

Enhancing PRAC engagement with patients and healthcare professionals –

Development of PRAC Points-to-Consider

PCWP and HCPWP September 2021



PRAC Impact Strategy

- Active engagement and capacity-building with patient communities and healthcare professional bodies regarding effective risk minimisation
- Establish a process for involvement of patient and healthcare professional organisations/bodies and healthcare providers in evaluation of effectiveness of risk minimisation measures (RMM)



Quantitative review of PRAC engagement event 2015-2019

130 engagement events:

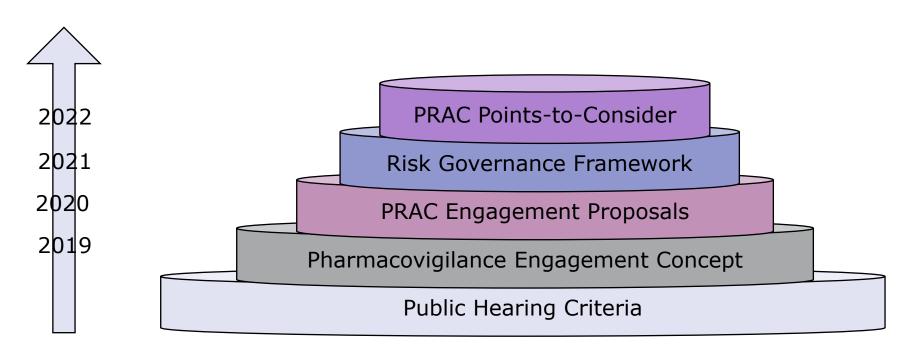
Thank you!

- Safety communication review: 50
- DHPC reviews: 36
- Written consultation: 22
- Scientific Advisory Group meeting: 4
- Ad hoc expert group meeting: 8
- Stakeholder meeting: 5
- Teleconference: 2
- Public hearing: 2
- Scientific publication: 1

Engagement events total excluding DHPC and safety communications review: 44 (28 products)



Achievements and plans for evidence-based enhancement of PRAC engagement



- Feasibility to hold a public hearing in light of the urgency of the matter
- Nature and extent of the safety concern
- Therapeutic effect of the medicine and availability of therapeutic alternatives
- Potential impact of regulatory actions on therapeutic practice and availability of treatments
- Level of public interest

Public Hearing Criteria



Pharmacovigilance engagement = an ongoing knowledge exchange among stakeholders

- **Breadth** = Quantity and diversity of stakeholders being engaged
- Depth = Extent of knowledge exchanged between stakeholders and adopted for mutual understanding (information – consultation- participation)
- **Texture** = Interactive dynamics of what engagement 'feels' like, what does it mean, how it does shape motivations to engage and change behaviours based on values, emotions, (mis)trust and rationales
- These 3 dimensions are linked in complex manner, both in terms of processes and outcomes

[Brown & Bahri, 2019]

Pharmacovigilance Engagement Concept

Proposals derived from valproate case study

- A) Agreeing on appropriate RMM with stakeholders and catalysing healthcare leadership for RMM implementation
- B) Building-up stakeholder input on all elements critical to RMM implementation
- C) Collaborating with all stakeholders for monitoring implementation and evaluating RMM

[Bahri, Morales, Inoubli, Dogné & Straus, 2020]

PRAC Engagement Proposals

International Risk Governance Council (IRGC) Framework

Simple risk, i.e. causality of risk and effectiveness of risk minimisation can be established

Complex risk, i.e. difficult to make a decision on action due to persisting complexity (e.g. certain assumptions must be made for causality assessment; evidence remains incomplete)

Uncertain risk, i.e. difficult to make a decision on action due to persisting complexity (e.g. certain assumptions must be made for causality assessment; evidence remains incomplete)

Ambiguous risk, i.e. divergent perspectives among stakeholders on the rationale for action



Different types of discourse

Risk Governance Framework

Applicability of IRGC Framework

Risk of lipodystrophy with medicines used for highly active antiretroviral therapy (HAART): First-time engagement of patient and healthcare professional representatives in a multi-stakeholder oversight committee for research requested by EMA for an adverse reaction suspected and notified by patients themselves (1999)

Risk of carcinogenicity with contaminated nelfinavir-containing products: First-time engagement of EMA where a patient representative was contacted by EMA immediately after a marketing authorisation holder's notification of a quality defect and before the risk assessment could be started (<u>Note</u>: The risk assessment demonstrated that the exposure of patients had been below the toxic threshold) (2007)

Risk of teratogenicity with thalidomide: First-time engagement of EMA where victim and patient representatives were brought together by EMA at a dedicated meeting (2007)

Risk of progressive multifocal leukoencephalopathy (PML) with natalizumab: First-time invitation of patient representatives in a Scientific Advisory Group (SAG) meeting regarding a risk of an authorised medicine (2008)

Risk of venous thromboembolism (VTE) with combined hormonal contraceptives (CHCs): First-time dedicated meeting with patient and healthcare professional representatives for Pharmacovigilance Risk Assessment Committee established in July in 2012 under then new legislation (2013)

Risk of teratogenicity with valproate: First-time public hearing at the Pharmacovigilance Risk Assessment Committee (PRAC) (2017)

- To support PRAC for systematic consideration of engagement options and questions to stakeholders
- To achieve consistent, risk-proportionate and effective engagement
- Support to PRAC decision on RMM

PRAC Points-to-Consider

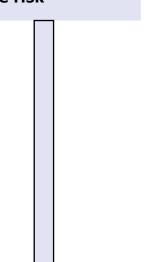


Risk scenario

defines

Engagement objective

Simple risk



RMM Implementation

Agree on how to put RMM into practice

Complex risk



Evidence gathering

Input to support PRAC decision on risk characteristics, best risk estimates and proportionate RMM

AND

RMM Implementation

Agree on how to put RMM into practice

Uncertain risk



Evidence gathering

AND

Precautionary action

Input to support PRAC decision on proportionate precautionary RMM

AND

RMM Implementation

Agree on how to put RMM into practice

Ambiguous risk



Evidence gathering

AND

Consensus

Find agreement across stakeholders and support PRAC decision on RMM

AND

RMM Implementation

Agree on how to put RMM into practice

classified as public by the European Fledicines Agency



defines

Engagement objective

defines

Engagement event

Considerations for prioritising and optimising:

- Discourse type and texture
- Focussed questions
- Breadth
- Depth
- Timelines
- Privacy vs publicity and other stakeholder preferences
 and taking into account the regulatory procedure

Stakeholder events

Written consultations

Dedicated meetings

Scientific Advisory Groups (SAGs)

Public hearings

[Bahri & Pariente, 2021]

Develop together and pilot!

- PRAC Impact Group engagement workstream
- PRAC
- PCWP + HCPWP

Status and next steps:

- Draft of July 2021 available
- Presented to PRAC Impact Group and PRAC, and discussion by PRAC to be continued in Q3/Q4 2021
- Further development with PCWP, HCPWP and PRAC input at PRAC Impact Group engagement workstream Q4 2021/Q1 2022
- Piloting in 2022

PRAC Points-to-Consider

References

EMA. Rules of procedure on the organisation and conduct of public hearings at the Pharmacovigilance Risk Assessment Committee (PRAC). Rev 1. EMA: Amsterdam; 2020. Accessible at: https://www.ema.europa.eu/en/documents/regulatory-procedural-guideline/rules-procedure-organisation-conduct-public-hearings-pharmacovigilance-risk-assessment-committee en.pdf.

Brown P, Bahri P. 'Engagement' of patients and healthcare professionals in regulatory pharmacovigilance: establishing a conceptual and methodological framework. Europ J Clin Pharmacol. 2019; 75: 1181-1192. Accessible at: https://link.springer.com/article/10.1007/s00228-019-02705-1.

Bahri P, Morales DR, Inoubli A, Dogné JM, Straus SMJM. Proposals for Engaging Patients and Healthcare Professionals in Risk Minimisation from an Analysis of Stakeholder Input to the EU Valproate Assessment Using the Novel Analysing Stakeholder Safety Engagement Tool (ASSET). Drug Saf. Online 30 Oct 2020. Accessible at: https://link.springer.com/article/10.1007%2Fs40264-020-01005-3.

International Risk Governance Council (IRGC). Introduction to the IRGC Risk Governance Framework (revised version). Lausanne: EPFL International Risk Governance Center; 2017.

Renn O, with annexes be Graham P, on behalf of the IRGC Scientific and Technical Council. White paper on risk governance towards an integrative approach. Geneva: International Risk Governance Council (IRGC); 2005.

Bahri P, Pariente A. Systematising pharmacovigilance engagement of patients, healthcare professionals and regulators – a practical decision-guide derived from the International Risk Governance Framework for engagement events and discourse. Drug Saf. Epub 15 Sep 2021. Accessible at: https://link.springer.com/article/10.1007/s40264-021-01111-w.



Thank you

Further information

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