

How patients contribute to the safety monitoring of medicines

Multi-stakeholder workshop on patient experience data in medicines development and regulatory decision-making

Presented by Sabine Straus on 21 September 2022 PRAC Chair and Medicines Evaluation Board (NL)







Outline

- Patient engagement in safety monitoring and risk minimisation
- Patient experience in safety monitoring and risk minimisation
- Added value of patient experience examples:
 - Public hearings
 - ADR monitoring and Real World Data
 - PRISMA
- Conclusions

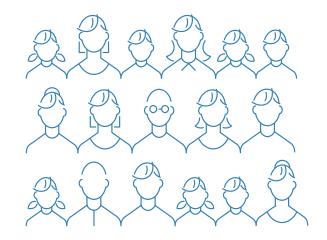
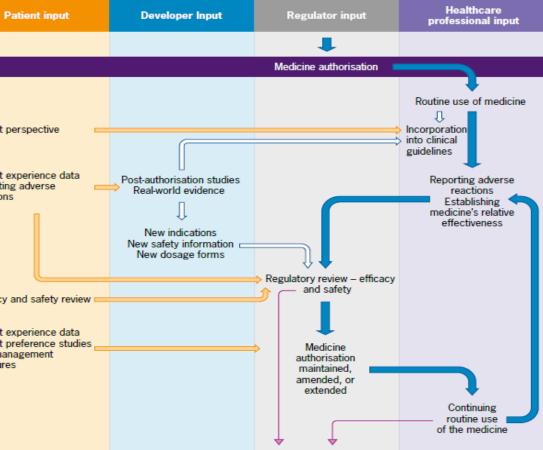


Figure 1b: Patient involvement during a medicine lifecycle – post-authorisation Source: CIOMS Working Group XI

Patient input **Developer Input** Reg Describe unmet need Early medicine Perspective on development and Patient perspective medicine development laboratory studies Patient perspective Scie Patient experience data Reporting adverse Study design and endpoints Clinical studies reactions Phase 1, 2 Participation in studies Patient preference studies and 3 studies Regulatory dossier Efficacy and safety review Regu Efficacy and safety review Patient information review qua Risk management measures а Patient experience data Patient preference studies **Risk management** measures Medici



Medicine authorisation cancelled or surrendered

Figure 1a: Patient involvement during a medicine Source: CIOMS Working Group XI

Patient engagement in safety monitoring and risk minimisation



Direct reporting

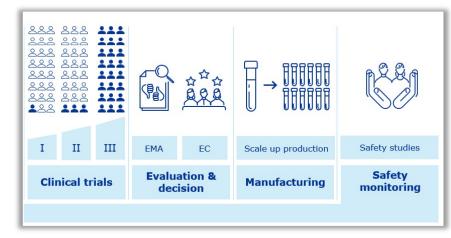


- **Safety committee** (PRAC) = patients are members
- Ad-hoc expert group meetings convened by PRAC = patients are participants
- PRAC written consultation with patients (f2f /questionnaires/surveys)
- Stakeholder meetings (e.g. methotrexate)
- Public hearings
- EMA workshops & public consultations on development /update of regulatory guidance
- Review of risk minimisation measures and safety communications

Patient experience in safety monitoring and risk minimisation

Patient experience data is key for characterizing the safety of medicines throughout their lifecycle

- ✓ Early medicines' development:
 - Design of clinical trials
 - Patient preferences on acceptability of ADRs
 - Input to product information
- ✓ Safety monitoring (pharmacovigilance activities)
 - Registries / Patient Reported Outcomes
- ✓ Risk minimization measures:
 - Patient preferences on tolerability
 - Compliance with risk management measures
 - Prevention of medication errors





Added value of patient experience (I)

Public hearings at PRAC

2017: Valproate containing medicines

2018: Quinolones and fluoroquinolones



Stakeholder meetings with PRAC

With patients and healthcare professionals

Valproate;

Written consultation – public hearing – stakeholder meeting – written consultation

Retinoids;

Written consultation - stakeholder meeting

* Methotrexate

Written consultation with HCP – medication errors – different doses depending on condition being treated

Added value of patient experience (II)

Adverse Drug Reaction (ADR) reporting

- Many ADRs are only identified after authorization
- Around one-third of newly identified safety issues are added to the section warnings and precautions after marketing
- Patients play a key role in ADR reporting

Real World Data (RWD)

- ADR reporting "is" Real World Data
- Post-market pharmacovigilance pivotal to maintaining long-term patient safety
- RWD useful in vulnerable patient populations that are often excluded from CTs (e.g. older people, pregnancy)
- Social media as opportunity for pharmacovigilance: identify behavioral patterns, environment, drug use, drug-drug interactions, and ADRs.



Added value of patient engagement (III)

PRAC Risk Minimisation Alliance (PRISMA)

- Pilot working group on enhancing PRAC's engagement with patients and healthcare professionals:
 - ✤ PRAC members/alternates+ patients/HCPs PRAC representatives
 - two representatives from the EMA's GP Forum
 - PRAC rapporteurs
 - EMA
- Monthly online meetings (60 min) to discuss options risk minimisation measures (RMM) and how they can be implemented from a patient and healthcare perspective, as informal input for PRAC decisions in regulatory action
- Pilot running from July 2022 until 2023, with views to making it operative afterwards



Conclusions

- Patient experience data critical for:
 - Safety monitoring during clinical trials and post-marketing ADR reporting
 - Acceptability and preferences of risk minimization measures
- PRAC: patient experience is included in benefit-risk decision making
- Patients have an important part to play in gathering, analysing and using real-world data
- EMA/PRAC looking to expand use of real-world evidence, patient reported outcomes, patient preferences and patient experience data, for safety monitoring
- The combination of various data sources and expertise will result in safer and more effective pharmacotherapy for everyone
- The voice of the patient critical during the whole life cycle of a medicine





Any questions?

Further information

Official address Domenico Scarlattilaan 6 • 1083 HS Amsterdam • The Netherlands **Telephone** +31 (0)88 781 6000 **Send us a question** Go to www.ema.europa.eu/contact

Follow us on **@EMA_News**

Classified as public by the European Medicines Agency