



PROTECT



Pharmacoepidemiological Research on Outcomes of Therapeutics by a European Consortium

Pre-symposium training: Introduction to disproportionality analysis

Andreas Brueckner

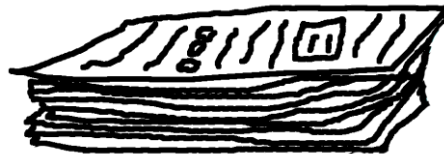


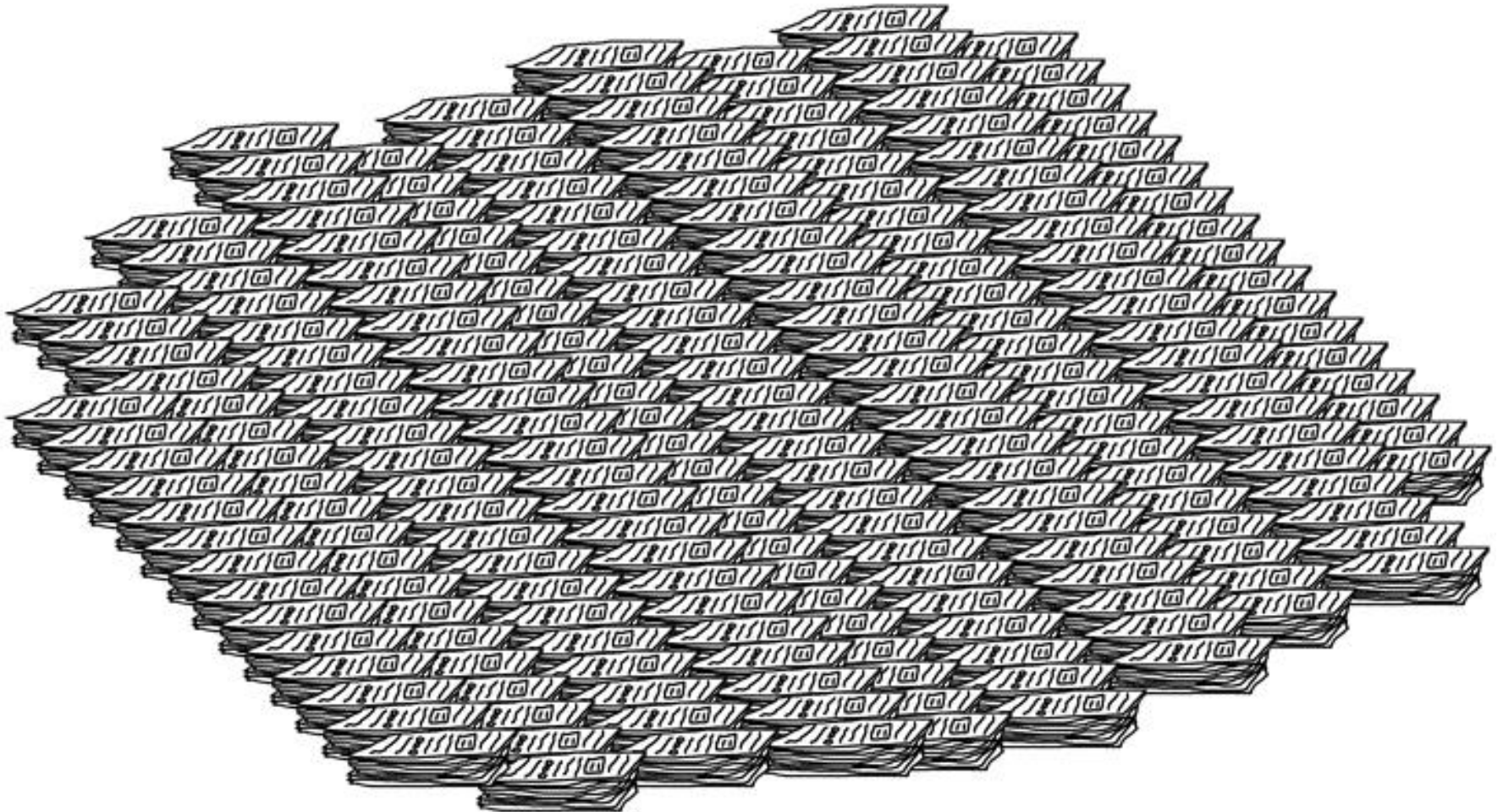
PROTECT Symposium February 19-20 2015

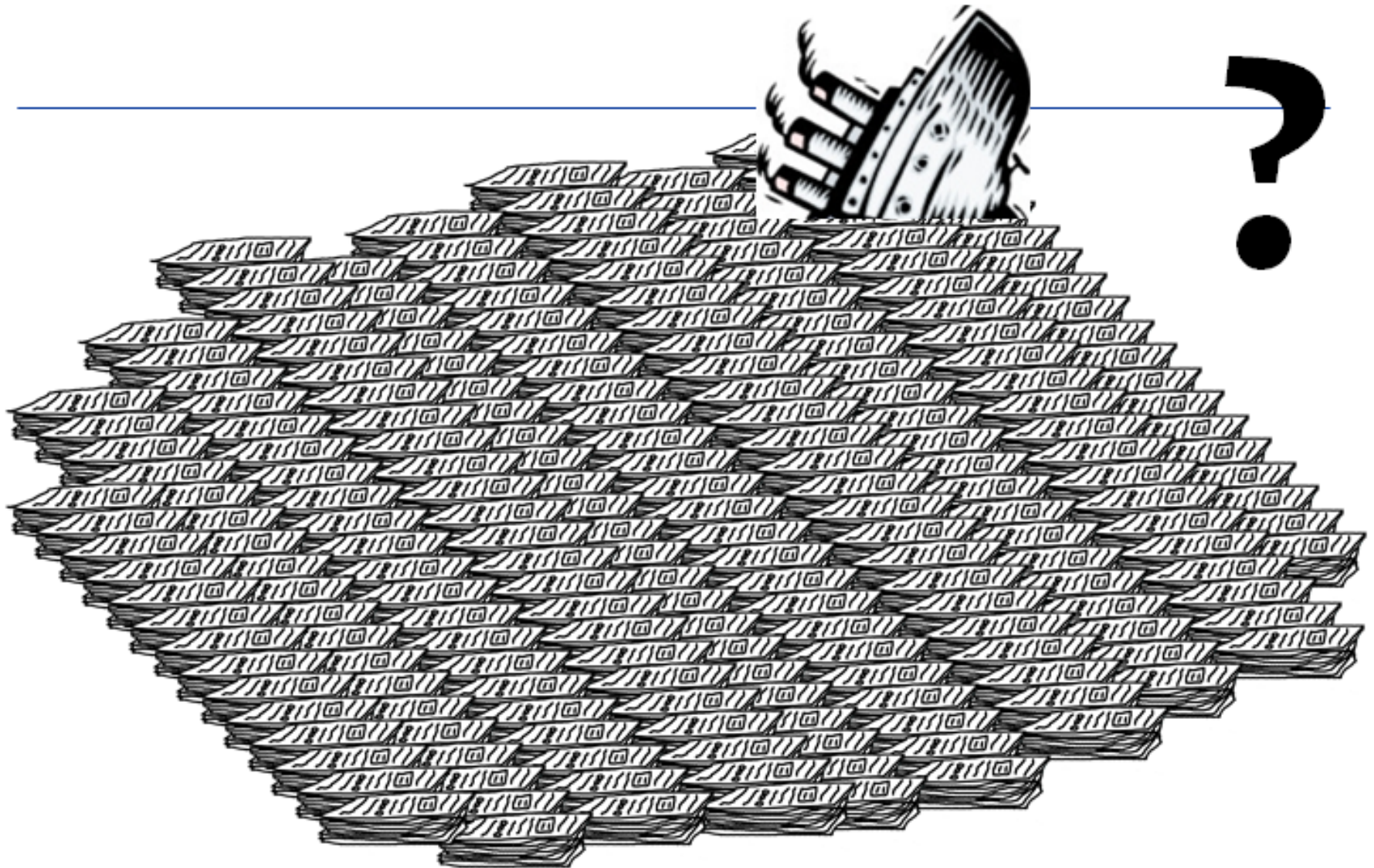
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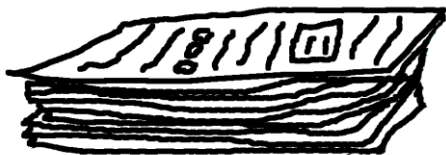




Measures of disproportionality

IC

ROR



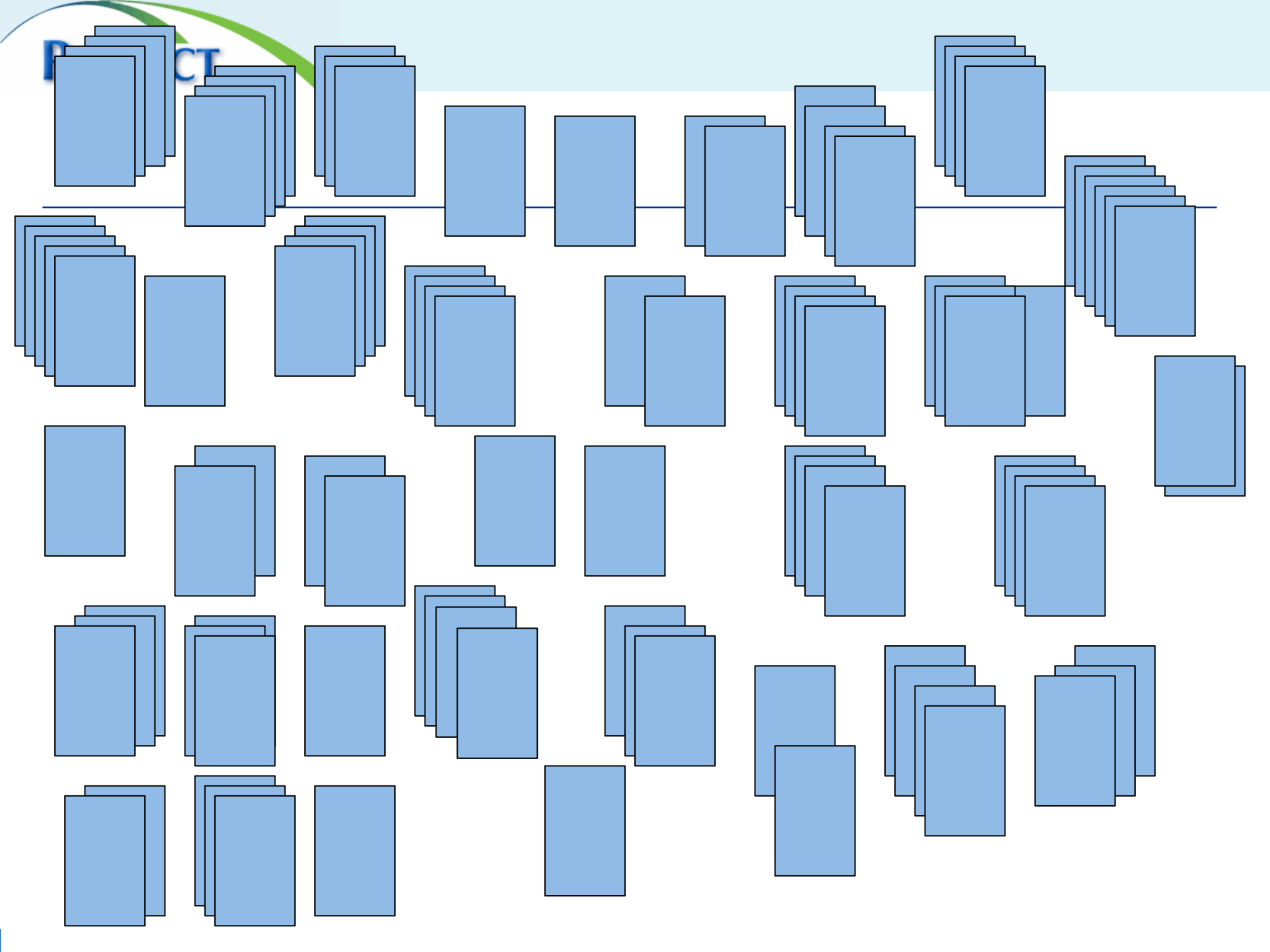
VS

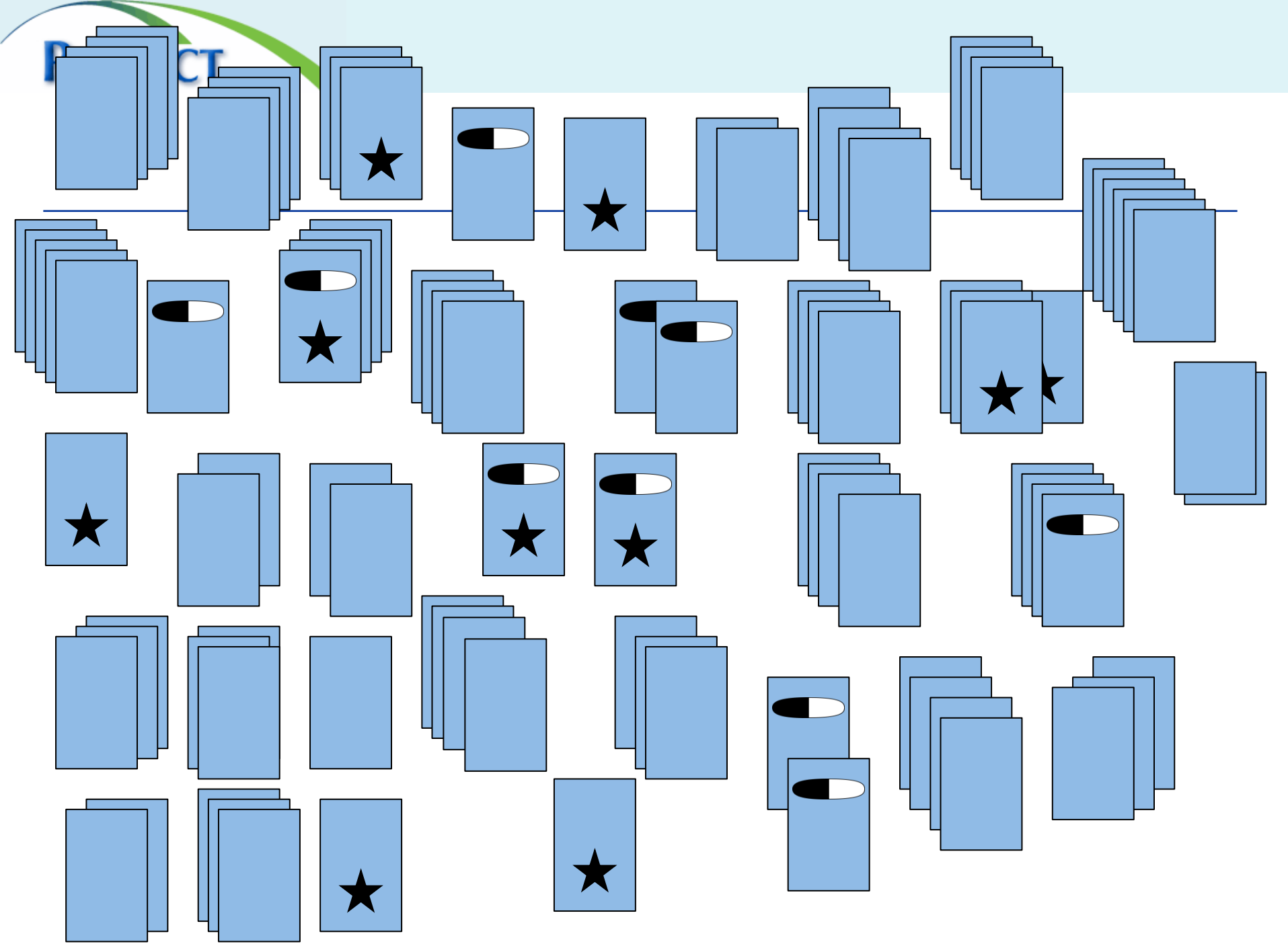


EBGM

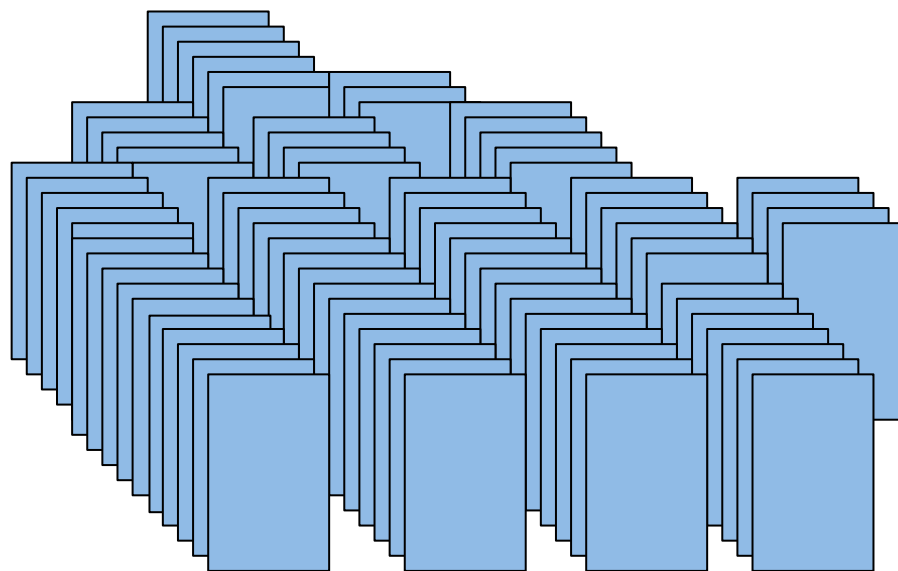
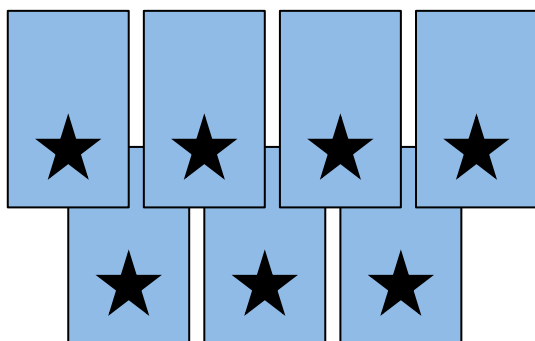
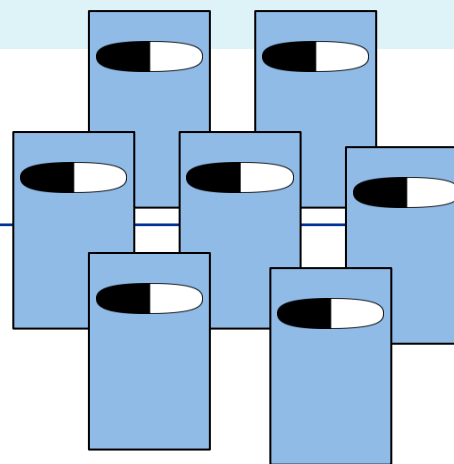
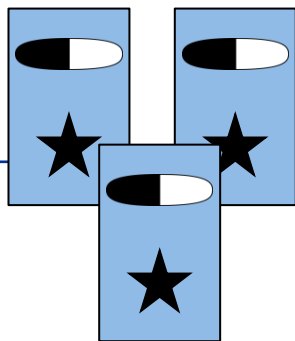
PRR



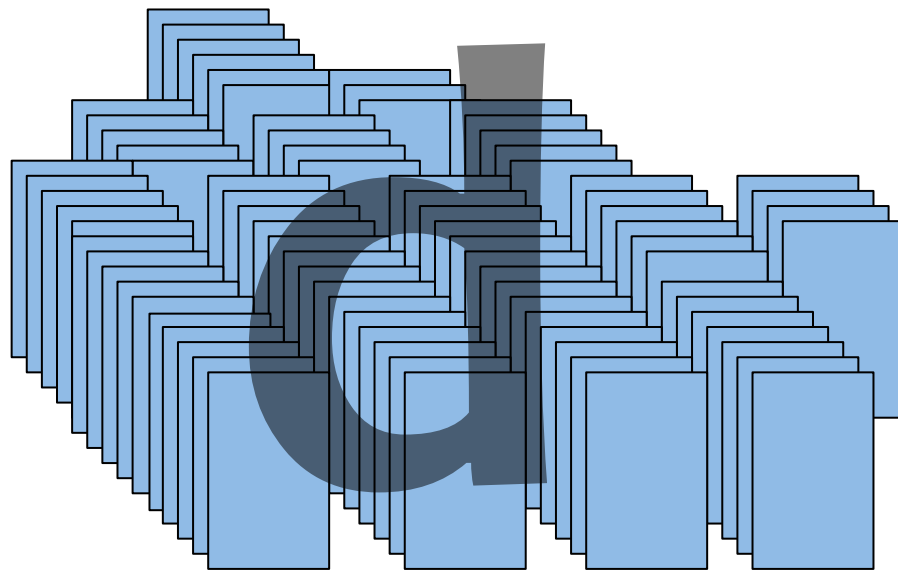
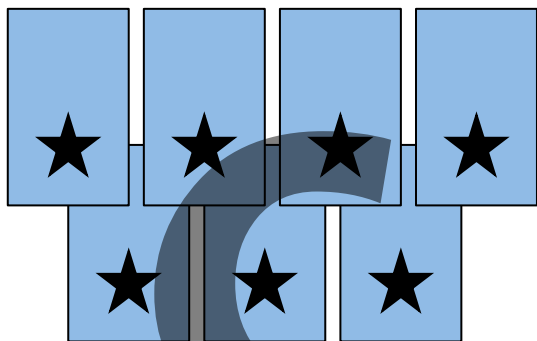
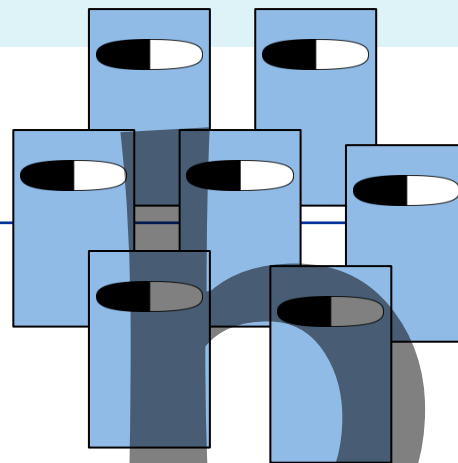
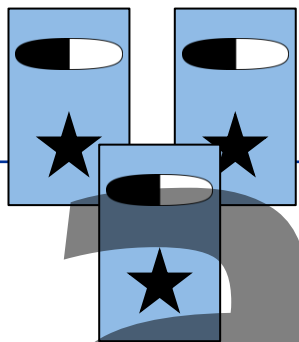




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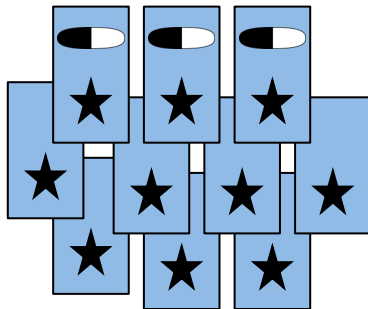
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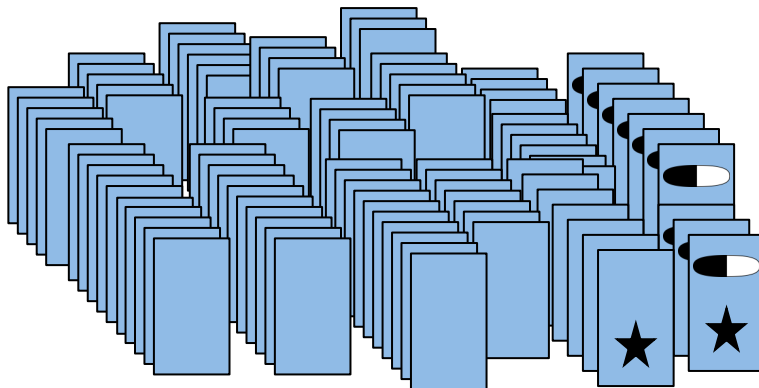
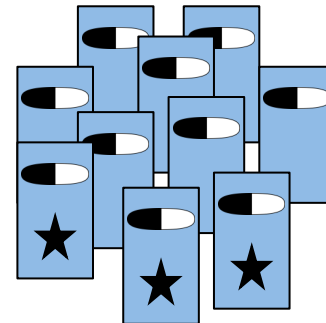
Obs= 

Exp=?

Exp

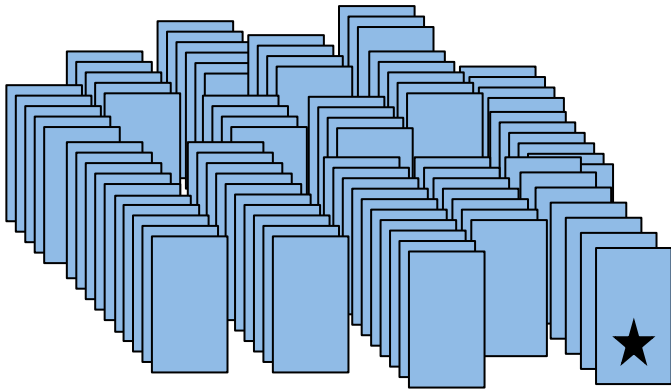
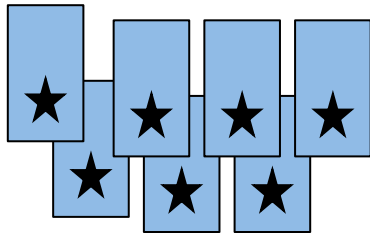


X

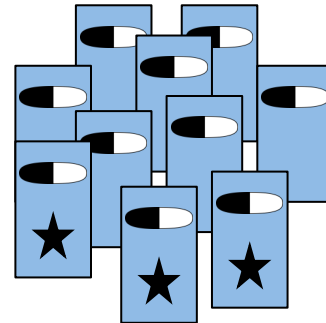


RR

Exp

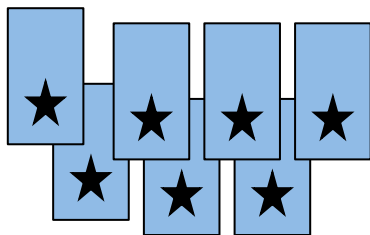


X

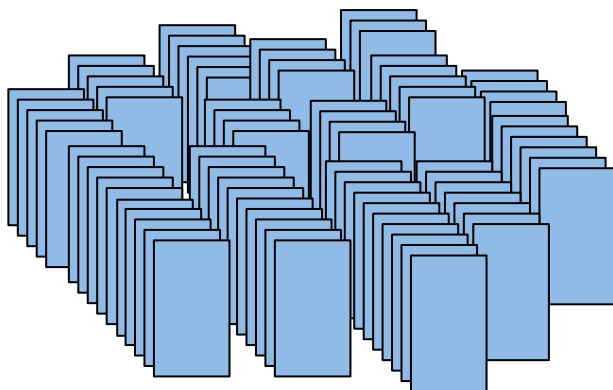
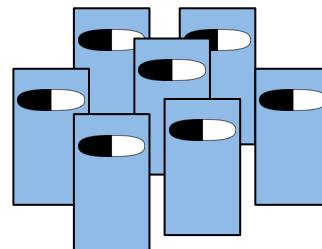


PRR

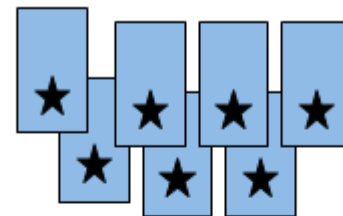
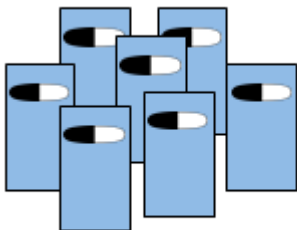
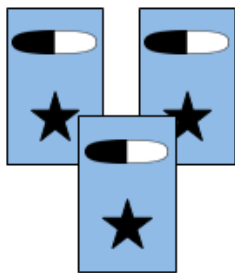
Exp



X



ROR

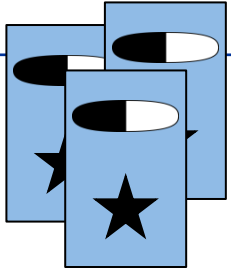


ROR

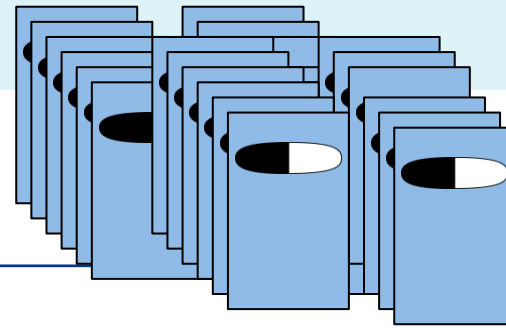
$$RR = \frac{3}{\left(\frac{(3+7)*(3+7)}{(3+7+7+83)} \right)} = 3$$

$$PRR = \frac{3}{\left(\frac{(7*(3+7))}{(7+83)} \right)} = 3.86$$

$$ROR = \frac{3}{\left(\frac{7*7}{83} \right)} = 5.08$$



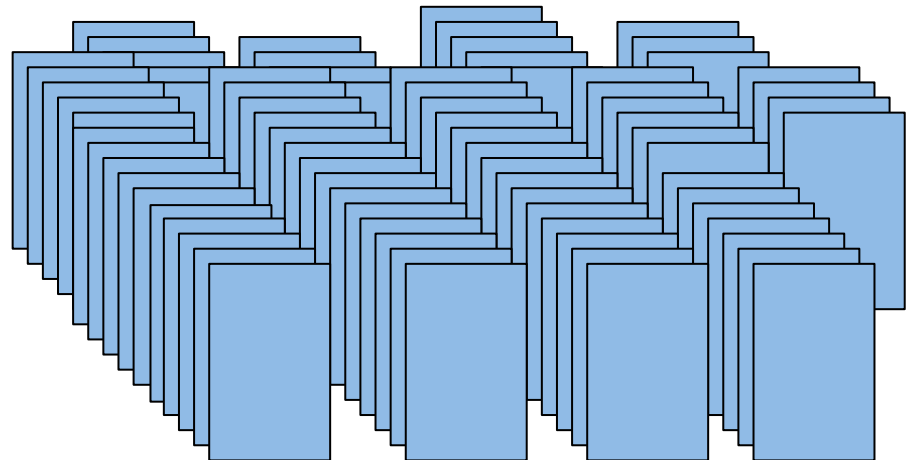
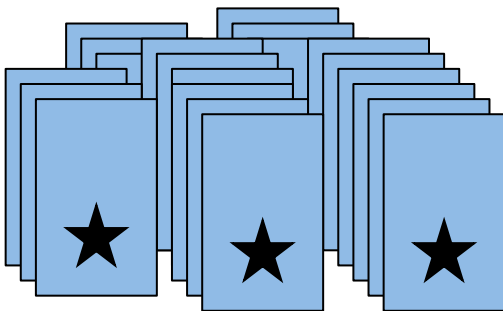
3



1000

1000

1 m.



$$RR = \sqrt[3]{\dots} = 3$$

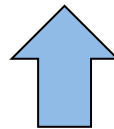
$$PRR = \sqrt[3]{\dots} = 3.006$$

$$ROR = \sqrt[3]{\dots} = 3.012$$

DIS-PROPORTIONAL-ITY



not



the same proportion
(of reports on the ADR)

Which measures of disproportionality?

RR

ROR



PRR

Disproportionality and Reporting Rates

Disproportionality methods do not estimate reporting rates. No drug usage is involved in the calculation.

While reporting rates can increase for all drug-AE combinations, measures of disproportionality are interdependent:

- An increase in a measure of disproportionality for one combination causes a decrease for other related combinations

Rubber Dinghy

Rather like a rubber dinghy floating on the sea:

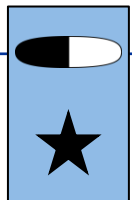
- if pressure causes one side to rise this causes the other to go down.
- As reports for one combination rise, this makes the expected count increase for other combinations involving the drug or the AE.



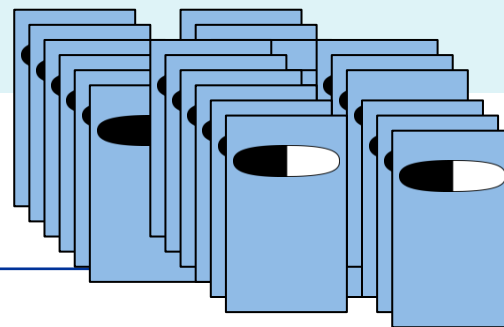
How to protect against spurious associations?



?

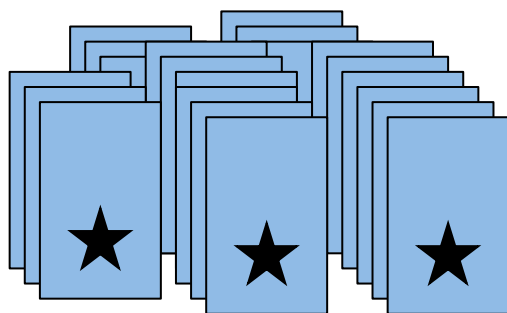


1

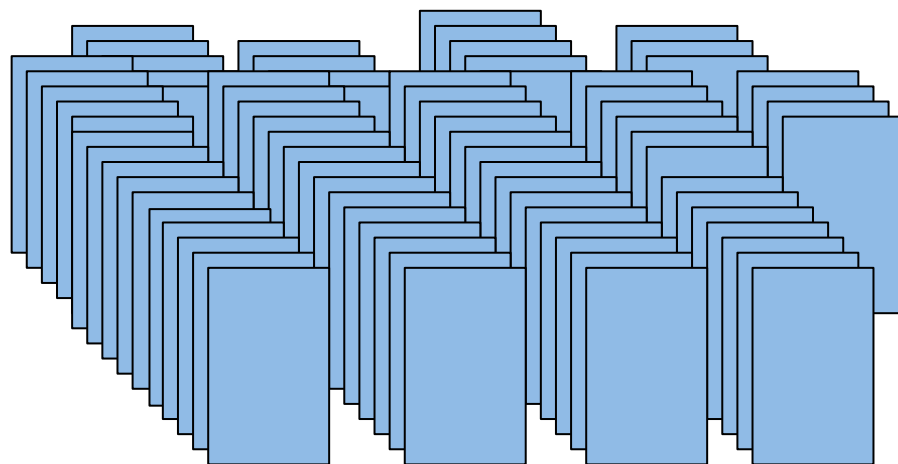


100

100



10 m.



1

VS

0.0001



$$\text{RR: } \frac{1}{0.001} = 1000$$

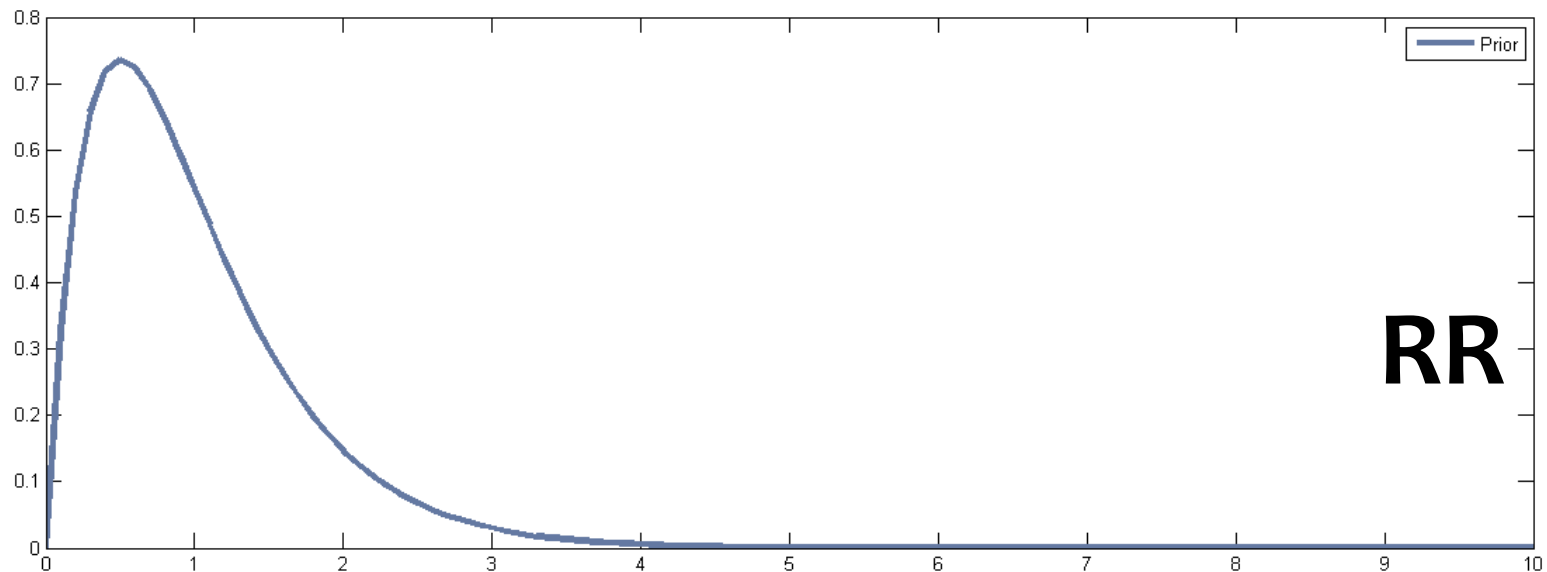
Simple shrinkage

$$\frac{Obs + 1/2}{Exp + 1/2}$$

$$\text{RR: } \frac{1}{0.001} = 1000$$

$$\frac{1+1/2}{0.001+1/2} = 3$$

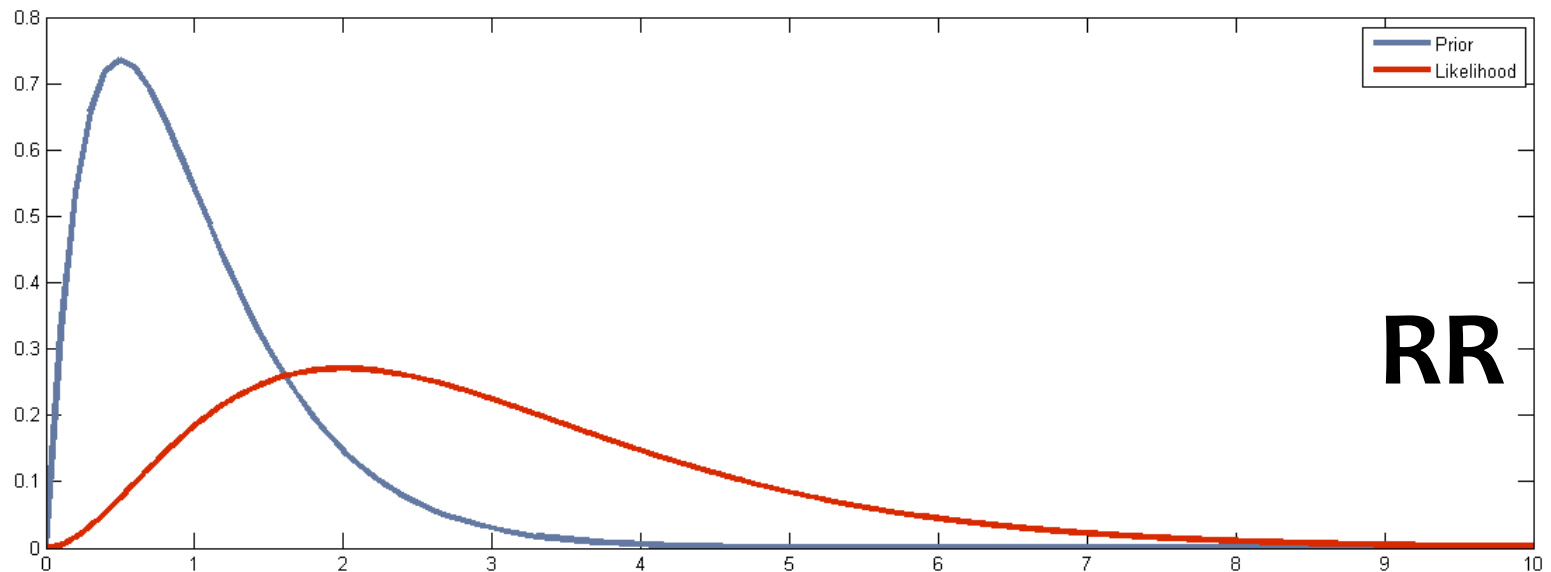
Bayesian shrinkage



Bayesian analysis: start from prior distribution

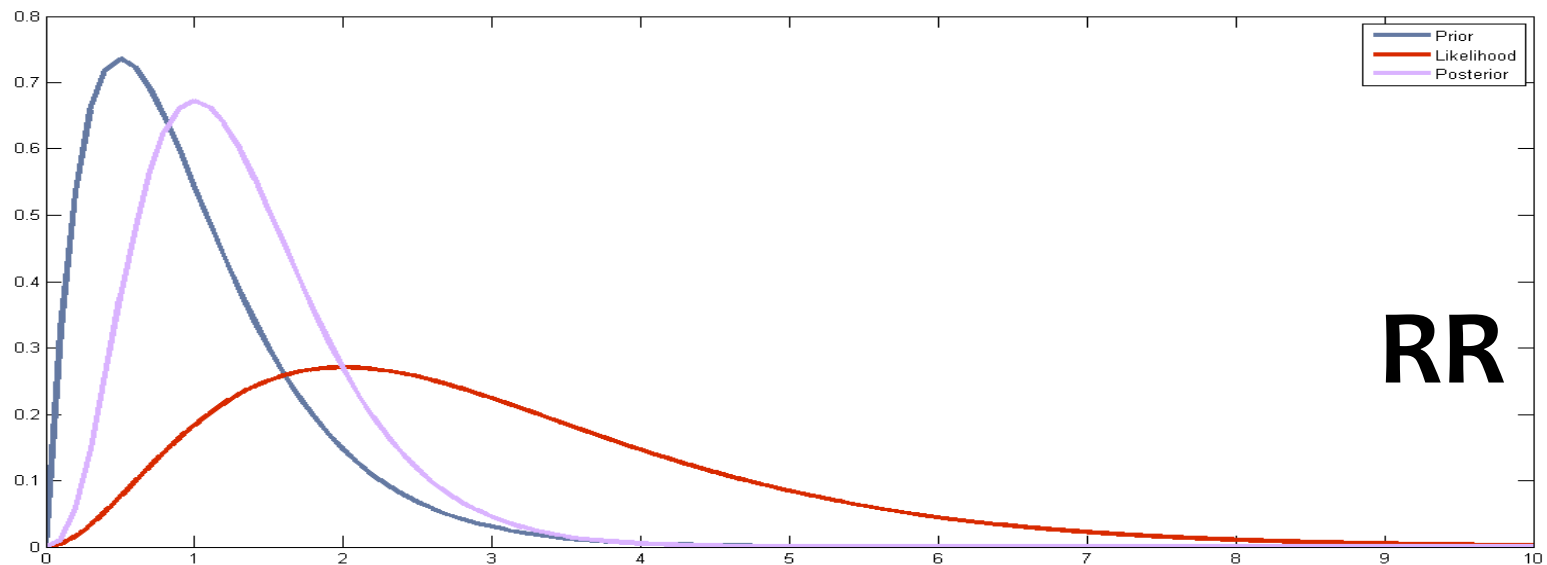
Here: our baseline assumption (until we have looked at data) is that the RR is 1 (most likely between 0.2 and 3)

Bayesian shrinkage



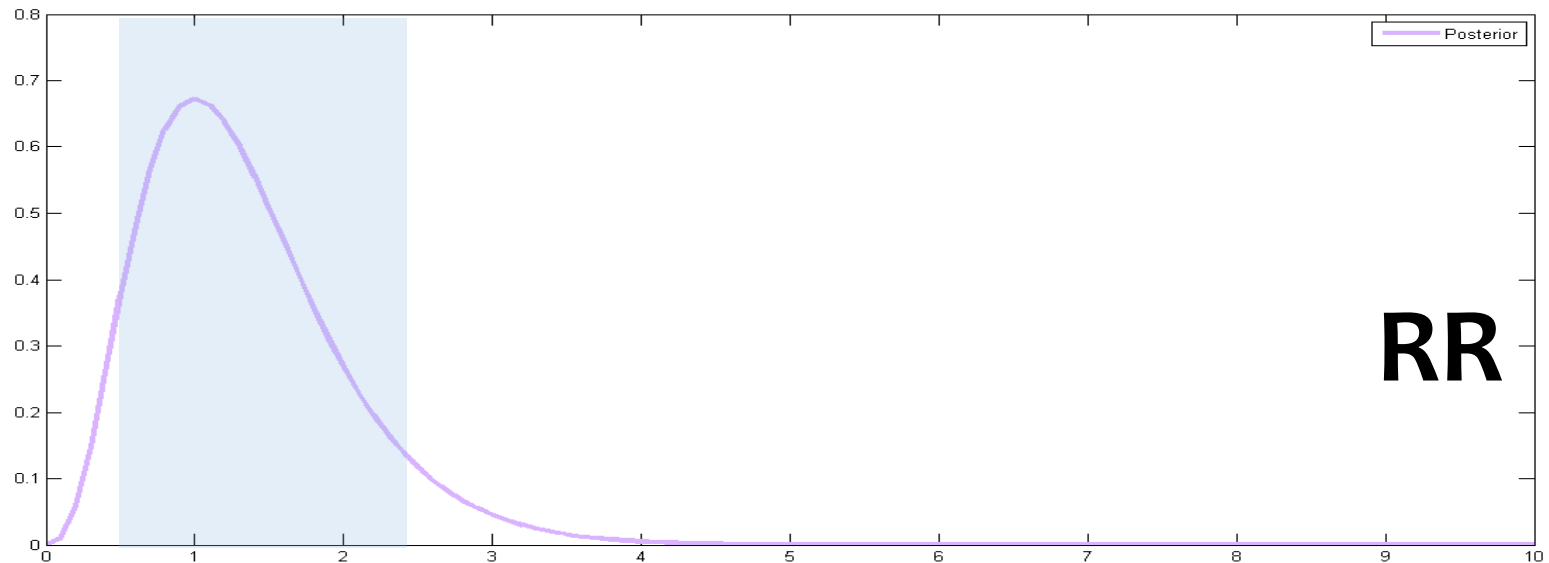
From data it appears that the RR is around 3

Bayesian shrinkage



Posterior distribution provides a compromise between data (likelihood) and prior
Balance between prior and likelihood depends on strength of prior and amount of data

Bayesian shrinkage



Bayesian credibility intervals provide a 'most likely' range for RR.
In practice used much the same way as confidence intervals.

PRR



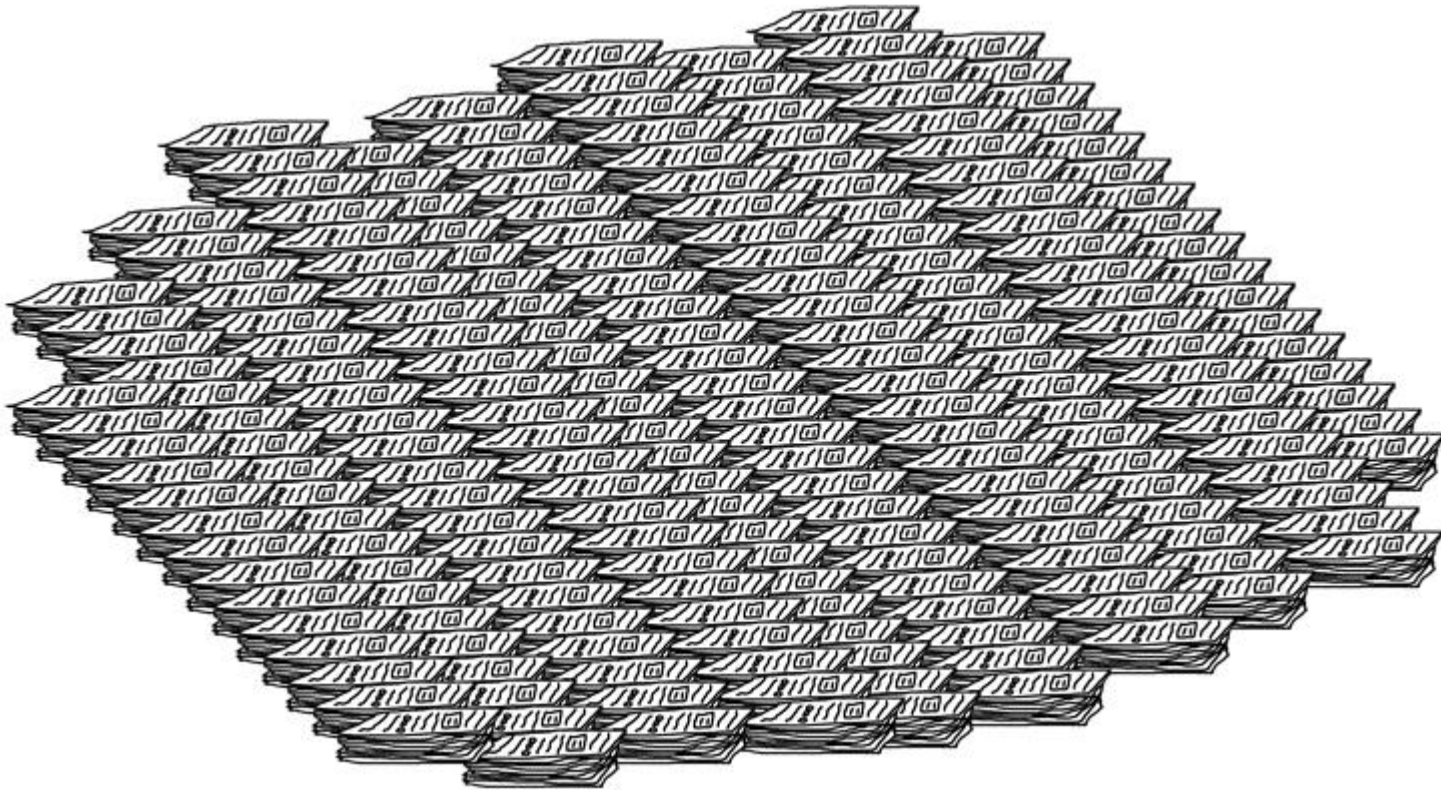
PRR

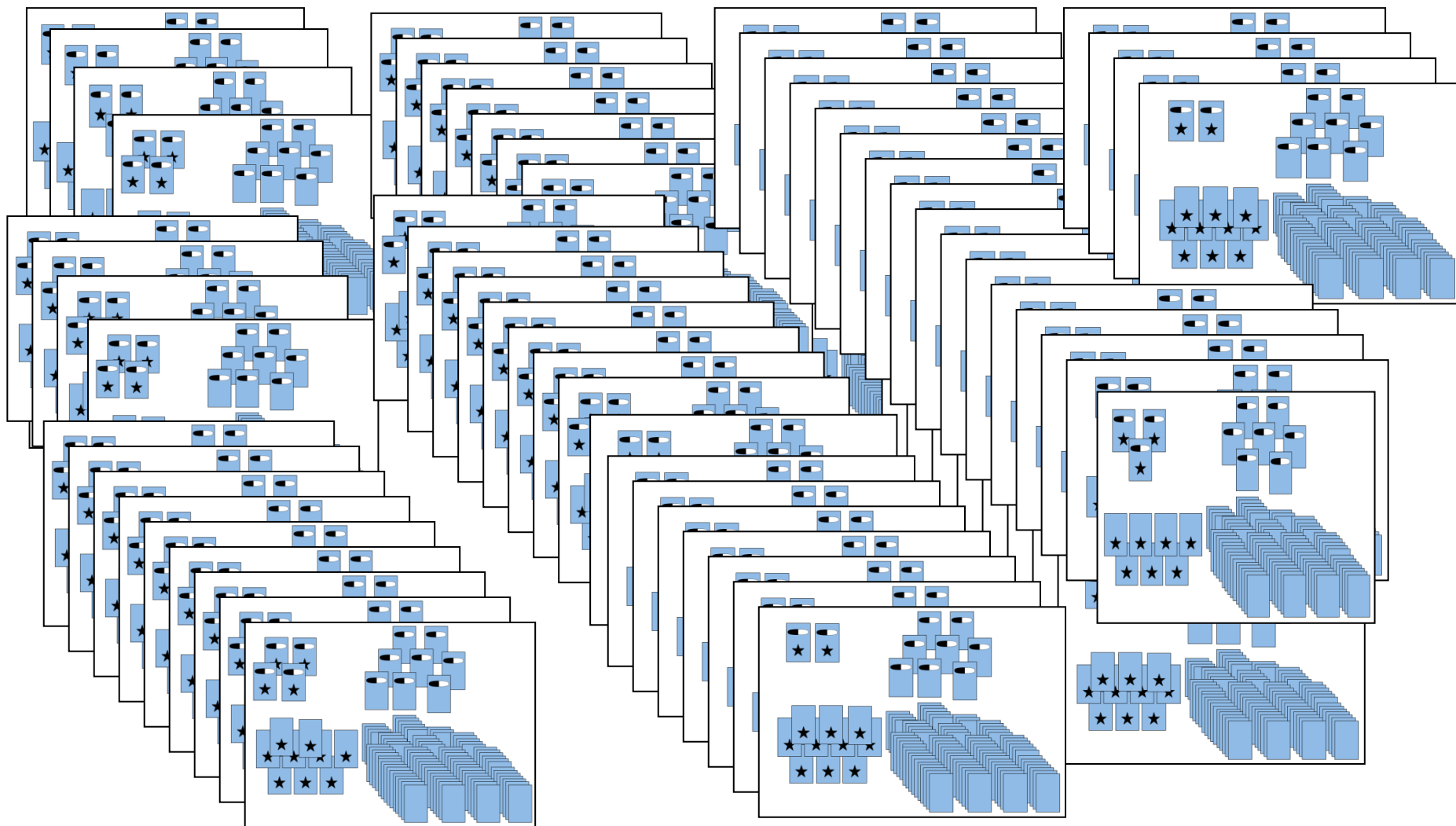


X^2



CT





PRR



X^2





CT

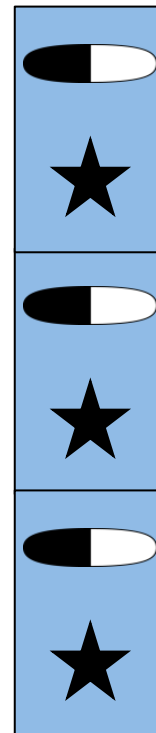


RR = 1

PRR



X²



IC

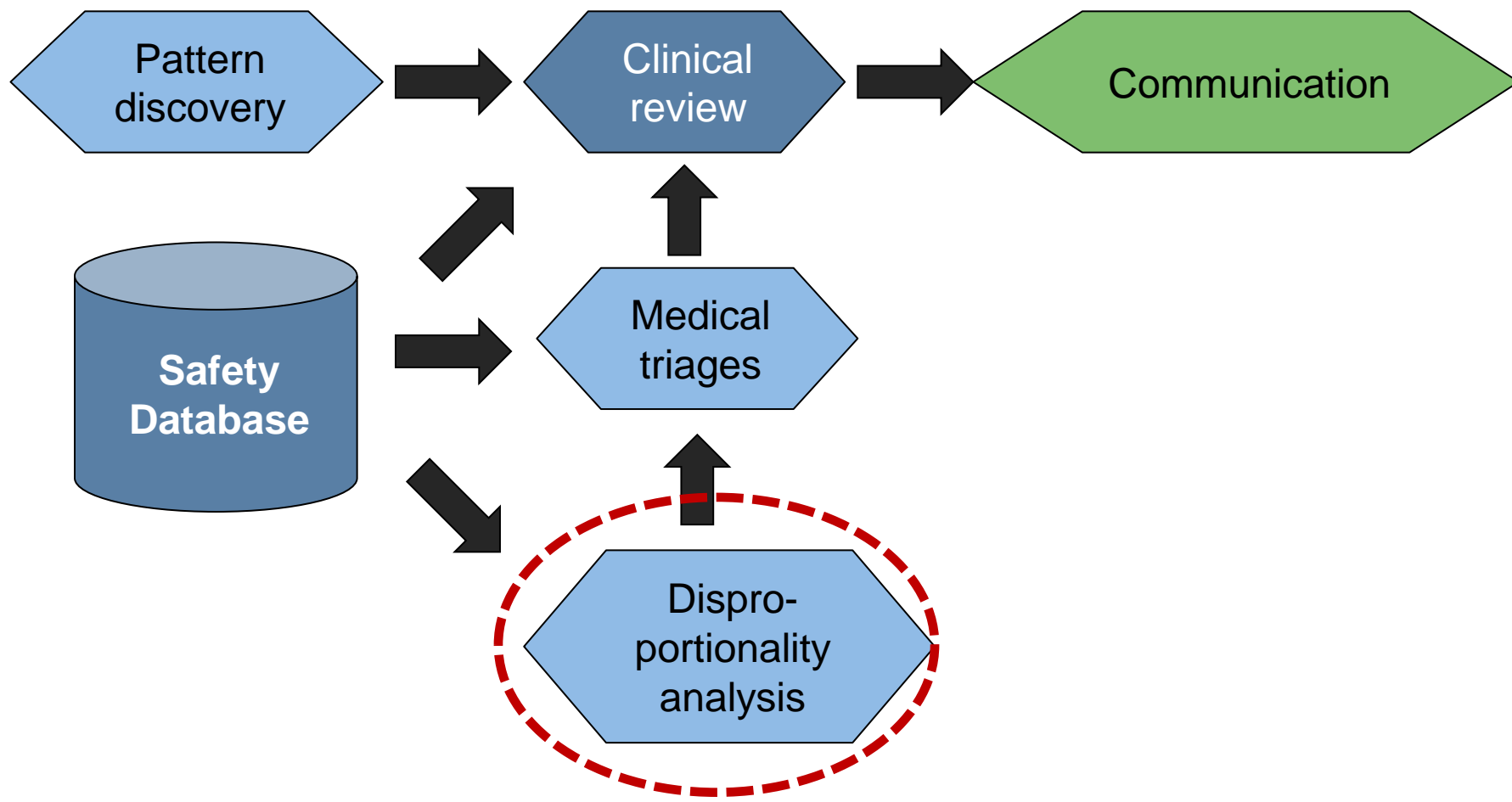
ROR

EBGM

PRR



Knowledge discovery process



References

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2. Norén GN, Hopstadius J, Bate A. **Shrinkage observed-to-expected ratios for robust and transparent large-scale pattern discovery.** *Statistical Methods in Medical Research* 2013; **22**(1):57-69.
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6. van Puijenbroek EP, Bate A, Leufkens HGM, Lindquist M, Orre R, Egberts ACG. **A comparison of measures of disproportionality for signal detection in spontaneous reporting systems for adverse drug reactions.** *Pharmacoepidemiology and Drug Safety*, 2002. **11**:3-10.
7. Bate A; Evans SJW. **Quantitative signal detection using spontaneous ADR reporting.** *Pharmacoepidemiology and Drug Safety*, 2009. **18**:427-436.