IPFA's perspective on Haemophilia Registries Usage

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IPFA
The International Plasma Fractionation Association

- International association for not-for-profit plasma fractionators and national blood services

- Committed to provide a secure and safe supply of plasma and plasma derived medicinal products

IPFA, bridging the interests of Donors - Collection Centers - Fractionation Centers – Patients


Practices
Adverse
patients
Products
registries
Effects
Efficacy

Benefit for Industry

- Mainly epidemiology data on product usages, in general and in various countries
- Comparison of diverse modes of treatment and patients care
- Use for setting Clinical trials

- Long term, versus as short as possible for Clinical Trials
- Huge number of patients
- Emerging signals, better piercing than by spontaneous PV notification, although often focused on specific effects
- Hypothetical comparison between products (inhibitors, allergy, …)

Ideally

- Industry could finance specific studies with public health interest
- Industry could request data access whenever needed

Difficulties encountered by Industry

1. Interference with Adverse effect mandatory reporting
2. Robustness
3. Property
4. Lack of confidence in collaboration
5. Funding usually for the whole register, very little return on investment
6. Exhaustivity /completeness insurance
7. Data confidentiality
8. IT systems

Difficulties encountered by Industry

1. Interference with Adverse effect mandatory reporting (GVP)

- Example of compiled data received by Companies (EUHASS)
  How to notify effect and response adequately to data we do not have access to?

Reportable events: Patients treated with XXX (Yyyy)
The following events have been reported to EUHASS since it began on 1 October 2008:

Event	Year 1 Oct 2008– Sept 2009 Number of events	Year 2 Oct 2009– Sept 2010 Number of events	Year 3 Oct 2010– Sept 2011 Number of events	Year 4 Oct 2011– Dec 2012 Number of events	Year 5 Jan 2013– Dec 2013 Number of events	Total
Number of centres reporting events	50	64	75	77	78	
Period covered	12 months	12 months	12 months	15 months	12 months	63 months
Allergic and other acute reactions	0	0	1	0	0	1
Transfusion Transmitted Infections	0	0	0	0	0	0
Inhibitors – first occurrence	2	4	1	1	1	9
Inhibitors – recurrence	0	0	0	0	0	0
Thrombosis – within 30 days of concentrate	0	0	0	0	0	0

⇒ Incapacity of appropriately fulfill our obligations

2. Robustness

- Quality robustness of data (i.e. PedNet, FranceCoag, UKHCDO, …) in itself, however non-exploitable, possibly misleading (i.e. EUHASS)
- Duplication of patients issue: not within high quality registries, but inter- Registries, Industry or Doctor notifications

Difficulties encountered by Industry (cont)

3. Property

- Regular Publication of data; however, global. Submitted to the registry's committee will to publish (lack of free data sharing)
  => level of Literature publication: how to know companies specific products?
- Data Access uncertainty/refusals
- Inaccessibility/Refusal to specific queries on product proprietary data (EUHASS; FranceCoag; FHRB, HIN …)

4. Lack of confidence in collaboration

- Leading to lack of collaboration

5. Funding usually for the whole register, very little return on investment

- No specific data access, despite offers to fund targeted issues
- Hurdles to ask a specific queries: Possibilities within EUHASS?
- Difficulty to stop funding such registries (negative image on opinion leaders)

Difficulties encountered by Industry (cont)

4. Lack of confidence in collaboration / 5. Funding

Examples on offers to fund targeted issues; hurdles for specific queries

- Request from a Company for a medico-economy study, using data from a national Registry. The institution first allowed to use the data, but did not want its name to be associated with the study. Finally refused that the company use the registry data.

  => The study took place, founded by the Company,
  with the same haemophilia centres than those documenting the registry,
  with a mandatory full confidentiality and invisibility of the registry

  => the Doctors had to do the job twice!

  => the data could not be crossed matched nor fused

- A company asked for a specific follow-up of patients for a Public Health Question related to the absence of a neurological AE,
  within a national Registry; the company wrote a protocol along with specialised Physicians. The registry decided that the Company cannot be part of the study. It's only possible input was to fund some of it. However, no news for a year….

Difficulties encountered by Industry (cont)

4. Lack of confidence in collaboration / 5. Funding

In order for industry to be able to support any register, a long term plan with a clear view on who are the stakeholders and how the financing is arranged as a whole, is needed

Difficulties encountered by Industry (cont)

6. Exhaustivity /completeness insurance

- Comparison between registries: inclusion criteria vary (i.e. Severity of haemophilia, although ISTH recommendations)
  - Levels of quality?

7. Data confidentiality

- Informed consent of the Patients given for the registry
- If specific request allowed, revision of informed consent?

8. IT systems

- not a problem

Use of Registries by authorities
Questions for EMA and Competent authorities

As for Industry, do the registries interfere with PV data?

- Do the notifications have been made to the authorities by the registry ?
- Impact on mandatory PV notification if MDs notify in registries
  => hypo PV notification?
- Duplication of cases?
- Causality attribution to specific products?
- Impact for Industry?
- Relation to EudraLink? Is PRAC involved?
- Centralized PSUR review in relation to registries?

Use of Registries by authorities
Questions for EMA and Competent authorities

With new law CT transparency,

Could our Clinical trial report data contribute to a possible utilisation by the institutions

- into a registry scrutinised by EMA-Agencies?
- into meta-analyses and not a registry?

What about our /PASS/PAES data?

Use of Registries by industry
Questions for EMA and Competent authorities

Would EMA-Agencies allow / agree industry to present registry data in their MA files? (GCP versus ?)

Would EMA-Agencies allow / agree industry to present data from registries when some of the objectives of the PASS/PAES commitments are already documented in registries?

Would registries alleviate questions to Industry already answered within registries?

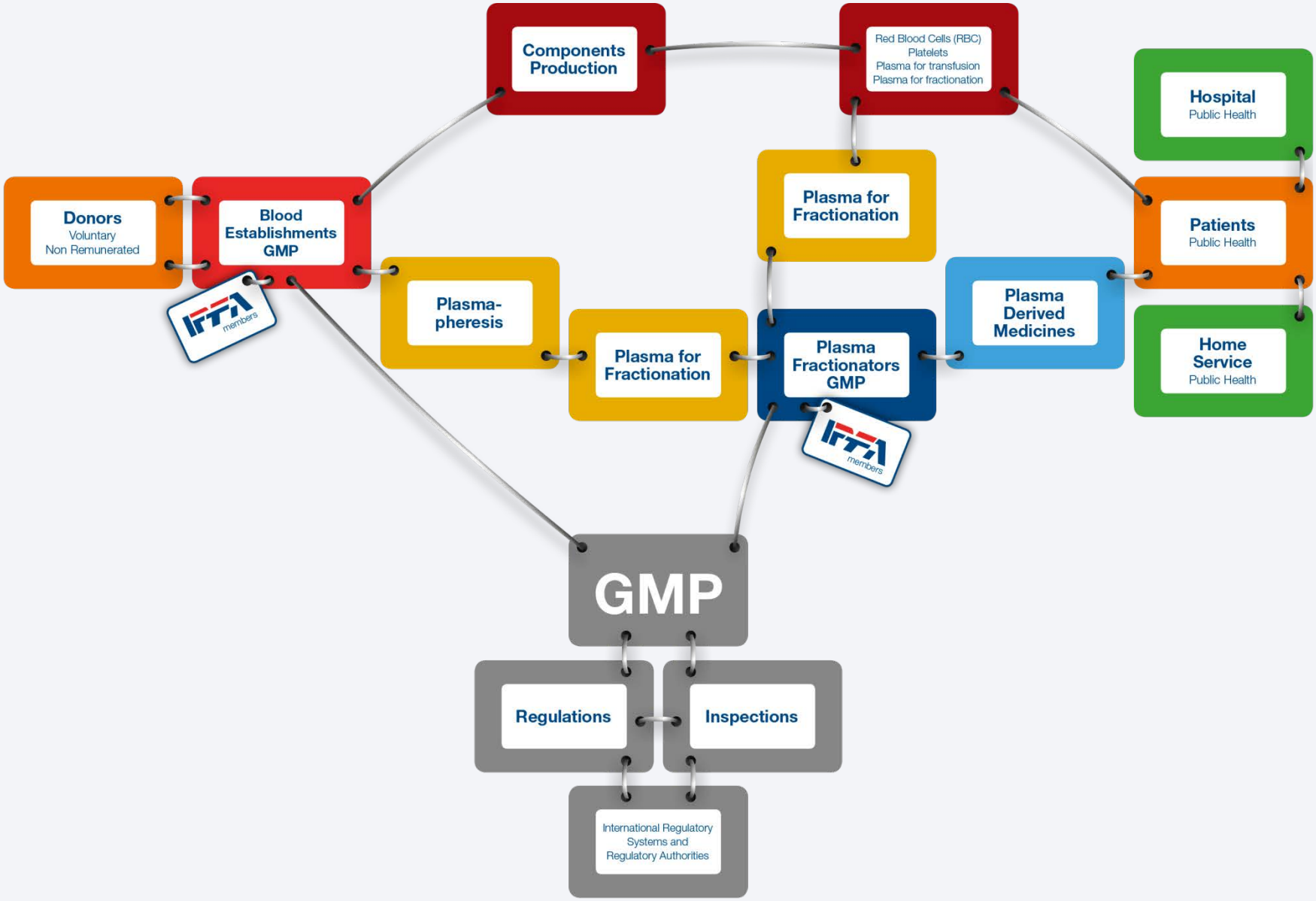
Other Questions for authorities

Embolization of professional "included patients" in all studies

Impact on Price and reimbursement?

IPFA, embedded in community

international plasma fractionation association



Thank you for your attention