## **Principles of Signal Detection**

Pia Caduff-Janosa MD Annual Course May 2013



#### **Outline**

- What is a signal?
- Signal sources
- Triggers
- Assessment of potential risk
- Signal evaluation
- Outcome



#### What is a signal?

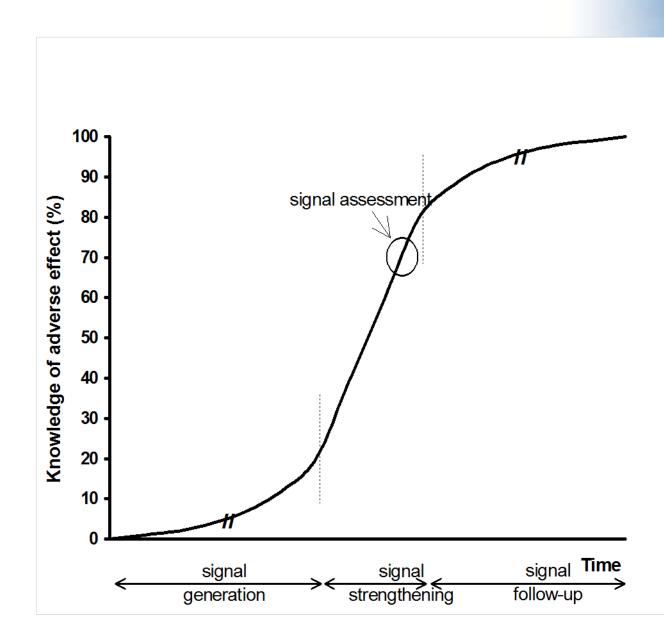
- Reported information on a possible causal relationship between an adverse event and a drug, the relationship being unknown or incompletely documented previously.
- Usually more than a single report is required to generate a signal, depending upon the seriousness of the event and the quality of the information. The publication of a signal usually implies the need for some kind of review or action.



#### Signal sources

- Individual Case Safety Reports
- Clinical studies
- Literature
- WHO Programme-UMC
- Scientific conferences
- Drug Regulatory Authorities
- Media









Signal bells...

.... when should they start ringing?



#### **Triggers**

- ADR reported is unexpected
- Fatal outcome or life threatening course
- Specific ADRs
  - SJS, TEN
  - Agranulocytosis
- Cluster
- Unusual aspects of expected ADRs



# **Action** Signal confirmed? Case series further information Individual case safety report

#### How many reports make a signal?

- 3 index cases
  - Completely documented
  - No or only minimal confounders
  - Positive de-/rechallenge



#### "Further information"?

- What do we know about the drug itself?
- What do we know about the way it is used?
- What do we know about similar drugs (class effects)?
- Is there a reasonable causal relationship between drug and reaction in our case reports?
- Signal assessment = causality assessment??



## Signal assessment

- Labelling
  - national and international
- Case series in databases?
  - National database
  - VigiBase/VigiLyze
- Literature



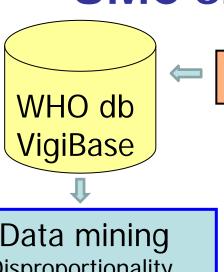
## Signal assessment

- "Small" database
  - Mostly case series and assessment of ICSRs

- Large database
  - Automated search for disproportionalities
  - Case series



## **UMC** signalling process



**National PV Centres** 

Pharma Company









Triage algorithms



**UMC** review Literature check etc





Not (yet) signal







Clinical assessment UMC + Review Panel



## Data analysis – single case

- Demographic data
- Medical history
- Chronology
- Risk factors
- Differential diagnosis
- De-/Rechallenge
- Concomitant medication
- Other confounders/bias



#### Signal assessment is about patterns

- Who is at risk?
- Are there patient specific risk factors?
- Are there drug specific risk factors?
- Is there a geographical pattern?
- Does the ADR follow a pattern?



## Signal assessment

• There is no magic button...





## Signal assessment is about...

Hard and patient intellectual work





#### ...and

Decision making





#### **Dilemma**

 A signal should be identified as soon as possible to allow early warning

#### but

- should be documented as well as possible (credibility)
  - → When is there ENOUGH evidence?



#### **Risk minimization**

Action taken (mostly) by Regulatory
 Authorities with the aim of keeping a
 positive benefit risk balance



#### **Potential risk**

- Exposed population (size, sensitive populations)
- Essential medicinal product
- Seriousness and severity of ADR
- Avoidable ADR?
- Rapid increase of number of reports
- Public impact and perception



## The risk potential defines the next move



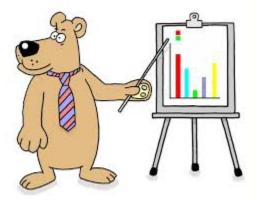


 If the risk is assessed as very high, risk minimizing actions might be justified even if the signal is not (yet) confirmed



#### More on this....

...on Monday May 27th @ 8.30 am





#### Take home messages

- A signal is a work hypothesis that needs to be confirmed or refuted
- Signal assessment is a dynamic process
- Signal detection is a lifelong process for every medicinal product
- Well documented ICSRs (index cases) are one of the most precious elements in signal detection and assessment
- Signal assessment is intellectual work

#### **Questions?**







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