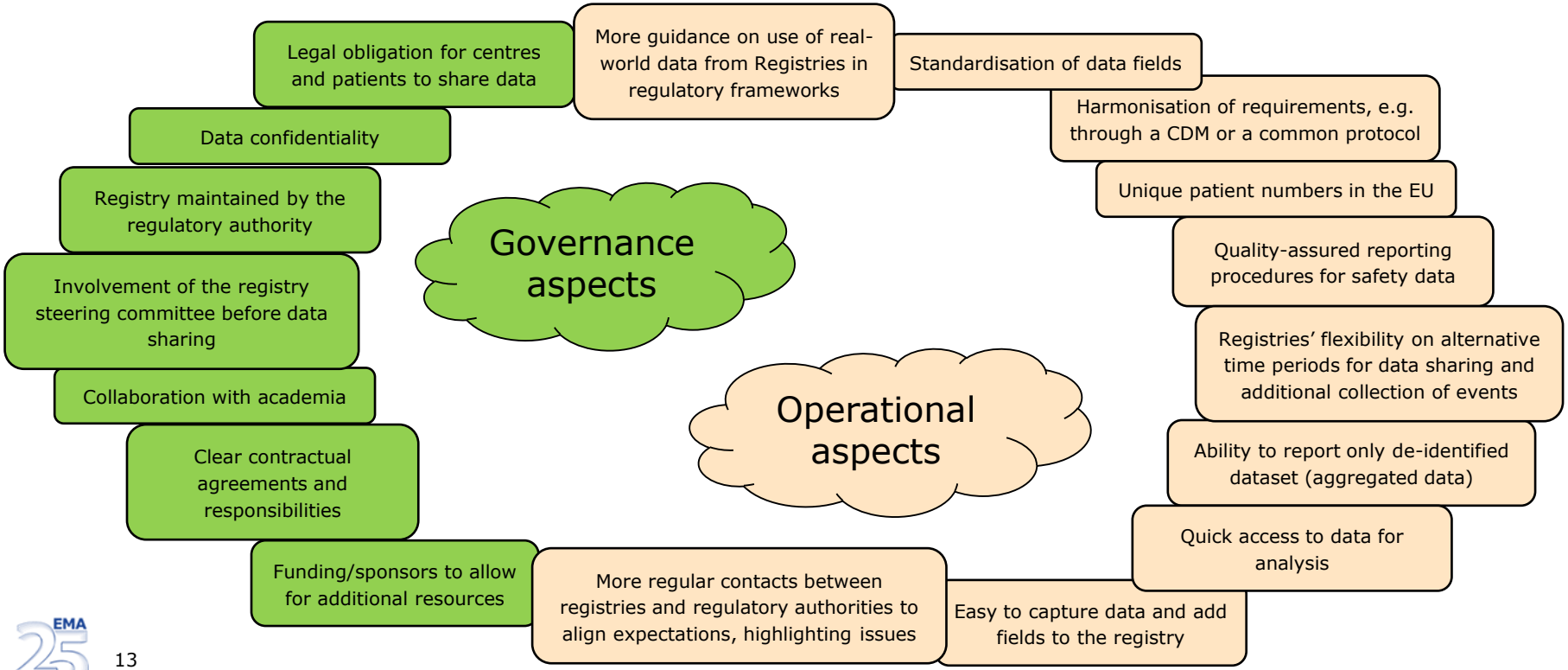
Data sharing/reporting

- Time lag between the event, registry data entry, and subsequent analysis and reporting
- Need for more formal and harmonised process to collect, share and use the data
- Pressure on centres and registries: Increasing demands from MAHs for conducting a PAS in existing registry and request centres to submit additional data to allow MAHs to comply with their reporting obligations
- Limitations to data sharing: Ethical laws, GDPR, informed consent, national obligations

Governance

- Funding/resources: need for compensation/incentives for the centres to ensure data collection and quality management
- Collection of AEs not the registry's purpose (HCPs reports AEs/ADRs as they occur outside routine data collection)
- Registry maintained by the regulatory authority
- Lack of EU regulatory framework for conducting a PAS in existing registry, lack of guidance
- Communication between stakeholders
- Role of academia in collecting and sharing AEs on rare diseases should be better described and emphasized

Q12: Important factors facilitating the collection and provision of data on adverse events to pharmaceutical companies and/or regulatory competent authorities?



Discussion – Limitations to the survey

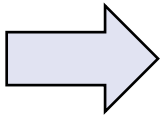
- Representativeness:
  - 1/3 of registries in ENCEPP resources DB (and not all registries are listed)
  - Predominance of feedback from Northern European countries
- Possible reasons for non-respondence: low interest in the topic or registries not developed enough to consider routine data collection on AEs/ADRs, outdated contact in the ENCEPP Resources database
- Results influenced by different factors, such as:
  - Healthcare systems and attitude towards / integration of registries – different approaches geographically
  - Purpose of the registries – depends on the sponsor, impact on quality **and** quantity of data collected
  - Understanding of the questions - surprising feedback on the collection of **"All serious and non serious AEs / ADRs and AESI**" - results influenced by Northern practices

Conclusion (1/2)

- Feedback from **32** registries (37%): **30** **routinely collect and report** data on medicinal products (93%) and **20** (66%) on AEs experienced by patients taking these medicines (subsets of centres or medicines)
- Thanks for your responses!
- **Limitations** but survey still considered **useful**
- **Heterogenous timelines and frequencies** for collection and reporting of AEs/ADRs between registries
- **Different level of experience in regulatory procedures involvement**: some flexibility of registries to collect additional data elements upon requests, interest in harmonising datasets and adapting governance to allow data sharing and analysis according to clear contractual agreements, but work still to be done to achieve level of quality and quantity of data to be delivered on time to support decision making.
- Obstacles highlighted are **well known**

Conclusion (2/2)

- Accent on needs for **funding** (to increase data quality, registries adaptability and sustainability), **guidance** on use of real-world data from registries in regulatory frameworks, **enhanced dialogue** between stakeholders to manage expectations and identify gaps and opportunities
- Guidance to promote integration of RWE / RWD into regulatory decision making on medicines:
  - **Guideline on registry-based studies** published for public consultation until 31/12/2020: LINK
  - **EMA Qualification and Scientific Advice procedures** to assess the suitability of registries to support benefit-risk assessments
- High interest on the use of registries to support benefit/risk evaluation and monitoring of medicinal products, with the right tools and level of interactions between all involved stakeholders, we will move towards the right direction



Work in progress

Thank you very much

Any questions?

Further information

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