

PV SUMMARY OF  
PRESENT AND  
FUTURE PROJECTS

# BENEFIT RISK ASSESSMENTS AND SAFETY MANAGEMENT IN CLINICAL TRIALS

**JOINT DCVMN CLINICAL & MEDICAL AFFAIRS & PV  
WORKING GROUPS – JUNE 2022**

## Slide 1

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**KH0**

Would not restrict the discussions to B/R assessment, but add also safety management in clinical trials

Katharina Hartmann, 2022-05-30T17:24:56.295

AIMS OF  
PHARMACOVIGILANCE  
WORKING GROUP –  
NOV 2019

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Proactively engage DCVMN members on priority global health issues, understanding the broader landscape e.g. Safety monitoring

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Establish more systematic and proactive dialogue with international bodies to shape the thinking on high priority DCVM issues.

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Support and strengthening PV systems at corporate level to achieve global vaccine safety monitoring.

Equip DCVMN member companies with up-to date knowledge to implement best practices and formal training according to state-of-the art pharmacovigilance,

Align with WHO and relevant national regulatory requirements.

PROJECTS OF  
PHARMACOVIGILANCE  
WORKING GROUP –  
MAY 2020 – JULY 2021

**Phase 1:** In the short term (<6 months), development of material, content and provide Post-licensure training and capacity building via the DCVMN e-learning platform and virtual PV training workshops.

**Phase 2:** In the longer term (>6 months), development of tools and templates (forms, SOPs), and build capacity in more advanced PV areas including interactive projects with member engagement.

Address the other gaps identified in the 2019 DCVMN members' survey through a series of face-to-face interactive workshops.



Specificities of Vaccine  
PV & focus of vaccine  
safety surveillance



Continuous vaccine  
safety profile  
monitoring; Protection  
of vaccinated individuals  
& populations; Benefit-  
risk evaluation of  
registered medicines;  
acquaintance with health  
hazard evaluations;



Risk management  
systems - establishing,  
assessing and  
implementing; evaluating  
the effectiveness of risk  
minimisation;



ICSR Case Management  
Reporting & processing  
of ICSRs from any  
source; Knowledge and  
command of Brighton  
case definitions;  
Familiarity and use of  
medical coding/ medical  
review of ICSR's; quality  
control of cases;  
causality assessments



Signal management;  
continuous Safety signal  
detection and  
evaluation;



Scheduling, review  
(including data  
evaluation and quality  
control), submission and  
assessment of  
DSUR/PSURs/PBRERS  
and availability of SOPs  
to do that;

KHO

## PVWG TRAINING LINKED TO PV BENEFIT- RISK ELEMENTS (2020 - 2021)

## Slide 4

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**KH0**

Would specifically mention the +/- high-level training / information on the B/R requirements in the PSURs -  
would propose to be more explicit

Katharina Hartmann, 2022-05-30T17:28:08.320

PVWG TRAINING  
LINKED TO & PV –  
BENEFIT-RISK ELEMENTS  
(2020-2021)

Purpose and content of PBRERs/PSURs; reporting requirements; periodicity; additional analysis for vaccines; evaluation of B/R balance; concepts in RA; B/R assessment; Methodologies for assessment

Communication about safety concerns between MAH & NRA, in particular notifying changes to the risk-benefit balance of medicines; meeting commitments and responding to requests from competent authorities;

Communicating information to patients and HCPs about changes to the risk-benefit balance of products for the aim of safe and effective use of medicines; responding to safety crises; vaccine risk communication

Keeping product information up-to-date with the current scientific knowledge; Implementation of safety variations to the SmPC and PIL

Interaction between the pharmacovigilance and product quality defect systems;

PVWG TRAINING  
LINKED TO PV –  
BENEFIT-RISK  
ELEMENTS –  
FUTURE PROJECTS

KH1

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Development of critical PV processes, including safety governance within company with an active vaccine safety committee/board; KH0

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Identifying emerging safety concerns and any other information relating to the benefit-risk evaluation

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Awareness of ongoing or completed clinical trials and other studies that may be relevant to the safety of the medicinal products;

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Literature reviews



## Slide 6

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**KH0** I don't think we were able to get these topics done - they are on our "wisj-list"

Katharina Hartmann, 2022-05-30T17:30:32.022

**KH1** These trainings have been provided - they are still on the to do list" would propose to change the date (2020 onwards)

Katharina Hartmann, 2022-05-30T17:32:37.308

RISK MANAGEMENT  
PLAN PROJECT  
AND  
CONCLUSIONS  
(2021-2022)

- Cross-cutting initiative **The Risk Management Project [RMP]**
- **Deliverables:**
- 1) A robust RMP meeting EU standards
- 2) Establishment of a multidisciplinary team for RM (i.e., Safety Management)

Timelines	Actions
<b>March 2021</b>	Project information and application
	e-learning training on the principles of the RMP as a pre-requisite for participation
	Proposal of a vaccine plus designated team, kickoff meeting & the roll out discussed and agreed
	Over 5 months development of RMP, guided and supported
<b>Sept - Dec 2021</b>	Completion and submission of 9 RMPs to 3 expert consultants for review and comment
<b>Jan 2022</b>	Individual 1:1 feedback by the experts
<b>April 2022</b>	Close out webinar
	After review of all submitted RMPs, the need for potential training on specific RMP elements may be considered
	Generic list of the observed issues prepared

## COLLABORATION POINTS WITH CD/MA

### **Safety assessment in Clinical Trials (CTs) –**

Systematic and comprehensive approach  
Evaluation of safety information/  
Rapid detection of safety issues/  
Risk assessments/  
Causality assessment/  
Look for evidence of other causes

### **CT Documentation** (e.g., IB, synopsis, CT protocol, CRF, ICF, SAP, CSR).

Safety/PV should be involved in all safety sections of the CT documents e.g., the IB is the RSI in Clinical development and is the basis for expectedness;  
standardisation of forms/definitions/methodology/data quality for meaningful analysis/data systems/how to approach amendments to safety documents e.g., IB/accessibility of data

### **Safety reporting requirements and processes in CTs/**

Systematic approach to RM/  
Criteria for expedited reporting/  
Is aggregate or individual case reporting required?/  
Country specific requirements/  
Exercise regulatory agility based on sound scientific rational

## COLLABORATION POINTS WITH CDMA

### **Critical Process Flows –**

Need to understand  
both Clinical Development  
Plan/

Activities and Individual  
Clinical Study Plan/activities/

Project management/  
Consider overall framework  
for PV processes

### **Identification of roles within a company/**

Any shared responsibilities ?/  
Interactions/  
Coordination/  
Communication

### **Design Considerations –** systematic approach to RM/

Normally Safety/PV/

Pharmacoepidemiology is only  
included/

Responsible for study design in  
safety studies



## COLLABORATION POINTS WITH CDMA

### **Trial goals - in Clinical development.**

PV/Safety is only involved in safety endpoints –  
this is different from safety studies

### **Final Clinical Study Reports**

- will PV be involved here?  
Transparency in availability of CT results



## CLINICAL TRIAL PHASES AND SAFETY

- What level of risk attributed to the study?
- Are methods of intensity of safety monitoring commensurate with the risks, nature, size, and complexity of the trial?
- **Phase I Trials:** Principal purpose – evaluate the product's safety, toxicity and immunogenicity as well as determine how best to administer the vaccine to limit risks and maximise possible benefits/rigorous medical supervision KH0
- **Phase II Trials:** Principal Purpose – determine preliminary estimate of the clinical efficacy of the vaccine or the immunogenicity of the vaccine KH1

KH3

Phase I and II: some studies uncontrolled. AE assessment can be problematic.

## Slide 11

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**KH0** Not sure what "uncontrolled AE assessment" means?

Katharina Hartmann, 2022-05-30T17:45:08.858

**KH0 0** Phase 3 contains the pivotal trials for MAA and demonstrate safety and efficacy (effectiveness is post-licensure)

Katharina Hartmann, 2022-05-30T17:45:59.190

**KH1** Not sure what "reagents" means?


Katharina Hartmann, 2022-05-30T17:46:28.310

**KH2** Severity scoring is often a subjective measurement, would rather use seriousness

Katharina Hartmann, 2022-05-30T17:48:29.283

**KH3** Regulatory requirement for the size of the safety database at filing is 3'000 (detection of an AE with a frequency 1/1'000 which is considered already rare - Vaccine trials have meanwhile become rather large >30'000 subjects)

Katharina Hartmann, 2022-05-30T17:50:49.644

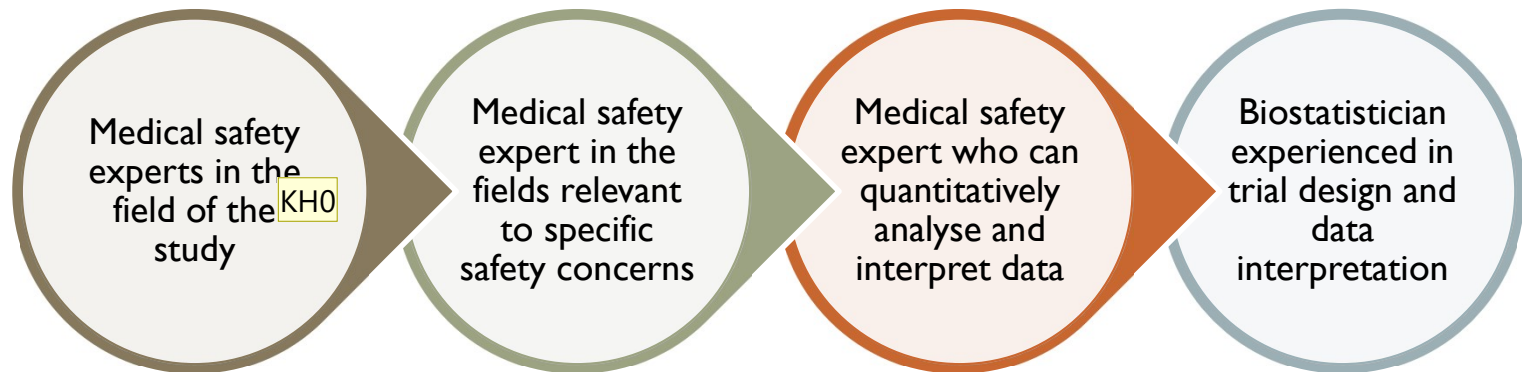


## CLINICAL TRIAL PHASES AND SAFETY

- **Phase III Trial** Principal purpose – pivotal for registration - demonstrate efficacy and safety
- Building tools for harmonised assessment of vaccines using standardised protocols is essential for efficacy and safety
- Safety assessments are based on evaluation of B/R using well defined case definitions/seriousness assessment

Prospective Randomised Trials for detection of AEs – designed for detection of common and acute AEs; Not usually designed to detect (uncommon (insufficient power)/ vague onset (hard to evaluate temporal association/delayed onset. Regulatory requirement for the size of the safety database at filing is 3'000 (detection of an AE with a frequency 1/1'000 which is considered already rare - Vaccine trials have meanwhile become rather large >30'000 subject





## SAFETY EVALUATION IN CLINICAL TRIALS - MULTIDISCIPLINARY

## Slide 13

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**KH0**

Would not use the expressions "clinician" as this would allwys be considered an MD - would rather use "medical expert" how can be any "life-science expert"

In this context we usually use "medical safety experts"

Katharina Hartmann, 2022-05-30T17:53:25.064



## IN CLOSING

- Opportunity for both WGs to fully unpack processes
- Clarify and identify CD/MA versus PV activities in pre-licensure safety trials
- What are the opportunities for synergy, to improve the effectiveness of the system and plans for clinical development
- Thank you for this opportunity