

A pharmacovigilance project in Juvenile Idiopathic Arthritis (JIA): Pharmachild The PRINTO perspective Nicola Ruperto, MD, MPH

PRINTO Senior Scientist

Istituto Gaslini, Genoa, Italy

EULAR Centre of Exellence in Rheumatology 2008-2018



Outline

◆ PRINTO brief introduction

◆ Juvenile idiopathic arthritis (JIA) and safety

◆ The Pharmachild project

Methodological challenges



www.printo.it (> 60 countries)



"...to foster, facilitate, and conduct high quality research in the field of paediatric rheumatology..."

PRINTO bylaws 1996





PRINTO not-for-profit studies (~30,000 pts)

	Western Europe	Eastern Europe	Latin America	North America	Other	Total
MTX1	492	55	66	8	12	633
HRQOL	3,988	1,388	903		365	6,644
JSLE	243	102	150	37	21	553
JDM	162	37	78	18	3	298
Cyclosporine	203	27	25	85	4	344
MTX2	180	80	90		10	360
Vasculitis	599	353	260	6	181	1,399
JDM	98	13	15	1	2	139
Eurofever	1952	590	48	6	240	2,836
EPOCA	3535	2504	968	220	1477	8,704
MAS	520	225	72	152	142	1,111
Pharmachild	3538	2538	418		84	6,762

The success of the EU pediatric legislation (EC) no 1901/2006 (1080 pts)

	West	East	Latin	North	Total
	Europe	Europe	America	America	
Etanercept				69	69
Infliximab	61	10	28	11	110
Adalimumab	57	26		88	171
Abatacept	75		108	31	214
Tocilizumab	59	7	22	24	112
Tocilizumab	54	50	60	/ 24	188
Canakinumab	26			•	26
Canakinumab	141	13	17	19	190



JIA definition

- Arthritis with
 - Onset before the age of 16
 - Unkown etiology
 - Persistent for at least 6 weeks
- ◆ Reported prevalence of 86.1-94 per 100,000 children
- Classification criteria
 - 1977-78: juvenile reumathoid arthritis (USA), juvenile chronic arthritis (Europe)
 - 1997 juvenile idiopathic arthritis (JIA)

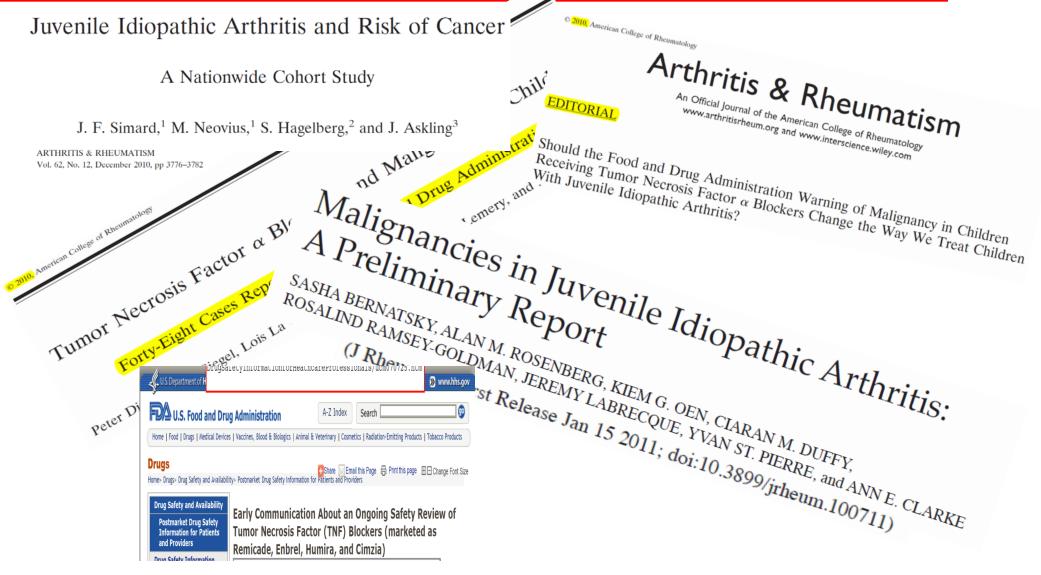


The anti-TNF hidden problem

- ◆ 2008 FDA black box warning: a possible increased risk of lymphoma and other malignancies in children treated with anti-TNF agents.
 - 9 cases in registries (mainly lymphomas)
 - FDA Post-marketing 48 pediatric malignancies (20 in JIA, 28 in IBD), after a median of 2.5 years (range 1 month-7 years), 50% lymphomas, most while using other drugs (steroids, azathioprine, MTX, mercaptopurine)



Anti TNF and Malignancies





JIA and Malignancies considerations

- ♦ the effect of biological therapies on cancer risk in JIA is controversial owing to confounding factors such as the use of concomitant immunosuppressants
- Questions still remain on the effect of the disease itself and biological therapies on cancer risk.
- ◆ A rigorous pharmacovigilance system with a very large sample size and an adequate follow-up period



Pharmachild registry question

- ◆ Are current available **drugs** (**biologics±MTX**) able, in the long run, to achieve
 - clinical remission
 - prevent/stop joint erosions development over time while
 - -maintaining an acceptable safety profile?

- FP7 funding 4/2011-3/2014 (PI Dr Nico Wulffraat)
- **ENCEPP sealing:** 25 November 2011
- NCT number: NCT 01399281



Study design: retrospective

RETROSPECTIVE DATA COLLECTION OF ANONYMOUS JIA PATIENTS

Step 1: Census

data collection of limited key elements (e.g. initials, JIA subtype, drug treatment) of all JIA patients followed at each centre.

This step will include individual PRINTO/PRES centres and existing national/international registries

Step 2: one time safety anonymous data collection (written consent only if required by local ethics committee)



Study design: prospective

PROSPECTIVE DATA COLLECTION OF CONSENTING JIA PATIENTS

Longitudinal (up to 3-10 years and more) collection of safety/efficacy data of

- inception cohort of newly treated children (biologic agents ± MTX) after consent
- patients from the retrospective cohort who will sign consent/assent

IMPORTANT for Group 2 enrollment in the prospective cohort will allow validation of the retrospective chart review



Choice of the control group

- 1. JIA treated with MTX alone
- 2. JIA treated with a combination of <u>MTX ±</u> <u>biologicals/</u>other drugs
- 3. JIA treated with *biologicals only*

4. (JIA treated only with NSAIDs and/or steroid injection with at least 3 years follow-up).



Safety

◆ Events of Special Interest (ESI)

- ◆ Other moderate/severe/serious adverse events (AE)) as per the MedDRA dictionary
 - Mild events excluded



Events of special interests (ESI)

The following adverse events have been classified as being of special interest (ESI) for the Pharmachild study:

1. Aplastic anemia	14. Lupus erythematosus systemic/lupus-like syndrome
2. Neutropenia	15. Lymphomas
3. Pancytopenia	16. Leukaemias
4. Congestive heart failure	17. Haematopoietic neoplasms (excl leukaemias and lymphomas)
5. Gastrointestinal ulcer/bleed/perforation	18. Macrophage activation syndrome
8. Inflammatory Bowel Disease (IBD)	19. Neoplasm (other)
9. Tuberculosis	20. Demyelination
10. Serious/targeted infections	21. Optic neuritis
11. Other autoimmune diseases	22. Multiple sclerosis
12. Infusion-related reaction	23. Pregnancy
13.Injection related reaction	



Status as of April 2014

- ◆ 74 active sites from 24 countries
- Census 9359 patients
- ◆ Retrospective completed: **5529**
 - 4812 (biologics±MTX)
 - 1348 (MTX only)
 - 654 (NSAIDs only)
- ◆ Prospective completed: 428



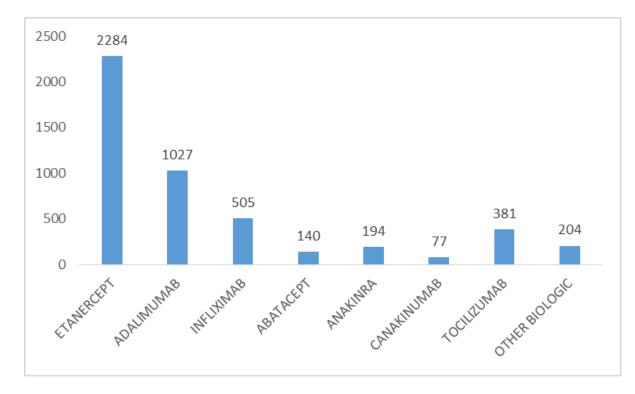
Retro demographic characteristics

	Systemic	Oligo articular	Poly articular RF-	Poly articular RF+	Psoriatic	Enthesitis	Undiffe- rentiated	Total
Sample	687 (12%)	2018 (36%)	1466 (27%)	202 (4%)	204 (4%)	659 (12%)	293 (5%)	5529
Age at onset	4.4 (2.5-8.5)	3.3 (2.0-6.9)	5.9 (2.4-10.1)	11.4 (7.4-13.5)	7.0 (2.8-12.0)	10.2 (8.2- 12.7)	6.1 (2.5-11.0)	5.4 (2.4-10.0)
Age at JIA diagnosis	4.7 (2.7-9.0)	4.0 (2.3-7.9)	6.7 (2.9-11.2)	12.2 (8.3-14.3)	8.7 (3.4-13.3)	11.5 (9.4-13.9)	7.0 (3.2-11.8)	6.3 (2.8-11.0)
Disease duration	5.2 (2.4-9.0)	5.1 (2.4-8.7)	5.0 (2.7-8.2)	4.4 (2.6-7.4)	5.3 (2.8-8.8)	4.3 (2.4-6.9)	4.0 (2.0-7.3)	4.9 (2.5-8.2)
Female	368 (54%)	1551 (77%)	1111 (76%)	178 (88%)	142 (70%)	159 (24%)	184 (63%)	3693 (67%)



BIOLOGIC DRUGS (5529 RETRO PATIENTS)

	N°	
BIOLOGIC DRUGS	PATIENTS	% PATIENTS
ETANERCEPT	2284	24.3
ADALIMUMAB	1027	10.9
INFLIXIMAB	505	5.4
ABATACEPT	140	1.5
ANAKINRA	194	2.1
CANAKINUMAB	77	0.8
TOCILIZUMAB	381	4.1
OTHER BIOLOGIC	204	2.2





History of drug treatment by JIA category

	Systemic	Oligoartic ular	Polyarticu lar RF-	Polyarticu lar RF+	Psoriatic	Enthesitis	Undiffere ntiated	Total
No MTX and BIO	33 (4.8)	439 (21.8)	47 (3.2)	7 (3.5)	17 (8.3)	102 (15.5)	61 (20.8)	706
MTX only	65 (9.5)	645 (32.0)	373 (25.4)	42 (20.8)	50 (24.5)	106 (16.1)	67 (22.9)	1348
MTX + 1 Bio	294 (42.8)	702 (34.8)	779 (53.1)	110 (54.5)	90 (44.1)	286 (43.4)	107 (36.5)	2368
MTX + (2-8 Bio)	208 (30.3)	195 (9.7)	249 (17.0)	39 (19.3)	37 (18.1)	96 (14.6)	49 (16.7)	873
Only 1 Bio	64 (9.3)	33 (1.6)	15 (1.0)	2 (1.0)	10 (4.9)	66 (10.0)	7 (2.4)	197
More Bio	23 (3.4)	4 (0.2)	3 (0.2)	2 (1.0)	0 (0.0)	3 (0.5)	2 (0.7)	37
Total	687	2018	1466	202	204	659	293	5529



History of drug treatment by countries

	Western Europe	Eastern Europe	Latin America	Other	Total
MTX only	649 (48.15%)	504 (37.39%)	173 (12.83%)	22 (1.63%)	1348
MTX + 1 Bio	1183 (50.02%)	986 (41.69%)	82 (3.47%)	114 (4.82%)	2365
MTX + moreBio	509 (58.11%)	301 (34.36%)	35 (4%)	31 (3.54%)	876
Only 1 Bio	111 (56.35%)	63 (31.98%)	5 (2.54%)	18 (9.14%)	197
More Bio	31 (83.78%)	5 (13.51%)	0 (0%)	1 (2.7%)	37
Total	2483	1859	295	186	4823

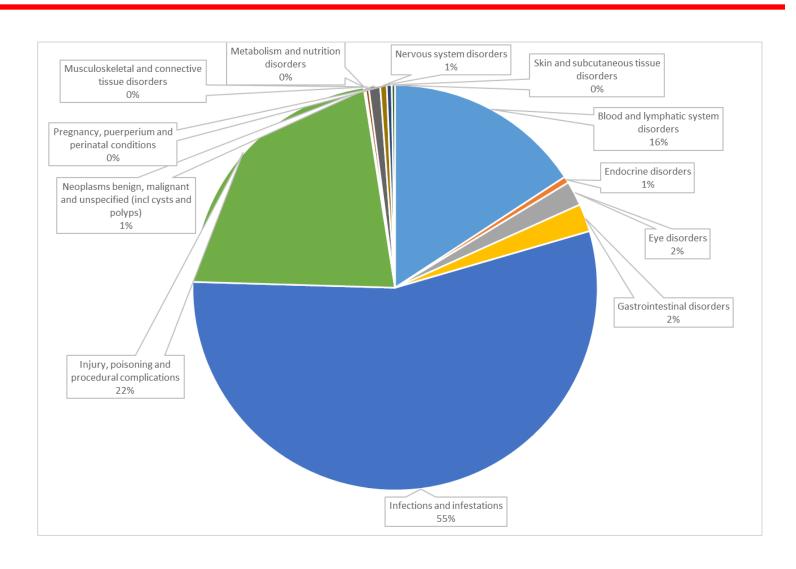


ESI/other Adverse events

ESI / AE	N (%)
No of retrospective patients	5529
No of retrospective patients with ESI	493 (8.9%)
No of retrospective patients with AE	739 (13.4%)
No of retrospective patients with ESI or AE	1073 (19.4%)



ESI (766 NUMBER OF ESI)



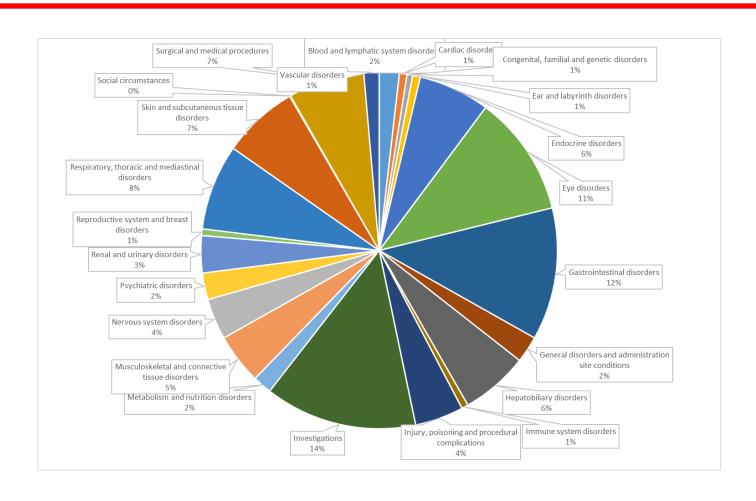


Example of ESI

- ◆ ESI
- ✓ 55% Infection and Infestations (Varicella, Tubercolosis,...)
- ✓ 22% Injury, poisoning and procedural complications (Infusion related reaction, injection related reaction,...)
- ✓ 16% Blood and lymphatic system disorders (MAS, Neutropenia,...)



AE (1158 NUMBER OF AE)





Strategies vs challenges

- Strategies for success
 - Service for physicians ((JADAS/Therapy graphs, data download, ILAR check, query and audit trail)
 - Families involvement (languages barrier)
- Methodological challenges
 - Ethics: approval process
 - The issue of privacy
 - Data Quality control and safety adjudication process
 - Data merge/import and statistical analysis plan



Strategies for success

- ◆ Census of patients treated with MTX±biologics
- **◆ Moderate to severe adverse events (AE) and Events of Special Interest (ESI)**
 - Malignancies, serious infections, autoimmune dis., gastrointestinal events, growth failure etc
- ◆ Simplified* and userfriendly web CRF
 - Patient chronicle (drug, flare, JADAS, remission, safety)
- ◆ Family involvement for AE/outcome reporting
- Regular update to MDs, families

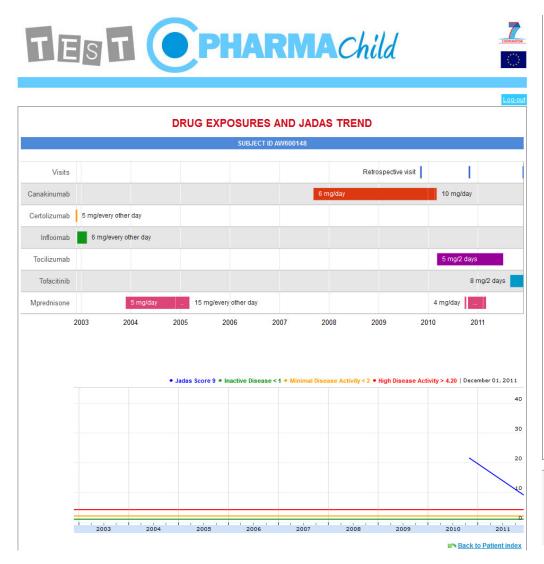


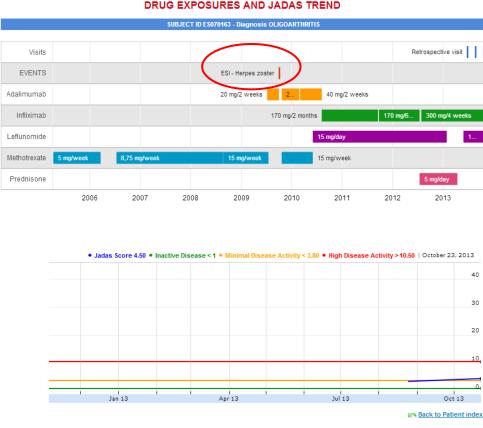
Provide advantages for the physicians

- ◆ Immediate feed back by the system
- ◆ Use in routine clinical care with patient in visit room
 - Pre involvement of parents through patient's reported outcome (PRO)
- Patient's quantitave chronicle
 - Decision on patient management based on quantitative data
- No paper forms but web forms
- ◆ A research and clinical service to the pediatric rheumatology community



Patient disease activity and drugs





Pediatric Rheumatology

Istituto G. Gasilni, Pediatria II, Reumatologia Universita' di Genova EULAR Centre of Excellence in Rheumatology 2008-2013



Patient reported outcome





						Log-out
				RO - Traducere	in romana-Romanian	~
,						
Pa	atient First Name or initial	Encrypted	Patient Last name or initial	Encrypted		
		387		10		
SI	UBJECT ID	RO010033			Date of visit 10-DEC-2012	
	JUVEI	NILE ARTI	HRITIS MULTIDIMENSI (last update : 26-AP		T REPORT (JAMAR)	
2	Traducere în română				Varianta pentru părinți	
3	Numele şi prenumele pa	icientului (sau in	ițiale):		Data: 10-DEC-2012	
4	Părintele care completea	ază chestionarul:	Tatăl			
5	Scopul acestui chestional	r este de a adun:	a informații legate de starea actuală a l	polii copilu <mark>l</mark> ui Dvs.		
6	Răspunsurile Dvs. ne vor	ajuta să ne îmbi	unătățim evaluarea clinică.			
7	Vă rugăm să citiți cu atenț	ie întrebările de	mai jos și să alegeți răspunsurile care	se potrivesc cel mai bine copilulu	i Dvs.	
8	Dacă aveti nelămuriri sau	aveti nevoje de i	nrecizări sunlimentare vă rugam sa ne	solicitati aiutorul		

Juvenile Arthritis Multidimensionale Assessment Report (JAMAR) and AE

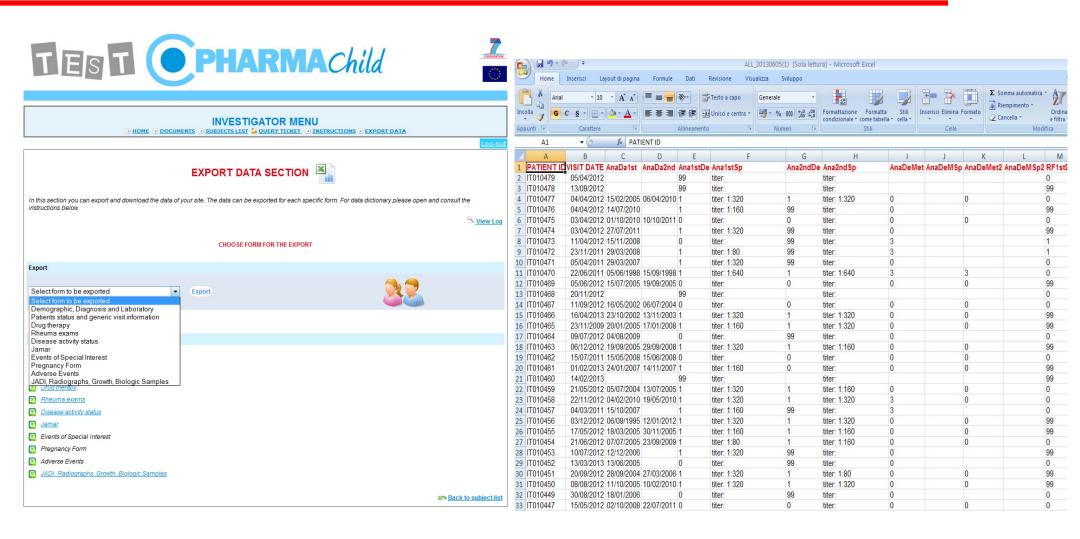


73	11. Since your child's last visit, has he/she had any disturbances which may									
/3	be caused by the medication he/she is taking	Yes		No						
74	If you answered "yes", please specify which in the table below									
75	Fever Pain or burning feeling in the stomach									
76	Headache		Nausea							
77	Skin rash		Vomiting							
78	Mouth sores		Constipation							
79	Swollen/bleeding gums		Diarrhoea							
80	Increased body hair		Black or bloody stools							
81	Weight gain		Blood in the urine							
82	Weight loss		Swelling, bruising, pain, redr	ness, etc.,	at the	injection				
83	Mood swings (excitement, depression, anxiety)		Other (please describe)							
84	Sleep disturbances		Other (please describe)							

Safety from parents/children



Download your own data (25/61; 41%)





Strategies vs challenges

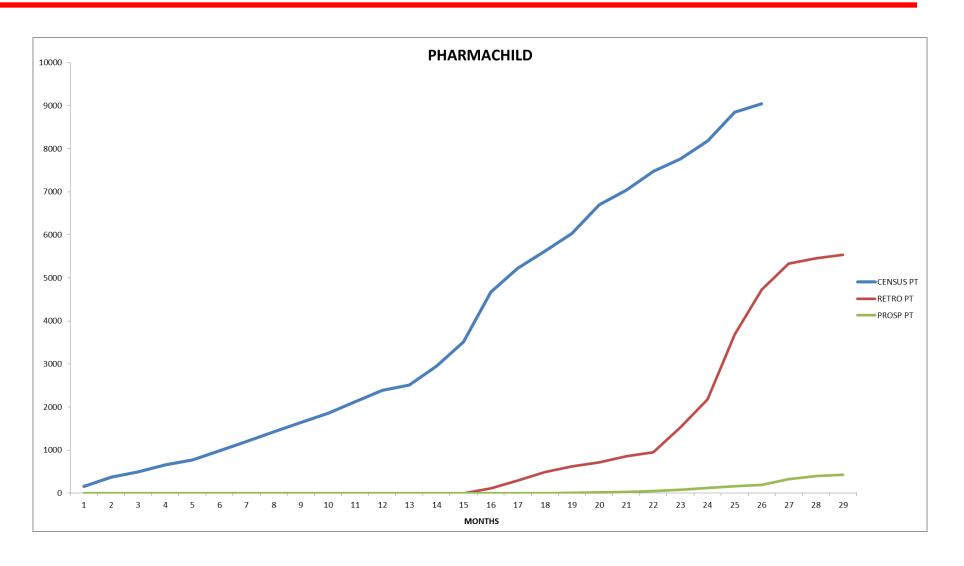
- ◆ Strategies for success
 - Service for physicians ((JADAS/Therapy graphs, data download, ILAR check, query and audit trail)
 - Families involvement (languages barrier)

Methodological challenges

- Ethics: approval process
- The issue of privacy
- Data Quality control and safety adjudication process
- Data merge/import and statistical analysis plan



Enrollment status (5529 retro pts)





Ethics committees documents



INVESTIGATOR MENU

→ HOME → DOCUMENTS → SUBJECTS LIST A QUERY TICKET → INSTRUCTIONS → EXPORT DATA

PHARMACHILD SITE DOCUMENTATION

ETHICS COMMITTEE DOCUMENTATION



Documenti per Comitati Etici italiani

Consents / Assents, Protocols, JAMAR translations and CRFs English version



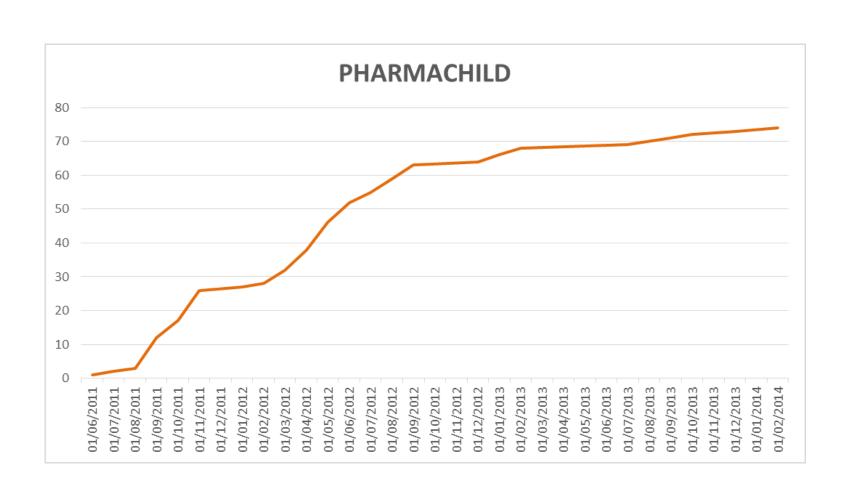
INVESTIGATOR MENU

→ HOME → DOCUMENTS → SUBJECTS LIST 🍒 QUERY TICKET → INSTRUCTIONS → EXPORT DATA

Consents / Assents, Protocols, JAMAR translations and CRFs English version 3. JAMAR parents/child 4. CRFs Country 1. Protocol full/synopsis 2. Consent/Assent forms PDF Full protocol Consent parents JAMAR parents CRF retrospective Consent 18+ **PRINTO English version** Synopsis JAMAR child CRF prospective PDF PDF Assent minor CRF safety PDF Consent parents JAMAR parents CRF retrospective PDF JAMAR child PDF Belgium Synopsis Consent 18+ CRF prospective PDF PDF Assent minor CRF safety CRF retrospective Consent parents JAMAR parents PDF PDF Bulgaria Synopsis Consent 18+ JAMAR child CRF prospective PDF PDF PDF CRF safety Assent minor JAMAR parents CRF retrospective PDF Full protocol Consent parents Czech Republic Synopsis Consent 18+ CRF prospective

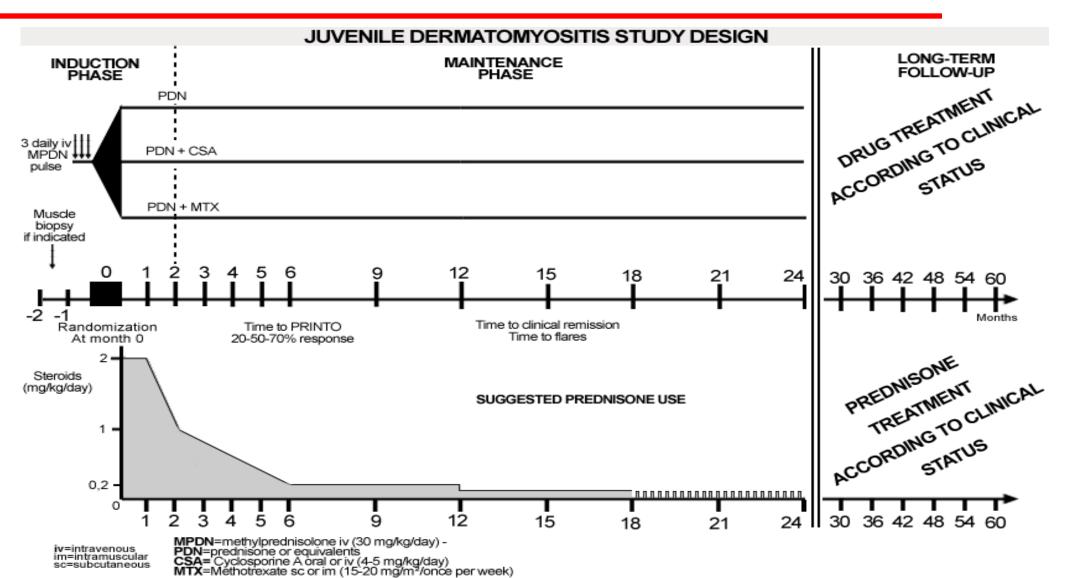


Ethics committee (72 centres on 2/2014)





The "standard of care" PRINTO JDM trial



Ethics committee documentation (EU directive)



Country	National approval	Local approval	CA approval	Insurance	GCP monitoring	Drug supply/no authorizati on off-label	EudraC T	Financial Agreeme nt	EC payment
Austria		X							
Belgium	X	X	X				X		
Bulgaria	X	X		X	X				
Croatia	X	X				X			X
Czech Republic		X							
Denmark	X		X				X		
Finland	X	X	X						
France	X		X	X			X		X
Germany		X		X					X
Greece		X							
Hungary		X	X			X			
Italy		X		X			X	X	

Ethics committee documentation (EU directive)



Country	National approval	Local approval	CA approval	Insurance	GCP monitoring	Drug supply/no authorizati on off-label	EudraCT	Financia l Agreem ent	EC payment
Latvia		X							
Netherl.	X	X			X		X		
Norway	X		X				X		
Poland		X							
Romania		X							
Slovakia		X							
Slovenia		X							
Spain	X	X						X	
Sweden	X						X		
United Kingdom	X	X	X	X			X	X	

Ethics committee documentation (EU directive)



Country	National approval	Local approval	CA approval	Insurance	GCP monitoring	Drug supply/no authorizat ion off- label	EudraCT	Financia l Agreeme nt	EC payment
Extra EU countries									
Argentina		X							
Australia		X							
Brazil	X	X							
Georgia		X							
Israel						X			
Mexico		X						X	
Serbia		X							
Switzerland	X	X	X						
Turkey	X	X		X		X			
USA		X						X	



Standardization and simplification of ethics committee approval is a key especially for paediatric international collaborative academic studies



The issue of privacy













Istituto G. Gaslini, Universital di Ganova, Dediatria II. Reumatologia EULAR Centro di Excellence in Rheumatology 2008-2013 Phones: 00-39-010-38-228-54 / 00-39-010-39-34-25 Fax: 0039-010-4211018 / 0039-010-393324 Email: grinto@gogedale: again.ce.ul



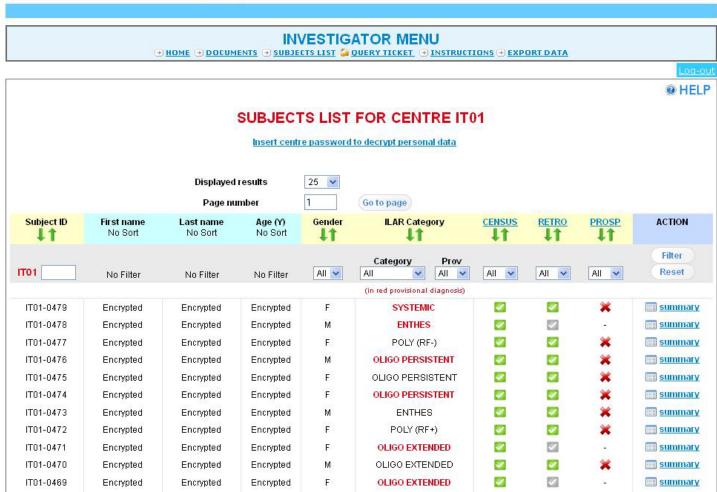
Privacy

- ◆ Personal information (first and last name, date of birth and the national patient unique identifier).
 - To be seen ONLY on the local computer screen.
 - On the central PRINTO database ONLY one way encrypted data will be saved.
- **◆ Impossible for PRINTO to decrypt or disclose to anyone the personal information**
- ◆ Info exchange PRINTO↔local centres through the PRINTO PRINTO patient id (country-centre-patient number e.g. IT-01-0010)



Patient list encrypted on PRINTO server





Quality control: systematic automatic check



Description

Quant code



INVESTIGATOR MENU

→ HOME → DOCUMENTS → SUBJECTS LIST 🍒 QUERY TICKET → INSTRUCTIONS → EXPORT DATA

log-ou



SUBJECT AW600160 has a diagnosis of ENTHES. However the diagnosis is provisional due to the following reasons.

You should resolve these issues at this or following visits.

	Quely couc	Description	Action
×	ILAR011	ILAR exclusion criteria D is marked as NO, but RF results are not done/unknown in LAB form	Change criteria D to NA, diagnosis is considered provisional until RF exam will be performed
×	ILAR016	Diagnosis = Enthesitis related with classification criteria onset of Arthritis in a male > 6 years, but age at onset < 6	Verify the information entered and make the proper correction to ILAR form or date of onset

Action

back



- ◆ An audit trail is a chronological set of records that provide documentary evidence of the sequence of activities that have affected data.
- ◆ In Pharmachild, to be FDA compliant, the audit trail is provided through stored procedures present in the database that save original data in a dedicated archive table
- Author and timestamp of every action performed are saved too







admin

SECTIONS						
USERS			RETROS	PECTIVE VISIT FORMS		
Users / Centres						
User Photo (!)			SUBJECT IT980586 - Encry	pted Encrypted date of birth Encrypt	ted	
Partecipation			Diagnosis OLI	GOARTHRITIS Provisional		
Ouest Pharma				🔐 Visit archive		
Quest ABA		Age at Disease Onset	Age at JIA Diagnosis	Age at first visit at your centre	Age at RETROSPECTIVE	
CV list		A Barrier Control of the Control of	71go at out Diagnooid		visit at your centre	
site LOG list		5,3 years	5,4 years	5,4 years	9,3 years	
<u>Contracts</u>	FOR	NS		New	Modify	View
Centre PSW	~	Subject status			modify	<u>view</u>
SUBJECTS	DEN	ICCRAPHIC AND DIAGNOSIS				
Patient list Visits list		De hographic and subject history (as of 07-Ja			D modifie	view
Check List			AN-2014)		modify	
Retro Prog List	~	ILAR category PROVISIONAL (as of 05-DEC-2013)			modify	<u>view</u>
Prosp Prog List	~	Laboratory and clinical information (as of 05-DEC-	2013)		modify	<u>view</u>
Center Enroll	ОТН	ER FORMS TO BE COMPLETED				
<u>Duplicated Patients</u>		EFFICACY				
SAFETY Authorize MD review	/	Drug therapy history since disease onset			modify	<u>view</u>
MD Review status list		SAFETY				
TICKETS	×	Events of Special Interest (ESI)			obe completed	
Ticket list	×	Adverse events (AE)			to be completed	
New Ticket	**					
NEWSLETTERS Newsletter list		1. CENTER DATA CONFIRMATION		2. PRINTO CHECK	3. PRINTO MD REVIEW	
ADMIN			***	SOURCE THAT AND AN AREA OF THE SECOND		DINTO
Add contact for panel		All required forms are NOT comple Please check for any above.	tea. K Center	data confirmation is required	X Visit still to be checked by F	KINTO
Sessione Log 2966		LOCK / UNLOCK MANAGEMENT		TICKETS ON THIS F	PATIENT	
Query System				Open a tic	ket	
			L	open a ne		

Deleted and modified data are visible from the Admin section



AUTHOR	LAST UPDATE	ACTION TYPE	DATE ACTION	ORIGIN	DETAILS
	05-DEC-2013	UPDATE	05-DEC-2013	NA	<u>view</u>
	07-JAN-2014	UPDATE	07-JAN-2014	NA	<u>view</u>
	07-JAN-2014	UPDATE	07-JAN-2014	NA	<u>view</u>
	07-JAN-2014	UPDATE	07-JAN-2014	NA	<u>view</u>
	07-JAN-2014	UPDATE	07-JAN-2014	NA	<u>view</u>

Back to retrospective index

• For every form the list of all the different versions of the form is available, each with its author and timestamp

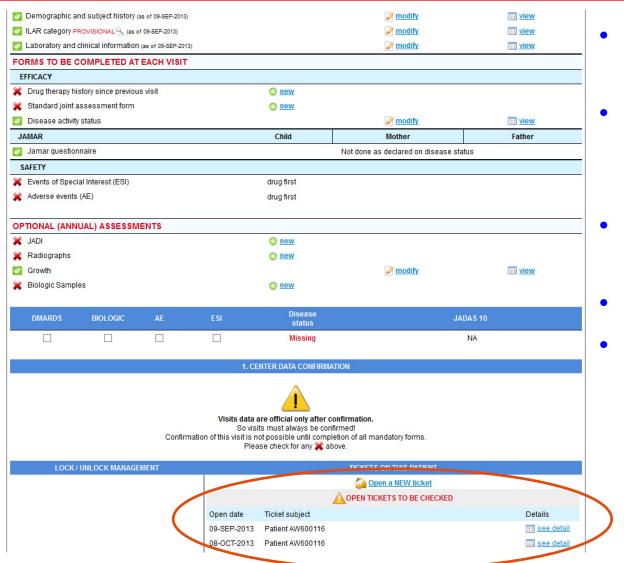


DE	MOGRAPHIC DA (last update : 05		SUBJECT	#ISTORY	
Parents/legal guardian consent or minor	assent or adult subject co	onsent NOT RE	QUIRED for retros	spective visit	
O Parents/legal guardian consent or minor	assent or adult subject co	onsent OBTAINI	ED for retrospecti	ive visit (if yes pl	ease specify below)
Parent/legal guardian consent	☐ Minor assent	t	☐ Ad	ult subject conse	nt
Date	Date		Date		
Subject First Name or initials	Encrypted		Subje initial:	ct Last Name or	Encrypted
If for confidentiality reasons you cannot put su	bject's name or initials, ple	ase write an inc	remental number	r or leave blank.	
Sex	O Male ⊙ Fem	ale			
Country of Birth	Encrypted		Birth o	date mm-yyyy)	Encrypted
Examples of such number are the Social Secu	urity Number in the USA (ni	ne digit numbe	r), fiscal Encryp	oted	
code in Italy (16 alphanumeric code) IMPORTANT: the personal information (first an screen. The PRINTO web system will automat on an https platform. The PRINTO website with encrypting algorithm is designed in a wyb first/last name, the date of birth and the national code in the property of the propert	ically ENCRYPT the person Il automatically assign a su y which it is impossible fo	nal data and Ol bject number (r PRINTO to de	NLY the encrypted SUBJECT ID) to b	data will be save e used for commu	d on the PRINTO central database inication with the centre. The PRINTO
IMPORTANT: the personal information (first an screen. The PRIINTO web system will automat on an https platform . The PRINTO website will encrypting algorithm is designed in a way by	ically ENCRYPT the person Il automatically assign a su y which it is impossible fo	nal data and Ol bject number (r PRINTO to de	NLY the encrypted SUBJECT ID) to b	data will be save e used for commu	d on the PRINTO central database inication with the centre. The PRINTO
IMPORTANT: the personal information (first an screen. The PRINTO web system will automat on an https platform. The PRINTO website with encrypting algorithm is designed in a way be first/last name, the date of birth and the national statement of the person of the perso	ically ENCRYPT the person Il automatically assign a su y which it is impossible fo onal subject unique identif	nal data and Ol bject number (r PRINTO to de	NLY the encrypted SUBJECT ID) to b crypt the persona	data will be save e used for commu al information and	d on the PRINTO central database inication with the centre. The PRINTO I disclose to anyone the subject
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DEI	MOGRAPHIC DA		UBJECT	HSTORY		
Parents/legal guardian consent or minor asser	nt or adult subject consen	I NOT PEQUIRED	for retrospective	visit		
O Parents/legal guardian consent or minor asser	nt or adult subject consen	t OBTAINED for re	trospective visit	(if yes please speci	fy below)	
Parent/legal guardian consent	■ Minor assent		☐ Ad	ult subject consent		
Date	Date		Date			
Subject First Name or initials	Encrypted		Subjec	ct Last Name or init	ials Encrypted	
If for confidentiality reasons you cannot put subject's	s name or initials, please v	wite an increment	al number or leav	e blank.		
Sex	Male	ale				
Country of Birth	Encrypted		Birth d (dd-m	ate mm-yyyy)	Encrypted	
NATIONAL SUBJECT UNIQUE IDENTIFIER This number should identify the subject within the b such number are the Social Security Number in the alphanumeric code)				ited		
IMPORTANT: the personal information (first and last PRINTO web system will automatically ENCRYPT the PRINTO website will automatically assign a subject way by which it is impossible for PRINTO to decry subject unique identifier.	ne personal data and ONL' t number (SUBJECT ID) to	Y the encrypted da be used for comn	ta will be saved on nunication with the anyone the subje	n the PRINTO centra e centre. The PRINTO ect first/last name, t	Il database on an https platform . T D encrypting algorithm is designed the date of birth and the national	
SUBJECT ID			Country code	Centre code	Subject number	
country code, centre code, progressive subject num	ber e.g IT 01 0001		IT	98	0586	
Subject ethnicity	Caucasian (European)					
Ethnicity specify						
Family socio-economic status (provide a rough assessment based on your knowledge of the family and of the socio-economic standards in your country)	Cannot be reported	OLow	Average	○ High		
Access to health care	O Cannot be reported	Public	Private	 Health insura 	nce () Personal funds	
Education level (of the parent who completes the JAMAR)	Elementary or lower	High school	O Degree	Unknown		

Query ticket system





- Closed communication system for audit purposes
- System to discuss issues about Pharmachild data raised from both CC and the centres
- Possibility to reply until the ticket status is "open"
- Attachments are allowed
 - Open tickets related to a subject are highlighted and available below the visit forms and on the home page of the system



Data checking process

Online data entry and confirmation by the centre

• Data entry automatic checks (several hundreds)

Data check by PRINTO

- 75 automatic data queries
- Manual check according to SOP
- ESI/AE MedDra recoding

NO QUERIES DETECTED:

PRINTO confirm check

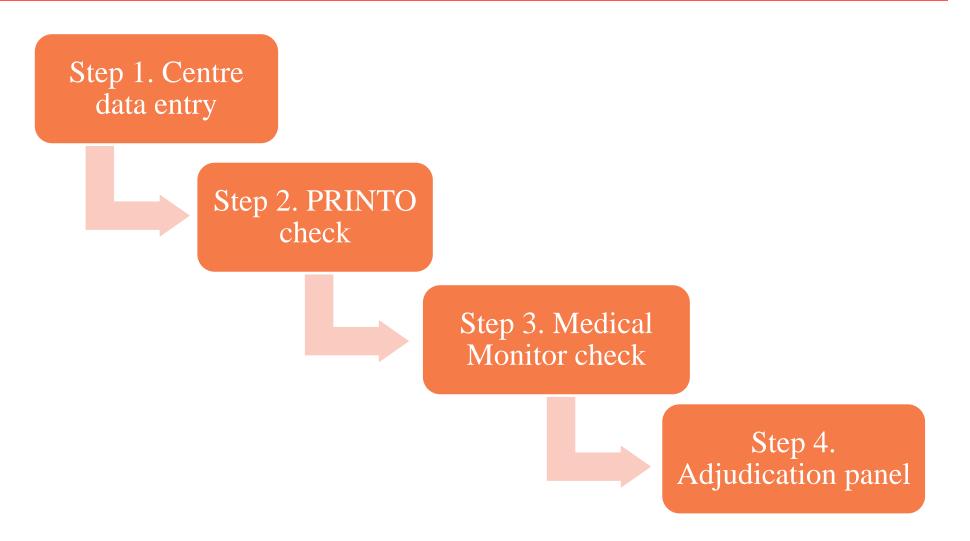
QUERIES DETECTED:

PRINTO raise a query to the centre

• Query ticket

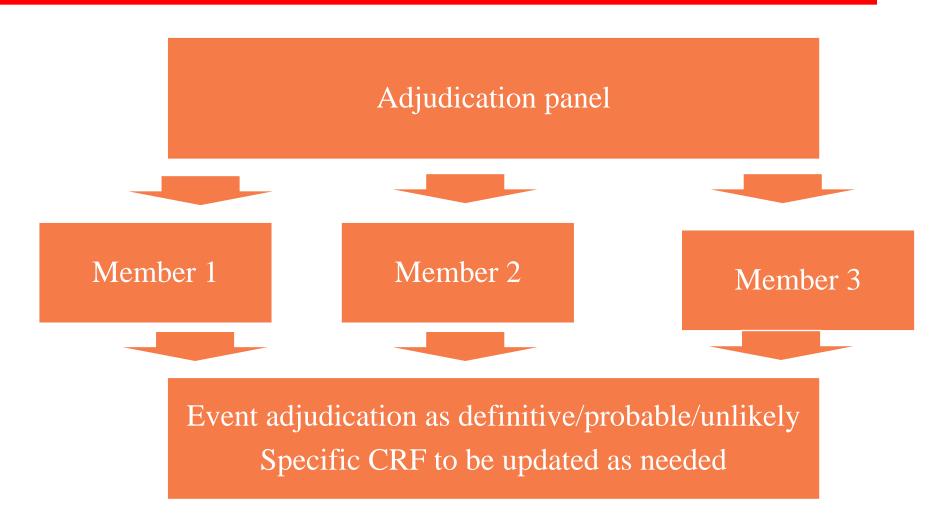


4 steps safety Adjudication process





Adjudication panel





Registries merging

 Option 1: raw data merging (adaptation by individual registries)

 Option 2: data results merging with merging of raw data for few key variables

◆ PRINTO view: Option 2 suggested best method



>10,000 with EU registries merging

	Pharmachild N = 5529*	NR England N = 1537	NR Germany N = 3139#	NR Portugal N = 112	NR Swiss $N = 632$	TOTAL N =10949	p-value
Gender							
Female	3693 (66.8)	1041 (67.7)	2117/3136 (67.5)	70 (62.5)	421 (66.6)	7342/10946 (67.1)	0.76
Diagnos:		N = 1510				N=10922	<.0001
Systemic	687 (12.4)	199 (13.2)	202 (6.4)	14 (12.5)	84 (13.3)	1186 (10.9)	
Oligoarticular	2018 (36.5)	399 (26.4)	1011 (32.2)	31 (27.7)	198 (31.3)	3657 (33.5)	
Polyarticular RF-	1466 (26.5)	506 (33.5)	944 (30.1)	26 (23.2)	160 (25.3)	3102 (28.4)	
Polyarticular RF+	202 (3.7)	140 (9.3)	199 (6.3)	21 (18.8)	15 (2.4)	577 (5.3)	
Psoriatic	204 (3.7)	98 (6.5)	244 (7.8)	3 (2.7)	34 (5.4)	583 (5.3)	
Enthesitis	659 (11.9)	100 (6.6)	438 (14.0)	17 (15.2)	124 (19.6)	1338 (12.3)	
Undifferentiated	293 (5.3)	68 (4.5)	101 (3.2)	0 (0.0)	17 (2.7)	479 (4.4)	
Age at onset	5.4 (2.4 – 10.0)	NA	NA	6.3 (2.5 – 10.9)	NA		0.42
Age at JIA Diagnosis	6.3 (2.8 – 11.0) N=5354	5.5 (2.1 – 10.2) N=1495	NA	7.3 (3.3 – 12.3)	NA		<.0001
Disease duration	4.9 (2.5 – 8.2)	NA	NA	3.0(0.5-9.6)	NA		0.0044
herapy:	N=5529	N=1537	N=3134	N=112	N=567	N=10173	<.0001
MTX only	1348 (24.4)	503 (32.7)	1132 (36.1)	0 (0.0)	36 (5.7)	3019 (29.7)	
Only one Biologic Drug	197 (3.6)	1034 (67.3)	104 (3.3)	1 (0.9)	127 (20.1)	1463 (14.4)	
Only one Biologic Drug MTX	2368 (42.8)	0 (0.0)	1545 (49.2)	27 (24.1)	286 (45.3)	4223 (41.5)	
More than one Biologic	37 (0.7)	0 (0.0)	13 (0.4)	6 (5.4)	31 (4.9)	87 (0.9)	
More than one Biologic -MTX	873 (15.8)	0 (0.0)	340 (10.8)	78 (69.6)	87 (13.8)	1381 (13.6)	
Nr. patients with ESI	493 (8.9)			5 (4.5)			0.10
Nr. patients with AE	739 (13.4)			24 (21.4)			0.013



Proposal in a nutshell

- ◆ One single international JIA registry for MTX±biologics
- Combination of existing registries for safety
 - non-profit (Germany, UK, France, Italy, Netherlands, etc)
 - for profit
- ◆ Establishment of a **common platform** for an active pharmacovigilance system
- ◆ Main goals: **safety** and effectiveness (e.g. erosions, efficacy, remission, retention on treatment)

