



**PROTECT**



Pharmacoepidemiological Research on Outcomes of Therapeutics by a European Consortium

# **PROTECT: Work Package 6**

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**PROTECT: An Innovative Public-Private Partnership for New Methodologies in Pharmacovigilance and Pharmacoepidemiology**

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# WP6 Participants of WP2 replicability research plan

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<i>Institutions</i>	<i>Names</i>
LASER	Lucien Abenhaim (WP Co-leader), Lamiae Grimaldi (WP co-leader alternate)
Sanofi Research and Development	Laurent Auclert (WP Co-leader-left in June14), Juhaeri Juhaeri (WP co-leader (alternate)), Stéphanie Tcherny-Lessenot (WP co-leader alternate) Laurence Mazuranok (WP Project Manager)
European Medicines Agency	Xavier Kurz
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## **Work Package 6 – Specific objectives**

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- To validate and test the transferability and feasibility of methods developed in PROTECT (WP2 to 5) to other data sources and population groups
- To determine the added value of using other data sources as a supplement or alternative to those generally used for drug safety studies, in order to investigate specific aspects or issues.

**Started in September 2010 (Year 2)**

## **WP2 Replicability research plan: Study Objectives, Rationale and Design**

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### **Research plan designed from defined study objectives applied to WP2 drug-event pairs**

- Replication in same database
- Replication in different database
- Negative control study
- Use of alternative outcome definition
- Validation of outcome
- Assessment of confounders

### **Key principles**

- Common protocol applied for each drug pair event
- Blinding procedure

## WP2 Replicability research plan: Study Objectives, Rationale and Design

Defined Study Objective	Scientific Question	DB identification	Study design
<b>Objective 1</b> <b>Replication study in same database</b>	Is the study replicable when conducted independently in the same database?	<ul style="list-style-type: none"> <li>• CPRD</li> <li>• Danish Psychiatric, Somatic Hospital Discharge &amp; Mortality Registers (DMR)</li> </ul>	Cohort study
<b>Objective 2</b> <b>Replication study in different database</b>	Do the results have external validity?	<ul style="list-style-type: none"> <li>• LabRx/Premier</li> <li>• MarketScan and Medicare</li> <li>• E3N</li> <li>• PGRx</li> <li>• UPOD</li> </ul>	<ul style="list-style-type: none"> <li>• Nested case control</li> <li>• Population case control</li> <li>• Cohort</li> <li>• Descriptive study</li> </ul>

## WP2 Replicability research plan: Study Objectives, Rationale and Design

Defined Study Objective	Scientific Question	DB identification	Study design
<b>Objective 3</b> <b>Negative control study</b>	Does a study using the same protocol provide absence of evidence of an association where the exposure is such that the expected result is one of no association?	<ul style="list-style-type: none"> <li>• LabRx/Premier</li> <li>• PGRx</li> </ul>	<ul style="list-style-type: none"> <li>• Nested case control (AMI)</li> <li>• Population case control</li> </ul>
<b>Objective 4</b> <b>Use of alternative outcome definition</b>	What is the impact of different levels of certainty of the outcome (e.g. definite, probable, possible) on the effect estimate?	<ul style="list-style-type: none"> <li>• GPRD</li> <li>• PGRx</li> <li>• DMR</li> </ul>	<ul style="list-style-type: none"> <li>• Population case control</li> </ul>

## WP2 Replicability research plan: Study Objectives, Rationale and Design

Defined Study Objective	Scientific Question	DB identification	Study design
<b>Objective 5</b> <b>Validation of outcome</b>	Has the outcome of interest been validated through clinical record review? What is the impact of validation on the effect estimate?	<ul style="list-style-type: none"> <li>• GPRD</li> <li>• LabRx/Premier</li> <li>• UPOD</li> <li>• DMR</li> <li>• CPRD</li> </ul>	<ul style="list-style-type: none"> <li>• Population case control</li> <li>• Nested case control</li> <li>• Cohort study</li> </ul>
<b>Objective 6</b> <b>Assessment of confounders</b>	Has confounding been adequately taken into consideration? Are there additional confounders that need to be assessed? How does better control for confounding impact the effect estimate?	<ul style="list-style-type: none"> <li>• UPOD</li> <li>• PGRx</li> <li>• DMR</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive study</li> <li>• Population case control</li> <li>• Cohort study</li> </ul>

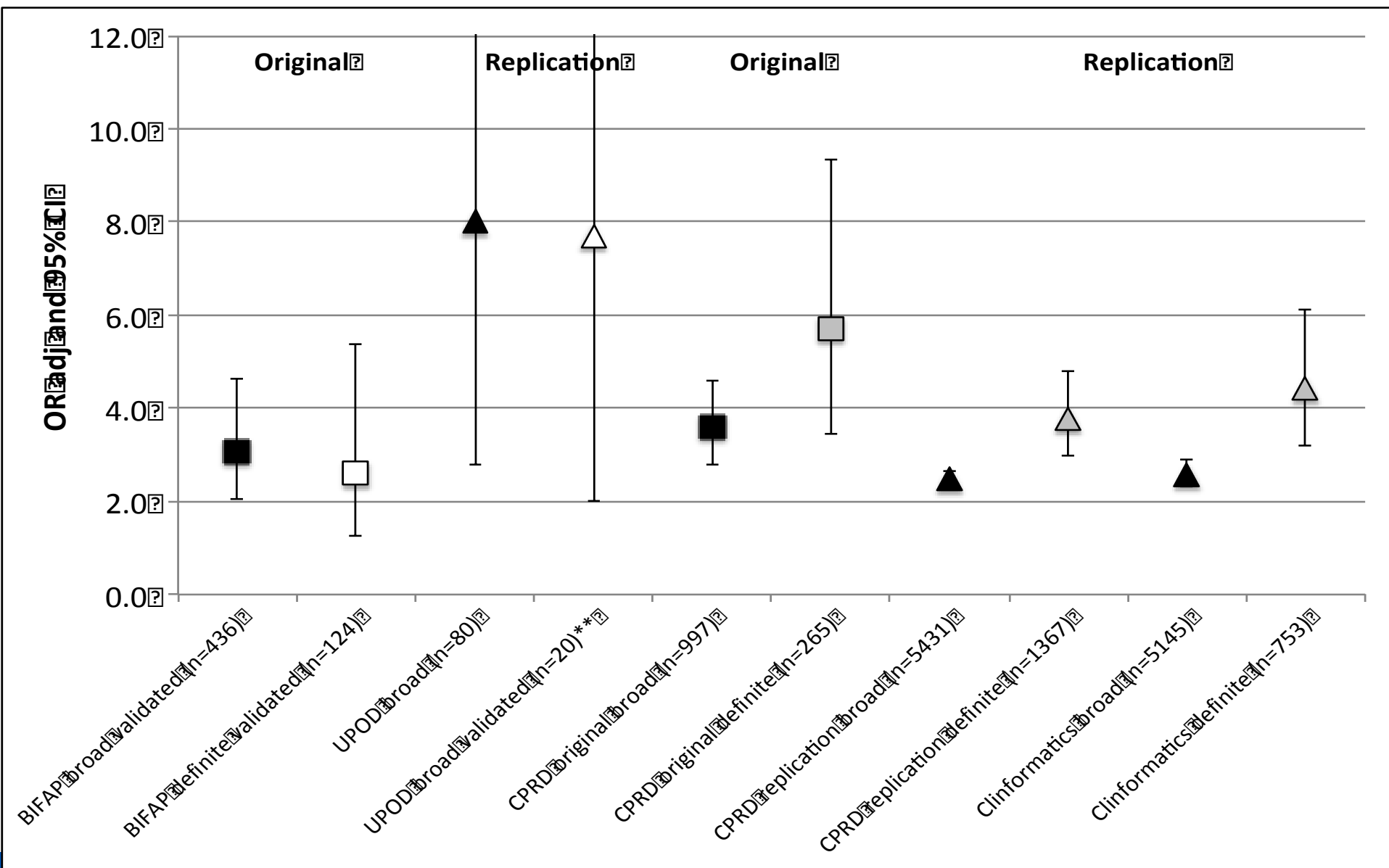
## Antibiotics and acute liver injury (ALI)

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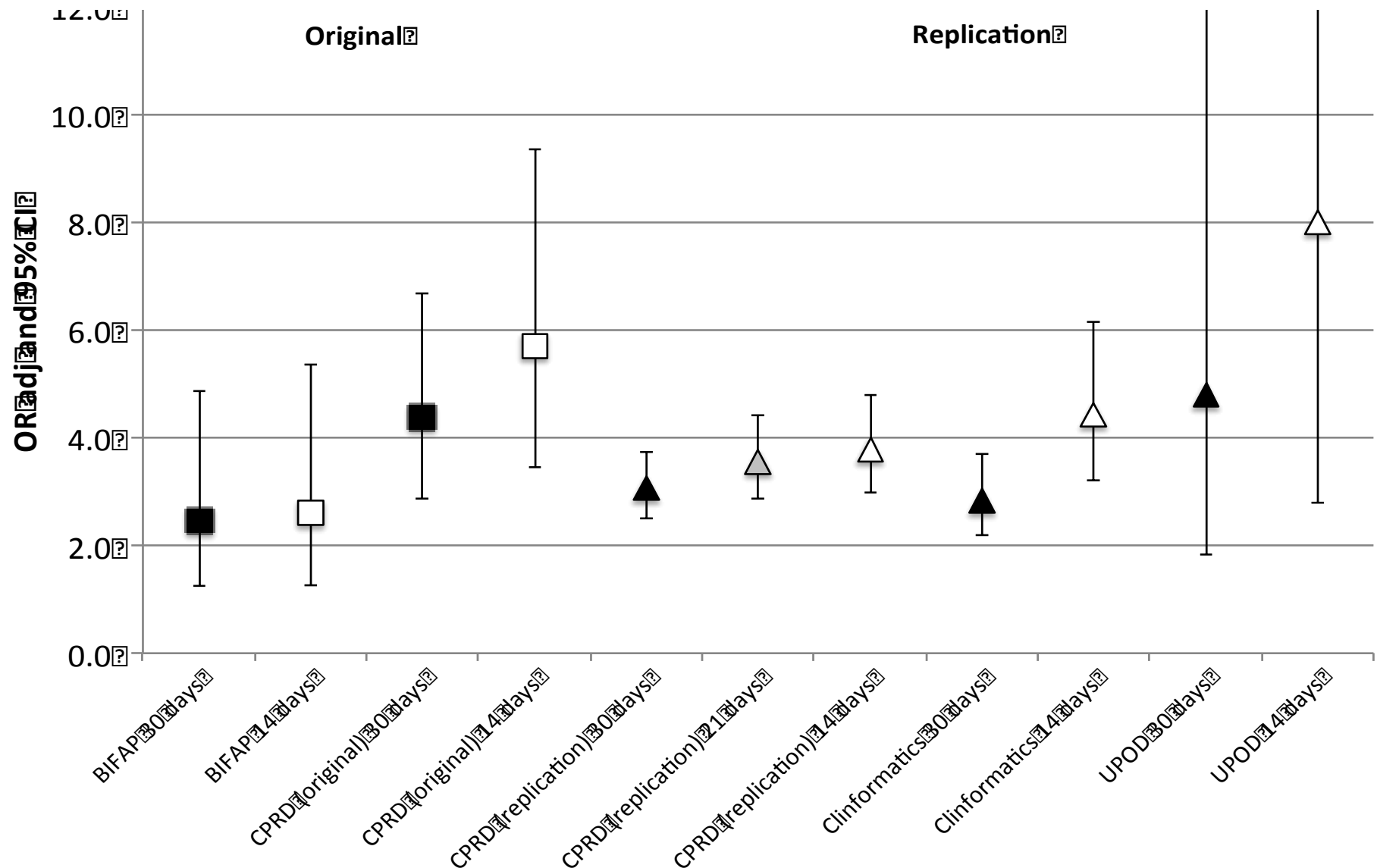
- Used for replication in the same database, assessment of alternate definition (CPRD)
- Used for replication in another database (Clinformatics)
- Used for validation of outcomes: UPOD
  - UPOD (WP6) and BIFAP (WP2) used validated cases (definite validated cases in BIFAP and broad validated cases in UPOD)



# Adjusted odds ratios of ALI associated with current antibiotic use across databases according to case definitions.



# Adjusted odds ratios of definite cases\*\* of ALI associated with antibiotic use across databases and different definitions of time window at risk



## Beta2 agonists and myocardial infarction

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- Used as replication in another database
  - PGRx
  - Clinformatics

## Results: Beta2 agonists & AMI

Drug-event pair	Database	Design	Status	Who?
Beta2 agonists & AMI	PGRx	Case-control	Completed	LASER
	LabRx	Cohort	Completed	Sanofi

### Exposure to Beta2 agonists

PGRx	Crude OR (95% CI)	Adjusted OR (95% CI)
<b>2 months before index date</b>		
Exposure in this time window	1.23 (0.95 - 1.58)	1.19 (0.75 – 1.89)
<b>12 months before index date</b>		
Exposure in this time window	1.14 (0.91 - 1.44)	1.01 (0.66 – 1.55)

### LabRx

Cohort 325,377	Crude HR	Adjusted HR
Current users of LABA	1.09 (0.93-1.29)	0.93 (0.79-1.10)
Recent (90 days)	1.30 (1.10-1.53)	1.26 (1.04-1.21)

# Antibiotics and acute myocardial infarction (AMI)

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- Used as an exercise around negative control using case-control design
  - PGRx
  - Clinformatics

## Results: Antibiotics and AMI (negative control)

Drug-event pair	Database	Design	Status	Who?
Antibiotics and AMI	LabRx	Case-control	Completed	Sanofi
	PGRx	Case-control	Completed	LASER

Exposure to antibiotics	Crude OR (95% CI)	Adjusted OR (95% CI)
<b>PGRx</b>		
<b>2 months before index date</b>		
Exposure in this time window	1.22 (0.98 - 1.51)	1.24 (0.99 - 1.56)
<b>12 months before index date</b>		
Exposure in this time window	1.07 (0.94 – 1.22)	1.06 (0.92 – 1.24)
<b>LabRx</b>		
<b>2 months before index date</b>		
Exposure in this time window	1.45 (1.40-1.50)	1.35 (1.30-1.39)
<b>12 months before index date</b>		
Exposure in this time window	1.25 (1.23-1.28)	1.13 (1.11-1.16)

## **Antiepileptics and suicidality**

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- Used as replication in the same database and validation of outcome (Danish register)
- Used as replication in another database, use of alternate definition (PGRx)

# Results: Antiepileptic & Suicidality

Drug-event pair	Database	Design	Status	Who?
Antiepileptic & Suicidality	Danish register	Cohort	Completed	AU
	PGRx	Case-control	Completed	LASER

## Exposure to antiepileptic drugs

### PGRx

Crude OR  
(95% CI)

Adjusted OR  
(95% CI)

### 2 months before index date

Exposure in this time window

3.10 (2.05 - 4.69)

1.98 (1.24 - 3.18)

### 12 months before index date

Exposure in this time window

3.08 (2.12 - 4.49)

1.85 (1.21 - 2.85)

## Danish Registry (Carbamazepine)

Crude HRR

Standard covariate  
adjustment

### Cohort study (N=43,035)

(IR current/IR past )

HRR (95% CI)

Current use

2.14

0.99 (0.87-1.13)

## CPRD (Carbamazepine) (N=46,364)

Current use

2.17

2.16 (1.65-2.83)



## Results: Comparison of cases and controls by exposure to antiepileptic drugs according to current depression episode

Patients with current major depressive episode				Patients without current depression		
	Cases (n=298)	Controls (n=249)		Cases (n=163)	Controls (n=2202)	
	n (%)	n (%)	Adj OR [95%CI]	n (%)	n (%)	Adj OR [95%CI]
<b>2-month time window</b>						
Use of any AED (vs. none)	31 (10.4)	14 (6.3)	<b>2.2 [1.1 - 4.3]</b>	8 (4.9)	64 (2.6)	<b>1.4 [0.6 - 3.1]</b>
<b>12-month time window</b>						
Use of any AED (vs. none)	41 (13.8)	19 (8.1)	<b>2.2 [1.2 - 4.0]</b>	10 (6.1)	79 (3.3)	<b>1.3 [0.6 - 2.8]</b>

Among those with depression, cases were more than twice as likely to be exposed to any AEDs than controls, whereas no difference observed in those without depression

## Results: Comparison of cases and controls by exposure to antiepileptic drugs according to the presence of a neurologic condition\*

	Patients with a neurologic condition*			Patients without any neurologic condition*		
	Cases (n=89)	Controls (n=201)		Cases (n=417)	Controls (n=2628)	
	n (%)	n (%)	Adj OR [95%CI]	n (%)	n (%)	Adj OR [95%CI]
<b>2-month time window</b>						
Use of any AED (vs. none)	15 (16.9)	38 (18.1)	<b>1.2 [0.5 – 2.5]</b>	29 (7.0)	53 (1.8)	<b>3.1 [1.8 - 5.3]</b>
<b>12-month time window</b>						
Use of any AED (vs. none)	17 (19.1)	39 (18.2)	<b>1.3 [0.6 - 2.8]</b>	39 (9.4)	74 (2.6)	<b>3.0 [1.9 - 4.8]</b>
<b>12-month time window</b>						
Use of any AED (except clonazepam only) (vs. none)	-	-	-	8 (1.9)	42 (1.6)	<b>1.0 [0.4 – 2.3]</b>

\*Epilepsy, migraine, chronic neuropathic pain

## WP2 Replicability research plan:

### Conclusions

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Defined Study Objective	Conclusion
<b>Objective 1</b> <b>Replication study in same database</b>	<p>Case control analysis of ATB &amp; ALI, replicated in the CPRD</p> <ul style="list-style-type: none"> <li>• same point estimates, different CI due to fewer cases retained</li> <li>• The study is replicable when conducted independently in the same database</li> </ul>
<b>Objective 2</b> <b>Replication study in different database</b>	<p>2 drug-event pairs: ATB &amp; ALI and <math>\beta</math>2agonists &amp; AMI</p> <ul style="list-style-type: none"> <li>• Replication in different databases with different methods (using the same protocol for each method)</li> <li>• Point estimates very consistent with each other</li> <li>• Results have an external validity</li> </ul>

## WP2 Replicability research plan:

### Conclusions

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Defined Study Objective	Conclusion
<b>Objective 3</b> <b>Negative control study</b>	Case control analysis of ATB & AMI <ul style="list-style-type: none"> <li>• Similar trend towards an increased risk of AMI in recent antibiotic users (one significant and the other NS): <b>true negative?</b></li> <li>• Interpretation with caution</li> </ul>
<b>Objective 4</b> <b>Use of alternative outcome definition</b>	<ul style="list-style-type: none"> <li>• Misclassification / case definition</li> <li>• In the case of ATB&amp;ALI: point estimate increased with more precise definitions for non validated cases</li> </ul>

## WP2 Replicability research plan:

### Conclusions

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Defined Study Objective	Conclusion
<b>Objective 5</b> <b>Validation of outcome</b>	<ul style="list-style-type: none"> <li>- Few cases left after validation</li> <li>- Analysis not possible</li> </ul>
<b>Objective 6</b> <b>Assessment of confounders</b>	<ul style="list-style-type: none"> <li>-Antiepileptic drugs and SA: taking into account confounding by indication showed large differences in results</li> <li>- Otherwise generally minimal effect.</li> </ul>