Monitoring of scientific and medical literature

Andrea Lohée, Pharm-AD

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Monitoring of scientific and medical literature

- Challenges for MAH
- Why is it important?
- What is required?
- Where, when and how often?
- What needs to be considered?
- Practical aspects
- MLM

Monitoring of scientific and medical literature – Challenges for MAH

Challenges for MAH

- **Inefficient Processes**
- **Duplicated Reference Review**
- **Ineffective deployment of Resources**
- **Lack of Management Oversight**
- **Inspection findings / Compliance issues**
- **Constantly growing volume**
- **Translations**

Monitoring of scientific and medical literature – why is it important?

Why is it important?

Published literature is a key resource for the identification of patient safety issues relating to medicinal products.

It is an important source for potential ICSRs but also for signals, emerging safety issues and information relevant to the overall benefit-risk assessment of a product.

Monitoring of scientific and medical literature – why is it important?

Proper screening is crucial:

- The consequence of poor quality screening introduces the risk of drawing wrong or delayed conclusions about patient safety issues
- This in turn could lead to patients being harmed unnecessarily
- Risk of damage to the organisation

Overall objective is to protect patients and improve safety

Monitoring of scientific and medical literature – what is required?

Requirements are defined by regulators

- EU: in GVP (GVP Module VI & VII)
- USA: in 21CFR & Guidance for Industry (Postmarketing Safety Reporting for Human Drug and Biological Products including vaccines
- Local CA: need to check individual requirements but usually ICH E2D is followed

Monitoring of scientific and medical literature – where, when and how often?

Where to look?

- Published abstracts or
- Articles in medical/scientific journals
- Unpublished manuscripts involving case reports
- Important safety findings of clinical studies including posters, letters to editors, and associated communication from scientific meetings
- Spontaneous reports or reports from non-interventional post-autorisation studies

Global and local searches should be conducted

Monitoring of scientific and medical literature – where, when and how often?

When and how often?

- It should start on submission of a MA application and continue while the autorisation is active (irrespective of the commercial status)
- According to ICH E2D: according to local requirements and at least every two weeks but bear in mind the expdited reporting requirements (15 days for serious ICSRs)
- Health authorities: at least weekly!
- A risk-based approach should be used

Monitoring of scientific and medical literature – what?

What?

- **ICSRs**
  - Individual Case Safety Reports
- **Safety Signals**
  - new adverse events not detected before
- **Information relevant for the B/R assessment** and for aggregate reports (PSURs & DSURs)
  - Safety study
  - Lack of Efficacy/overdose/abuse/misuse/off label use
  - Pregnancy reports

Monitoring of scientific and medical literature – what?

- Pharmcokinetics/Pharmacogenomics
- Drug interactions
- Class effects/issues
- Benefit-risk
- Special populations (Children – Elderly)
- Other criteria as defined in aggregate report

Monitoring of scientific and medical literature – practical aspects

Practical aspects

- Global screening: Automated searches (in Embase, Medline, Excerpta Medica, etc)
- EMA service: MLM (Medical Literature Monitoring)
  - Daily searches on APIs (not all are covered)
  - Screening results in Excel tables and access to ICSRs entered in Eudravigilance
- Screening of local journals
  - Electronic versions
  - Paper versions

Monitoring of scientific and medical literature – practical aspects

Consider also the following:

- Not all databases are free – costs can be relatively high
- Coverage (WW or not)
- Focus: oriented towards particular medical discipline
- Overlap when using several databases
- Importance of constructing search string (INN)

Monitoring of scientific and medical literature – MLM

- EMA started in September 2015 the monitoring of a range of substances based on Art 57 data (xEVMPD)
- Innovative medicinal products are not covered
- Aim is to alleviate the burden on maximum number of MAHs
- Review of Embase (daily) and EBSCO (monthly)

Monitoring of scientific and medical literature – MLM

- Screening results available to MAs on the Eudravigilance Website
- Follow-up for outcome, missing information for important medical events, missing valid case criteria
- Valid ICSRs are entered in Eudravigilance and MAH can upload these ICSRs
- MAH should not re-submit their cases to EMA but only enter these in their global safety DB for signal detection, periodic reports, reporting outside EEA and exchange with license partners