

MHRA and the use of RWE

Why an OHDSI study-a-thon?

Katherine Donegan, Head of Epidemiology

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MHRA: Who are we?!

We are the regulator of medicines, medical devices and blood components for transfusion in the UK.

Our responsibilities include:

- ensure medicines and medical devices meet applicable standards of safety, quality and efficacy
- educate the public and healthcare professionals about the risks and benefits of medicines and medical devices and blood components, leading to safer and more effective use
- enable innovation and research and development that is beneficial to public health
- collaborate with partners in the UK and internationally to support our mission to enable the earliest access to safe medicines and medical devices and to protect public health

Scientific Research and Innovation

- Innovation accelerator
- Clinical investigations and trials
- Research and development

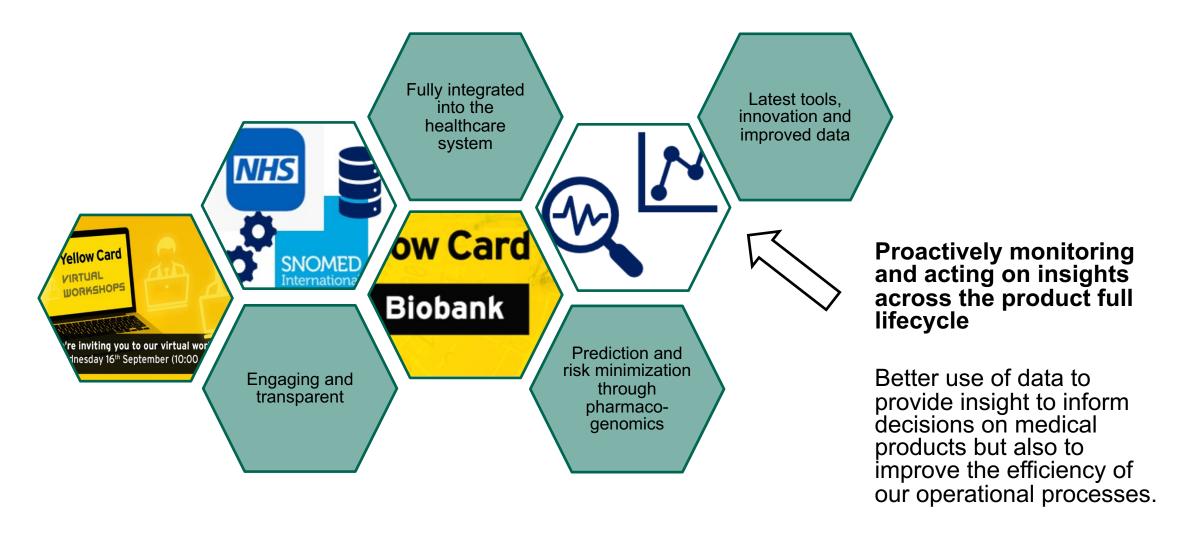
Healthcare Quality and Access

- Enabling access to innovative medicines and devices
- Population health

Safety and Surveillance

- Robust vigilance
- Implementation of evidencebased risk mitigation
- Public health

Transforming vigilance: our ambitions



Other drivers for increasing access to RWE

- Promoting innovation
 - Real world evidence to support authorisation
 - Innovative Licencing and Access Pathway early identification of RWE needs
 - Early access to medicines scheme requirements for proactive vigilance
- Recognised data gaps and opportunities
 - Independent medicines and medical devices safety review
 - Life sciences vision
 - Opportunity to build around the Clinical Practice Research Datalink
- Evolving landscape
 - Improvements to data particularly for medical devices
 - Advancing analytical methodologies and pipelines
 - COVID-19 experience
 - Role of regulators promoting robust use of RWE



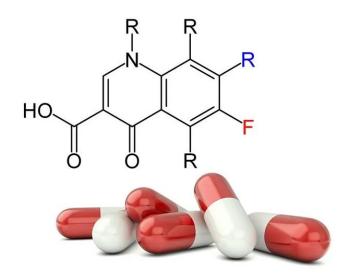




MHRA Study-a-thon: Fluoroquinolones & Rectopexy Mesh

Aims:

- Characterise use of <u>fluoroquinolones</u> in UK to monitor impact of RMMs
- Increase understanding on epidemiology of rectal prolapse & rectopexy (& associated outcomes).
- Increase understanding of utility of OMOP CDM
- Understand implications of CDM on robustness, timeliness, & availability of data
- Understand contribution to data gaps particularly devices





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Use of systemic fluoroquinolones in primary care and hospital settings in the UK: a drug utilisation study

Background



- Fluoroquinolone antibiotics have been approved decades ago
- They are commonly prescribed in primary care and hospitals to treat different types of infections, e.g. respiratory and urinary tract infections.
- More recently, they have been associated with an increased risk of severe adverse events
- MHRA issued Risk Minimisation Measures in March 2019
 - no fluoroquinolone prescriptions for self-limiting, mild or moderate infections
 - avoid use in patients who have previously had serious adverse reactions
 - special caution for people ≥60 years, renal impairment or solid-organ transplants
 - avoid use of a corticosteroid with a fluoroquinolone

GOV.UK

Home > Drug Safety Update

Fluoroquinolone antibiotics: new restrictions and precautions for use due to very rare reports of disabling and potentially long-lasting or irreversible side effects

Disabling, long-lasting or potentially irreversible adverse reactions affecting musculoskeletal and nervous systems have been reported very rarely with fluoroquinolone antibiotics. Fluoroquinolone treatment should be discontinued at the first signs of a serious adverse reaction, including tendon pain or inflammation.

From: Medicines and Healthcare products Regulatory Agency

Published 21 March 2019

Research question and Objectives



Objectives

<u>Population-level drug utilisation</u>:

To estimate the **incidence** and **prevalence** of use of fluoroquinolones in the UK stratified by setting, calendar term/year, and age for the period 2012-2022.

Additional analysis: Interrupted time series analyses

Patient-level drug utilisation

To characterise new users and calculate the duration, indication and dose of fluoroquinolone use in the UK, stratified by setting, calendar term/year, and age.

Additional stratifications for characterisation:

- before/after RMM intervention
- age groups 18-59, >60
- Comorbidities/comedication as suggested as by MHRA
- Previous use of other antibiotics



Study Protocol

Use of systemic fluoroquinolones in primary care and hospital settings in the UK: a drug utilisation study

07/09/2023

Version 1.1

CPRD Protocol number 23_003263

Methods



Study population

Population-level drug utilisation

All people in database

- recorded between 01/01/2012 and 31/12/2022
- at least 30 days of previous database visibility.

Patient-level drug utilisation

New users of any fluoroquinolone

- not using the same index medicine for 30 days
- between 01/01/2012 and 31/12/2022
- at least 30 days of visibility prior to therapy initiation



BARTS





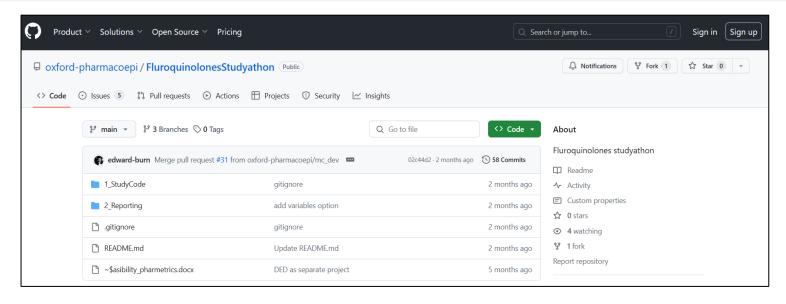
Methods



Diagnostics and Study Code

Feasibility checks

- DrugExposureDiagnostics
- CohortDiagnostics



R-Packages used for study

CodelistGenerator



(r-project.org)

IncidencePrevalence



PatientProfiles



DrugUtilisation

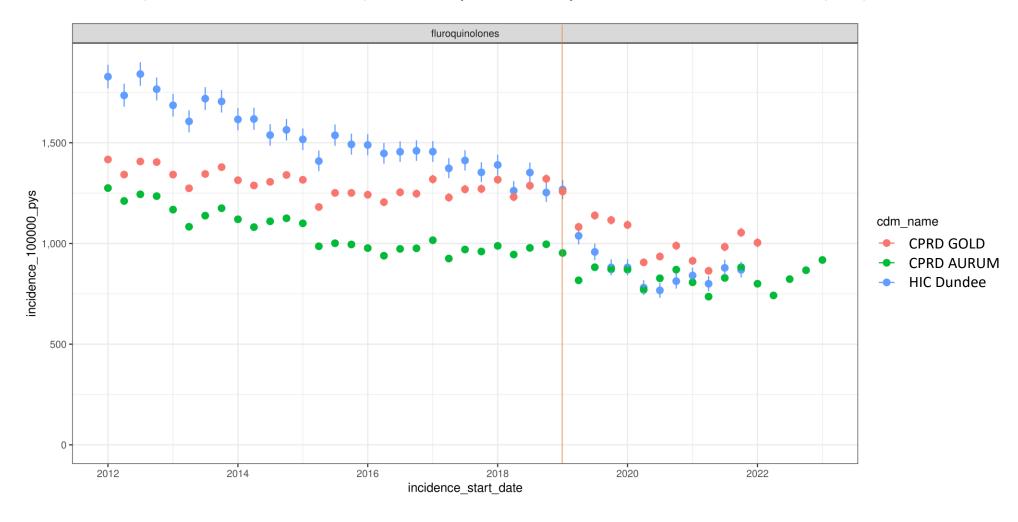


(r-project.org)

Population-level drug utilisation before/after RMM

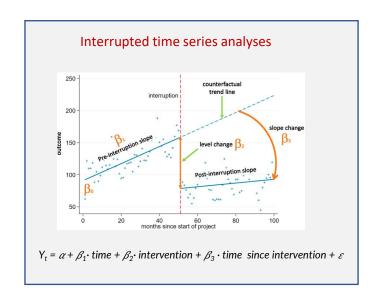


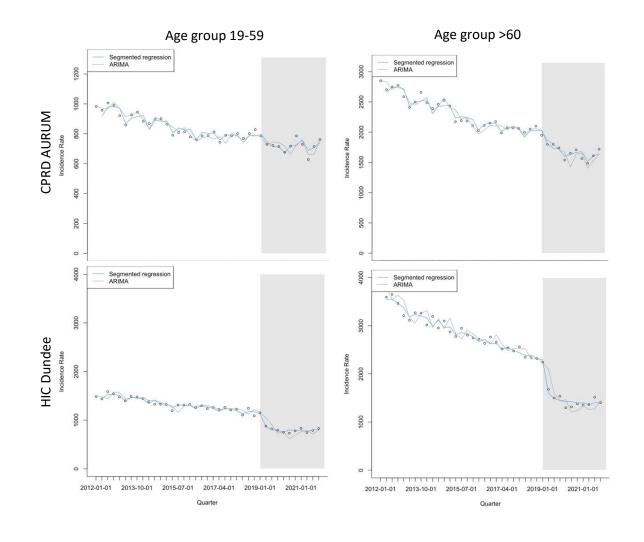
Primary care databases (CPRD GOLD + AURUM) + Primary/secondary care data from Scotland (HIC)



Interrupted time series analyses



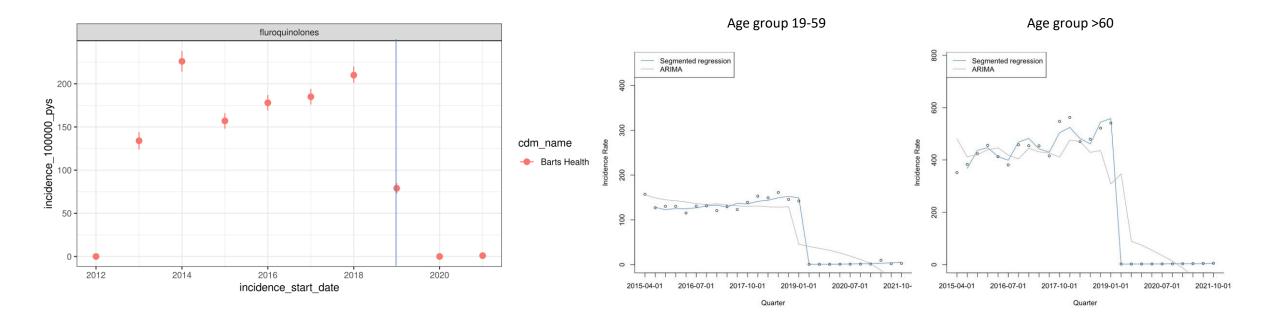




Population-level drug utilisation before/after RMM



Hospital databases (Barts Health) 2013-2021 [Great Ormond Street Hospital and Lancashire data 2019 onwards]



New user characterisation



Variable	Format	Primary care databases		Primary/Secondary care	Hospital databases		
		CPRD Aurum	CPRD GOLD	HIC Dundee	Barts Health	Lancashire	GOSH
Number of subjects	N	1,044,142	384,744	67,394	7,007	2,287	46
Number of records	N	1,621,106	606,683	113,740	8,680	2,527	192
Age	median [IQR]	58 [39 - 73]	59 [41 - 73]	58 [41 - 72]	57 [37 - 71]	70 [55 - 80]	6 [1 - 10]
Sex: Female	N (%)	807,037 (50%)	305,647 (50%)	55,397 (49%)	4,000 (46%)	1,236 (49%)	96 (50%)
Comedication							
Antibiotics 30 days prior	N (%)	512,815 (32%)	205,629 (34%)	NA	2,528 (29%)	NA	NA
Glucocorticoids 1 year prior	N (%)	256,745 (16%)	100,620 (17%)	NA	NA	NA	NA
Comorbidities							
Chronic Kidney Disease	N (%)	190,944 (12%)	73,448 (12%)	NA	1,632 (19%)	NA	NA
Solid organ transplant	N (%)	6,128 (0%)	2,297 (0%)	NA	275 (3%)	NA	NA
Trauma	N (%)	405,076 (25%)	132,508 (22%)	NA	252 (3%)	NA	NA
Stroke ischemic hemorrhagic	N (%)	21,187 (1%)	7,362 (1%)	NA	538 (6%)	NA	NA
COPD	N (%)	140,878 (9%)	52,072 (9%)	NA	1,649 (19%)	NA	NA
Heart valve disorder	N (%)	140,878 (9%)	52,072 (9%)	NA	1,649 (19%)	NA	NA
Hypertension	N (%)	441,640 (27%)	121,405 (20%)	NA	3,869 (45%)	NA	NA
Hyperlipidemia	N (%)	139,987 (9%)	46,181 (8%)	NA	2,339 (27%)	NA	NA
Ischemic heart disease	N (%)	128,943 (8%)	44,761 (7%)	NA	1,595 (18%)	NA	NA

Indication for fluoroquinolones before/after RMM



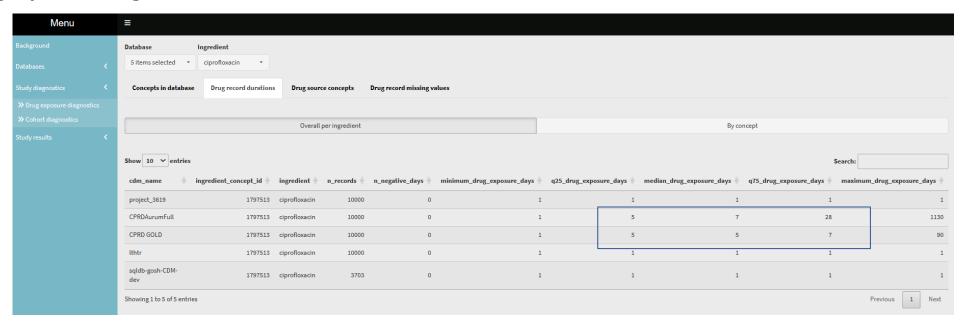
Conditions recorded within 7 days before treatment start was used as proxy for indication



Drug utilisation: DrugExposure Diagnostics



DrugExposureDiagnostics



		CPRD AURUM	CPRD GOLD
Duration	Median [IQR]	7 days [5 -10]	5 days [5-7]
Initial dose	Median [IQR]	1000mg [1000 – 1000mg]	1000mg [1000 – 1400mg]
Cumulative dose	Median [IQR]	7000mg [5000 – 1000mg]	7000mg [5000mg – 1000mg]

Conclusion



- ✓ RMM was effective in reducing population-level incidence of fluoroquinolones prescriptions
- ✓ Slightly stronger effect in people ≥60 years
- ✓ Substantial proportion of new users received different antibiotic the immediate time before "second-line" use
- ✓ Proportion of prescriptions for urinary tract infections and respiratory tract infections decreased after RMM relative to the time before

Thank you very much!



Katherine, Helen, Stephanie, John, Patrick, Allison Ed and Dani OHDSI UK Data Partners Oxford team



It's been a great week!



BARTS

BONE JOINT HEALTH

Rectopexy & the search for devices

Jennifer Lane MD

NIHR Academic Clinical Lecturer

Trauma & Orthopaedic Surgery

Aims of the surgical question

Epidemiology of Rectal prolapse

Epidemiology of Rectopexy

Rectopexy (surgical) coding incl subtypes

Rectopexy (surgical) complications

Can we really identify device use?

Is the device data useful?



Studyathon as a Data Partner

G

5 hospitals across East London, UK = 2.6M patients, 15y horizon



Specialist services

Cardiac/Cancer/Renal/ Paediatrics



Level 1 Trauma Centre

Ortho/ICU/Major trauma

Ortho:

100,000 patients per year

10,000 procedures



QMUL University

Barts & the London Medical (& Dental) School



Prolapse, Rectopexy & subtypes



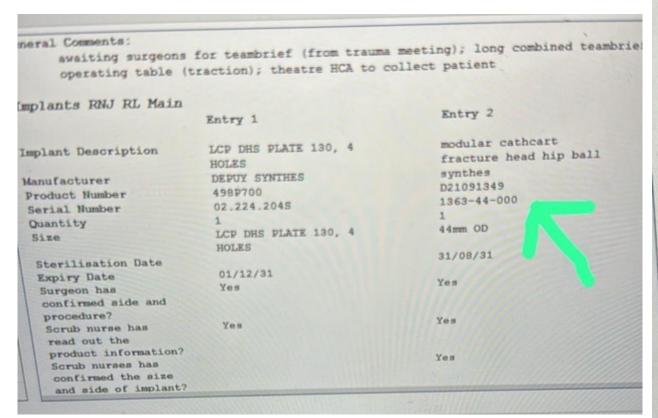
Based upon phenotyping work pre-studyathon (props to Albert Prats Uribe & team!)

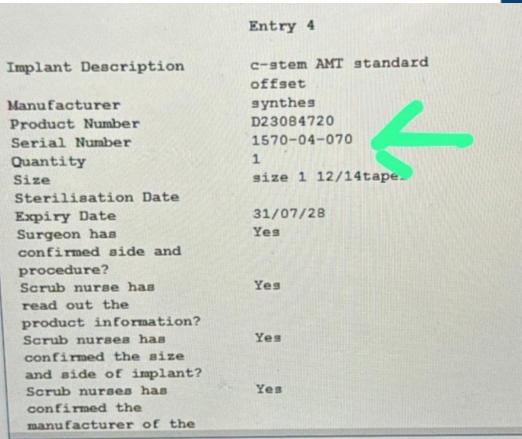
- Knowledge expert identify prolapse, rectopexy incl those with and without device use
- □Focus on OPCS -> SNOMED
- Outcome measures- complications 30d, 90d, 1y, 2y
- -> CodelistGenerator; PatientProfiles; DrugUtilisation; IncidencePrevalence
- -> +/- device identifier



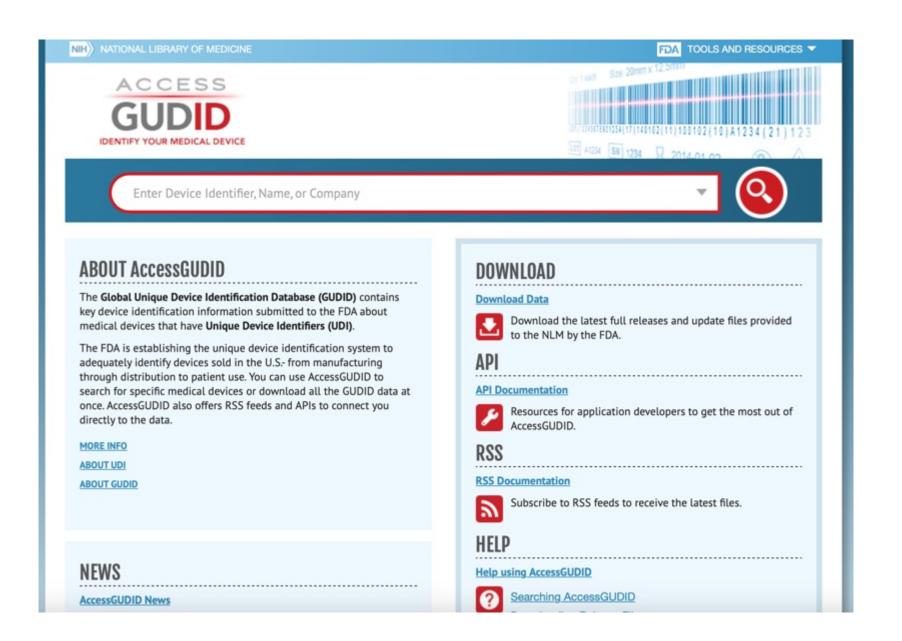
What happens in surgery?

From the OR to Oxford

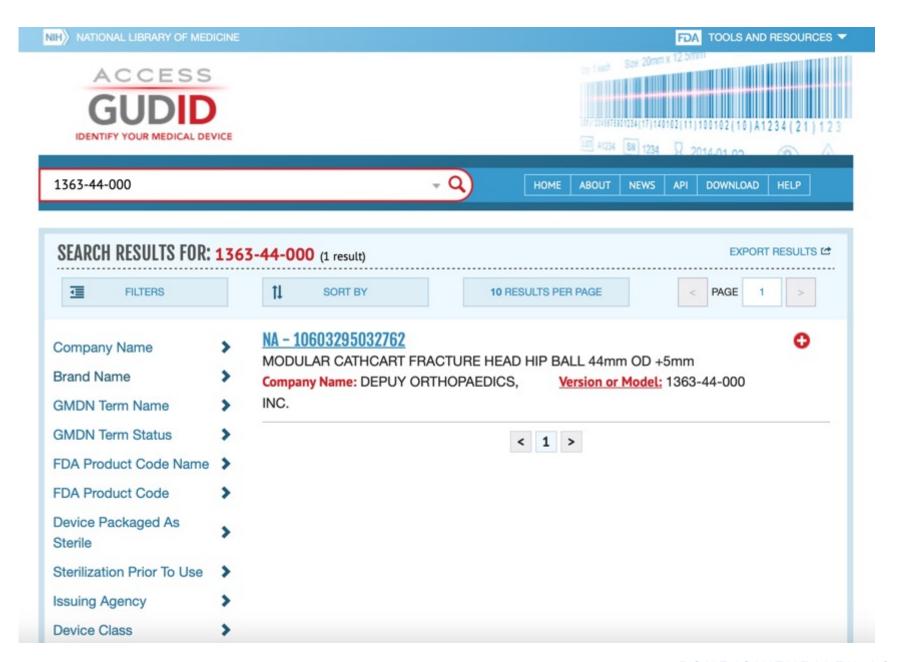




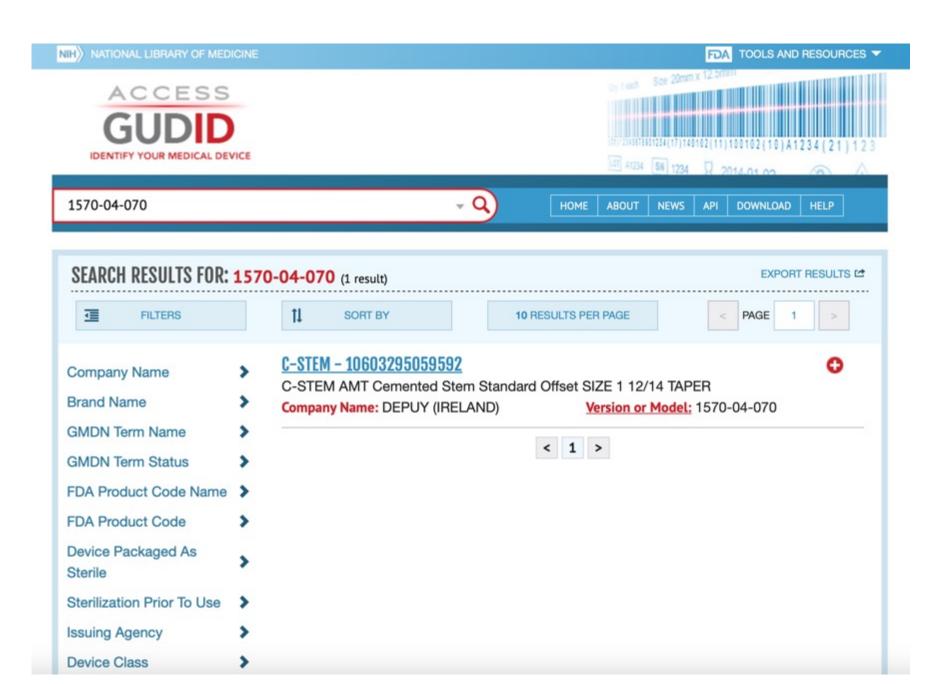












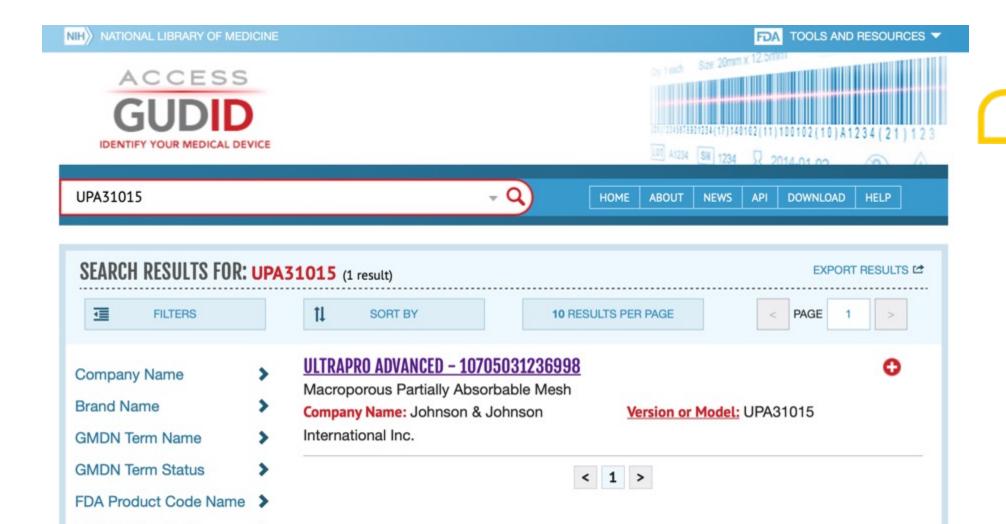


Studyathon – Rectopexy - Devices

Finding the associated device

Equipment serial number	Equipment serial number	80511303 4594507	4231843	08/05/2018 NULL	32817 NULL	UPA31015	
Equipment serial number	Equipment serial number	80572832 4604634	4231843	31/01/2018 NULL	32817 NULL	UPA31015	
Equipment serial number	Equipment serial number	87243359 49306379	4231843	01/02/2018 NULL	32817 NULL	UPA31015	
Equipment serial number	Equipment serial number	88835959 50655593	4231843	16/01/2019 NULL	32817 NULL	UPA31015	
Equipment serial number	Equipment serial number	89117294 50890772	4231843	31/07/2019 NULL	32817 NULL	UPA31015	





FDA Product Code

Device Packaged As

Sterile

Device Progress

What did we achieve?



- Discovered specific implants in our cohorts
- Generated device specific cohort future use
- 1,200,000 implantable device serial numbers found in Barts Data during Studyathon
- ☑ Identification of devices in other UK Node partners



Learning Points



- Consistency of data entry
- → Formats of UDI vary internationally (but predictable)
- Understanding UDI format in our data
- Developing infrastructure to analyse data related to these devices



What's next?

Taking the work forward



Identify approved devices

02

Re-format data within our CDM for devices

03

Check consistency of data entry

04

Generate device specific cohorts

05

Develop longitudinal surveillance of specific devices 06

Build infrastructure and capacity + local community



Big Thanks to Collaborators

- □ Lancashire Teaching Hospitals NHS trust
- **D** CPRD
- University of Dundee
- University of Oxford











Thank you

- @jennifercelane
- @usamarahman
- @xlgriffin





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bonejointhealth.ac.uk W

boneandjointhealth@qmul.ac.uk



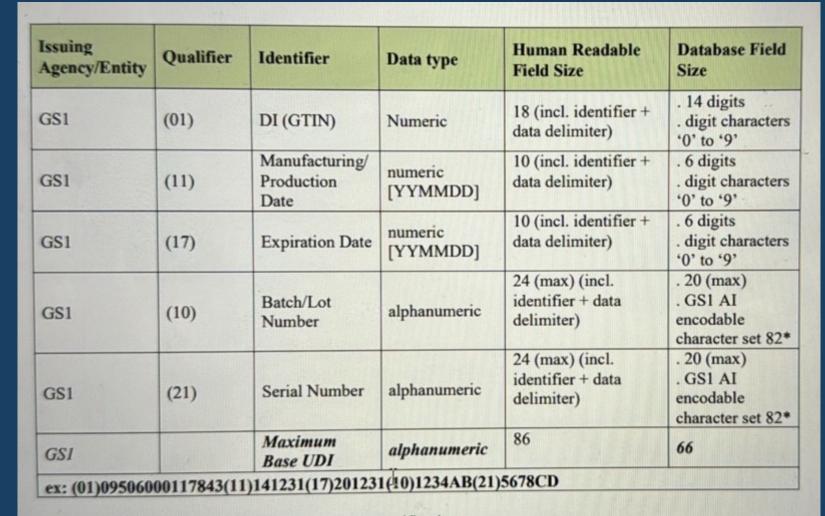
@bartsbonejoint











^{*} See Table 7.11.1 of the GS1 General Specifications: https://www.gs1.org/docs/barcodes/GS1_General_Specifications.pdf

