EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

# Union Pharmacovigilance Database: Follow up Webinar on Signal Detection, Evaluation and Yearly reporting

Signal Management Highlights

Presented by Daniel Zondag on 19 January 2022
Veterinary Risk and Surveillance Service

An agency of the European Union

# Content Summary of this brief presentation

- Important **highlights** and **points to remember** regarding signal management following first webinar and questions received by stakeholders

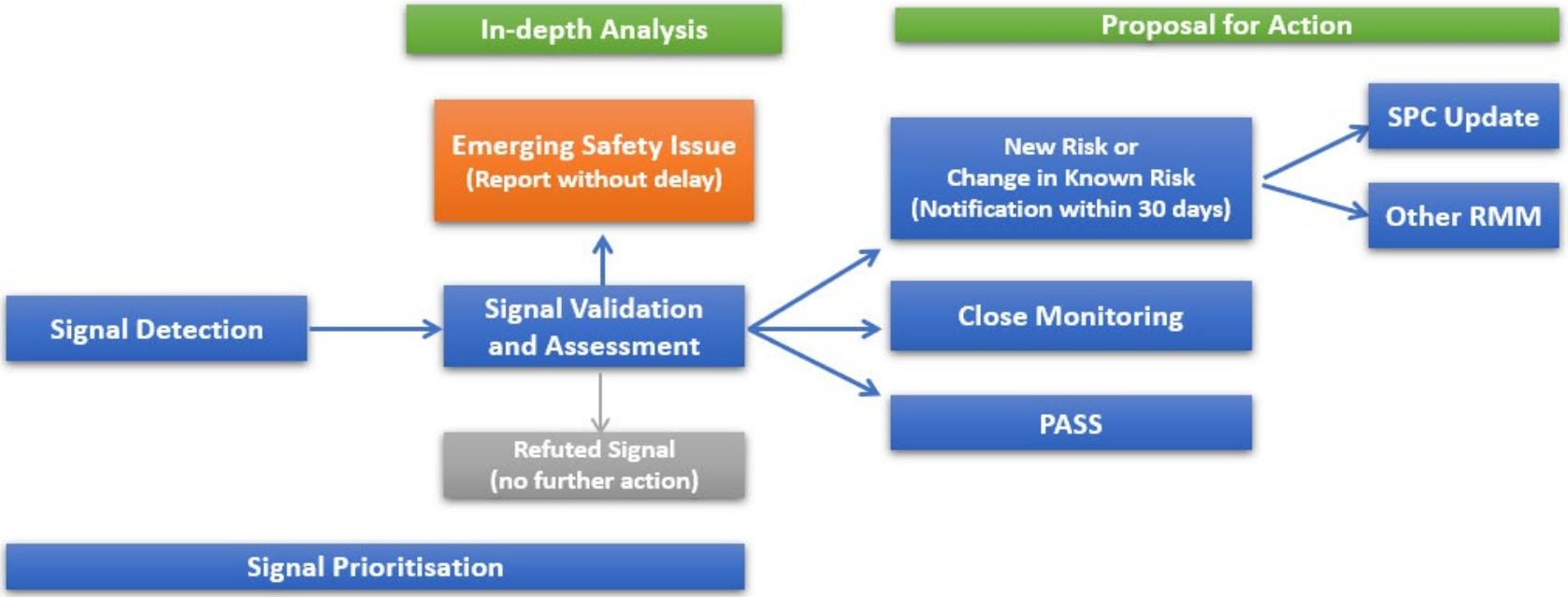
# Regulation 2019/06

- The start of the new regulation on **28th January 2022** marks the start of continuous monitoring of data in Union pharmacovigilance database by MAHs
- MAHs should continuously monitor the **benefit-risk balance** of their products through the signal management process
- MAHs can use their **own database** and **Union Pharmacovigilance database**
- MAHs have to conduct at least one signal detection analysis for each of their active substances or products in Union Pharmacovigilance database
- This signal analysis should be done within 2 months before the due date at the latest
- Aim of this signal analysis is to detect any new potential signals
- If a signal is detected, the signal should be assessed and submitted

# Regulation 2019/06

- Depending on the signals detected and assessed:
  - Signals for which a new risk or change to B/R → submit with 30 day notification
  - Signals assessed where no new risk or change to B/R identified→ submit at any time before due date
- For signals requiring a 30 day notification, a template is provided

# Signal Management Process



# Regulation 2019/06

**Signals refuted**

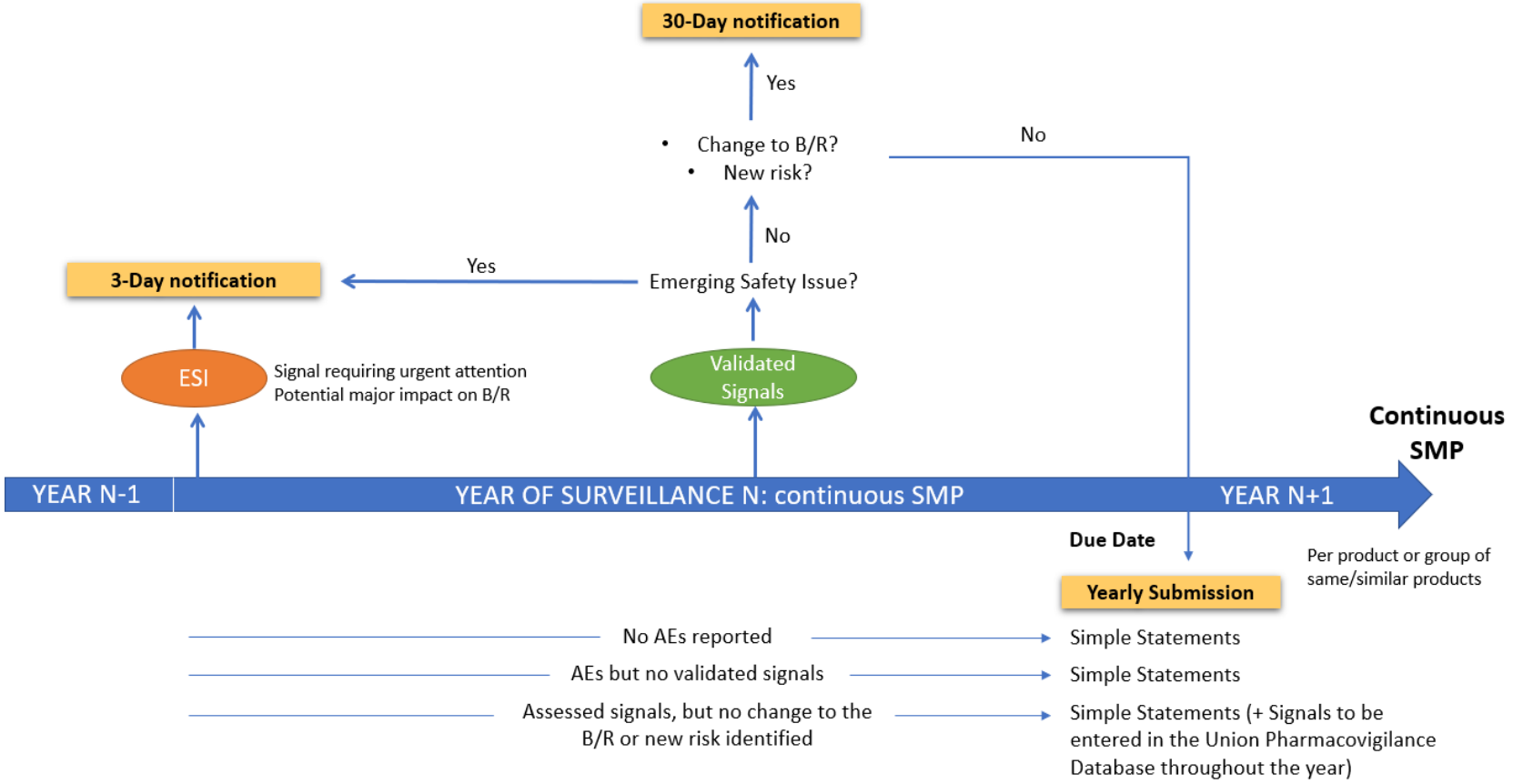
- In many cases (sample size is small) when there is not sufficient information to perform a proper assessment of a signal, refuting of a signal can be proposed with a brief summary of the cases reviewed
- In some cases (sample size is large), a more in-depth assessment might be required, even when the final conclusion is refuting of the signal. In these cases, the same template for signal assessment can be used and provided as attachment in the signal submission in support of the assessment

# Due Dates and annual statements

- Due dates are annual dates proposed by regulators to facilitate & coordinate work
- First batch of due dates sent for CAPs with due dates between March and June 2022
- We will learn and provide more due dates soon with the experience gained and we might use other criteria to define these in the future
- By the due date, MAHs should submit:
  - Statement confirming the benefit-risk balance of their products
  - Statement confirming compliance with published VGVP guidelines
- MAHs do NOT need to submit a "signal analysis report"
- Signals detected and assessed should be submitted to the Union Pharmacovigilance database at any point before the due date or with a 30 day notification, as required

# Due Dates and annual statements

- By the due date, annual statements should have been submitted by the MAH
- However, these can also be submitted before (flexibility is allowed), e.g. instead of submitting statements by the 15$^{th}$ of month, submitting by the end of previous month
- Even when no signals have been detected/assessed/submitted during the year, MAHs have to submit the annual statements (compliance with Regulation 2019/06)



# Points to remember for the first due dates

- As agreed, if not done yet, MAHs are invited to submit all non-serious cases since last PSUR. They should be taken into account in the first yearly signal analysis prior to the annual due date and they can be submitted as attachment in the system
- Regarding any open issues (under monitoring) since last PSUR or CAPs surveillance, we are reviewing these and further communication will follow soon. For most cases, an updated signal analysis for that specific VeDDRA term will be requested

# Focus on new information

- In principle, there is no obligation to assess historical data
- No need to start looking for potential signals of adverse events in the database for which no new cases have been reported after last PSUR DLP
- MAHs should not send signals concerning old issues analysed and solved in past PSURs, unless there is new relevant evidence that would justify a new updated analysis
- However, if a new signal is detected, based on new reported cases, a cumulative review including all available cases in the Union pharmacovigilance database should be performed
- For the first analysis, MAHs can select the first time period as the last DLP of the last PSUR

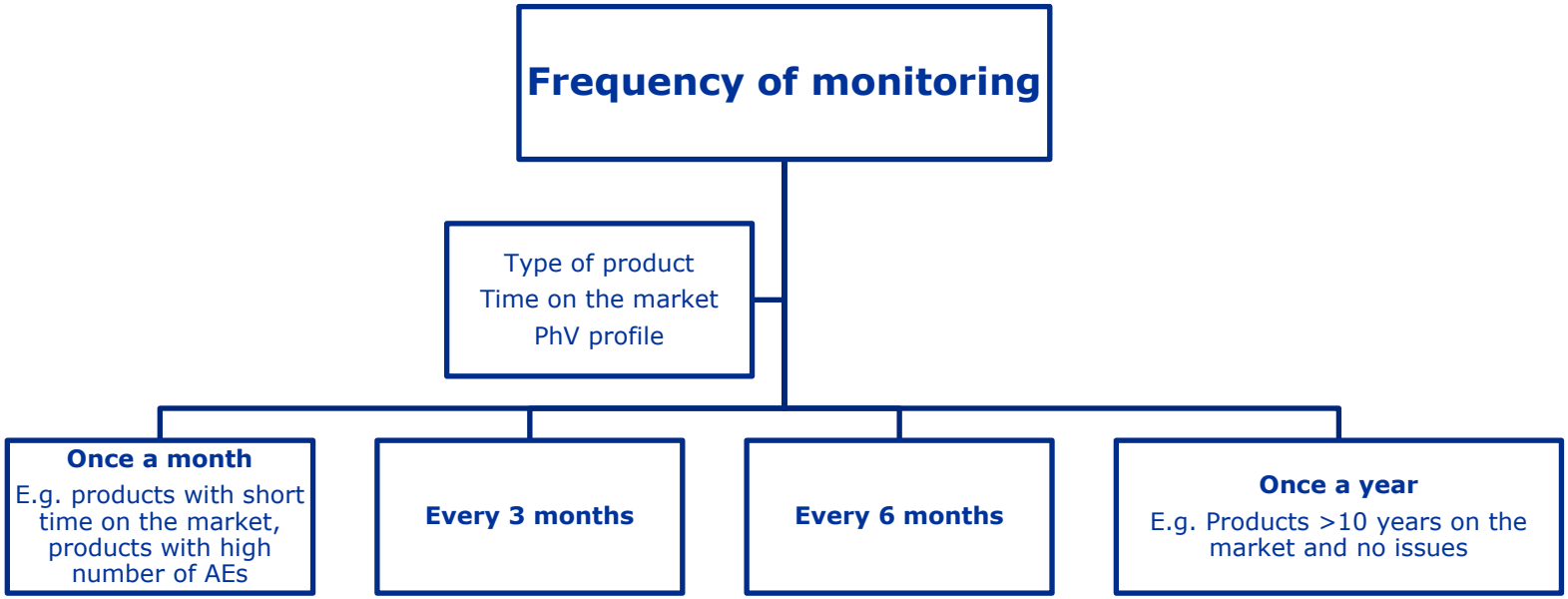
# Grouping

- No solution ready for one group short name yet (in future this will be possible, groupings made by MAHs, just need to click on one term), but at the beginning, need to select any products found in IRIS
- For products not available, we recommend to contact member state (MS) where product is approved so that the MS sends the product data to UPD
- For grouping, same information can be used to group as in PSURs and existing VICH guidance

# How to decide on the frequency of monitoring

- Frequency of monitoring should be determined on a case by case using clinical judgement and taking into account criteria mentioned in guideline and webinar, i.e. **type of product**, **time on the market** and **pharmacovigilance profile**
- As a general rule, the higher the number of AEs reports received yearly, the higher the frequency of monitoring. However, it also depends if the reported cases lead as well to a high number of signals detected or if these high number of cases concern mostly known issues already reflected in the SPC
- A high frequency of monitoring would make it easier to deal with a potentially high number of signals to analyse throughout the year, instead of having to analyse all at once

# How to decide on the frequency of monitoring



# Remember

- **Flexibility** should be allowed – each signal is different, there is no simple guide on what to do with each case scenario, as the products are very different, as well as the potential signals detected, the cases reported and all evidence that support that signal
- **Sound clinical judgement** should always be applied. Aim is to provide a high quality assessment of all evidence available and make decisions on a case by case basis, following the general principles explained in our guidelines and webinars
- **Knowledge** and **expertise** will grow with **practical experience**

# Any questions?

## Further information

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