

# Experience from US FDA Sentinel Initiative Studies

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#### Disclosures

• I am funded by FDA to work in the Sentinel System

### **Collaborating Organizations**



- Standardized data structure
- Robust data quality assurance process
- Pre-tested, customizable analytic tools
- Standardized analytic plan that also allows site-specific analysis

#### • Standardized data structure

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Data quality improvement feedback loop

## Sentinel Common Data Model v7.0

Administrative Data						Clinical Data	
Enrollment	Demographic	Dispensing	Encounter	Diagnosis	Procedure	Lab Result	Vital Signs
Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Patient ID
Enrollment Start &	Birth Date	Dispensing Date	Service Date(s)	Service Date(s)	Service Date(s)	Result & Specimen	Measurement Date
End Dates Sex	National Drug Code	Encounter ID	Encounter ID Encounter ID	Collection Dates	& Time		
Drug Coverage	Zip Code	(NDC)	Encounter Type and Provider	Encounter Type and Provider	Encounter Type and Provider	Test Type, Immediacy & Location	Height & Weight
Medical Coverage	Etc	Days Supply					Diastolic & Systolic
Medical Record	Medical Record		Facility	Diagnosis Code &	Procedure Code &		BP
Availability		,	Etc.	Туре	Туре	Logical Observation	Tobacco Use & Type
			Principal Discharge	Etc.	and Codes (LOINC $^{\textcircled{B}}$ )	Etc.	
				Diagnosis		Etc.	

Registry Data			Inpatie	ent Data	Mother-Infant Linkage Data	
Death	Cause of Death	State Vaccine	Inpatient Pharmacy	Inpatient Transfusion	Mother-Infant Linkage	
Patient ID	Patient ID	Patient ID	Patient ID	Patient ID	Mother ID	
Death Date	Cause of Death	Vaccination Date	Administration Date &	Administration Start &	Mother Birth Date	
Source	Source	Admission Date	Time	End Date & Time	Encounter ID & Type	
Confidence	Confidence	Vaccine Code & Type	Encounter ID	Encounter ID	Admission & Discharge Date	
Etc.	Etc.	Provider	National Drug Code (NDC)	Transfusion Administration ID	Child ID	
Etc.		Etc.	Route Transfusion Product		Child Birth Date	
			Dose	Code	Mother-Infant Match Method	
			Etc.	Blood Type	Etc.	
			210.	Etc.		

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**Guidance for Industry and FDA Staff Best Practices for Conducting** and Reporting Pharmacoepidemiologic Safety **Studies Using Electronic** Healthcare Data

#### Sentinel data quality assurance practices

Sentinel Data Quality Review and Characterization Process



 $^{*}$  On average, there are 44 flags identified by the program and 10 additional flags identified by the Sentinel Operations Center per ETL

- Consistent with FDA's best practices
- Data not used in any analysis unless passing QA
- 1,400+ checks per site per refresh

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## Analytic framework (one-off)



## Analytic framework (re-usable)



### Analytic framework (re-usable)







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- 1. User creates and submits query
- 2. Data Partners retrieve query
- 3. Data Partners review and run query against their local data
- 4. Data Partners review results
- 5. Data Partners return results via secure network
- 6. Results are aggregated and reported

#### Additional analytic capabilities

- Allow high-dimensional propensity scores
  - Database-specific covariate adjustment
- Allow pre-specify stratified or subgroup analysis
  - By Data Partner
  - By patient characteristic (e.g., age group, sex)
- Most analyses can be done with summary-level information
  - Risk-set based approaches (mathematically equivalent to pooled individual-level analysis)

#### Example 1 – Anti-hypertensive drugs and angioedema

Drug	Site-adjusted	<b>PS-adjusted</b>
ACEIs	2.77 (2.57, 2.98)	3.04 (2.81, 3.27)
ARBs	1.11 (0.97, 1.28)	1.16 (1.00, 1.34)
Aliskiren	2.75 (1.30, 5.81)	2.85 (1.34, 6.04)

Reference group: beta-blockers

#### Example 1 – Anti-hypertensive drugs and angioedema



#### ACEIs vs. beta-blockers

P-value for test for homogeneity: 0.01

https://www.sentinelinitiative.org/sites/default/files/Drugs/Assessments/Mini-Sentinel\_Angioedema-and-RAAS\_Final-Report.pdf

### Example 2 – Glyburide/glipizide vs. severe hypoglycemia

Exposure	New Users <sup>a</sup>	Person-Years at Risk	Serious Hypoglycemia Events	Incidence Rate per 1000 Person-Years	Hazard Ratio (95% CI)
Data from 13 data partners					
Unmatched <sup>b</sup>					
Glyburide	198,550	89,719	1,685	19	1.11 (1.05, 1.18)
Glipizide	379,507	244,094	5,406	22	
Predefined covariates—unconditional model <sup>c</sup>					
Glyburide	173,655	83,108	1,633	20	1.35 (1.26, 1.45)
Glipizide	173,656	99,834	1,393	14	
Predefined covariates—conditional model <sup>d</sup>					
Glyburide	173,655	38,986	1,064	27	1.36 (1.24, 1.49)
Glipizide	173,656	38,986	784	20	

#### TABLE 3. Incidence Rates and Hazard Ratios of Emergency Department Visits and Hospital Admissions for Hypoglycemia

#### Example 2 – Glyburide/glipizide vs. severe hypoglycemia

xposure	New Users <sup>a</sup>	Person-Years at Risk	Serious Hypoglycemia Events	Incidence Rate per 1000 Person-Years	Hazard Ratio (95% CI)
Data from five data partners in which the hdPS					
model converged and completed without errors					
Unmatched <sup>b</sup>					
Glyburide	139,113	58,075	905	16	1.26 (1.16, 1.38)
Glipizide	181,911	94,941	1,079	11	
Predefined covariates—unconditional model <sup>c</sup>					
Glyburide	120,334	53,366	859	16	1.41 (1.27, 1.56)
Glipizide	120,335	61,552	666	11	
Predefined covariates—conditional model <sup>d</sup>					
Glyburide	120,334	24,708	568	23	1.42 (1.25, 1.62)
Glipizide	120,335	24,708	399	16	
hdPS—unconditional model <sup>c</sup>					
Glyburide	116,930	52,816	870	17	1.50 (1.36, 1.66)
Glipizide	116,931	62,526	644	10	
hdPS—conditional model <sup>d</sup>					
Glyburide	116,930	24,494	581	24	1.49 (1.31, 1.70)
Glipizide	116,931	24,498	389	16	

#### Example 2 – Glyburide/glipizide vs. severe hypoglycemia

Hazard Ratio	Unmatched	Predefined covariates –	Predefined covariates	hdPS –	hdPS –	Predefined covariates and	Predefined covariates
(95%CI) <sup>a, b</sup>		Unconditional model <sup>c</sup>	– Conditional model <sup>d</sup>	Unconditional	Conditional	hdPS – Unconditional	and hdPS – Conditional
				model <sup>c</sup>	model <sup>d</sup>	model <sup>c</sup>	model <sup>d</sup>
Data partner 1	1.31 (1.13-1.52)	1.47 (1.24, 1.75)	1.47 (1.18, 1.83)	1.58 (1.33, 1.88)	1.60 (1.29, 2.00)	1.50 (1.26, 1.78)	1.42 (1.14, 1.76)
Data partner 2	1.48 (1.26, 1.74)	1.76 (1.46, 2.12)	1.71 (1.35, 2.18)	1.71 (1.43, 2.06)	1.61 (1.27, 2.04)	1.79 (1.48, 2.16)	1.77 (1.39, 2.26)
Data partner 3	1.18 (0.72, 1.96)	1.59 (0.84, 3.01)	1.67 (0.73, 3.81)				
Data partner 4	1.57 (0.86, 2.86)	1.53 (0.75, 3.12)	2.60 (0.93, 7.29)	1.87 (0.85, 4.08)	1.80 (0.60, 5.37)	2.00 (0.92, 4.34)	2.40 (0.85, 6.81)
Data partner 5	1.61 (0.80, 3.23)	1.33 (0.54, 3.27)	1.75 (0.51, 5.98)				
Data partner 6	17.72 (2.04, 153.9)	6.60 (0.75, 58.07)	72^13 (0.00, .)				
Data partner 7	1.09 (0.54, 2.20)	1.41 (0.59, 2.88)	0.71 (0.23, 2.25)	1.19 (0.43, 3.27)	1.25 (0.34, 4.65)	1.19 (0.43, 3.27)	1.50 (0.42, 5.32)
Data partner 8	1.32 (1.19, 1.47)	1.38 (1.23, 1.56)	1.41 (1.21, 1.64)				
Data partner 9	0.44 (0.66, 3.23)	1.03 (0.06, 16.51)	. (., .)				
Data partner 10	3.33 (1.27, 8.72)	2.30 (0.53, 9.91)	4.00 (0.45, 35.79)				
Data partner 11	0.55 (0.47, 0.65)	0.96 (0.77, 1.19)	0.85 (0.63, 1.13)				
Data partner 12	3.52 (1.28, 9.68)	2.90 (0.51, 16.34)	1.00 (0.14, 7.10)				
Data partner 13	1.03 (0.88, 1.21)	1.10 (0.92, 1.31)	1.16 (0.93, 1.45)	1.24 (1.04, 1.49)	1.29 (1.04, 1.61)	1.24 (1.04, 1.49)	1.29 (1.04, 1.61)

hdPS - High-dimensional propensity score, CI - Confidence interval.

<sup>a</sup> Hazard ratios comparing glyburide versus. glipizide.

<sup>b</sup> Please note, one data partner removed a small number of users that moved to administrative services only plans. Information from these users is included in Tables 1 and 2, but removed from subsequent tables.

<sup>c</sup> The conditional models were stratified by the matched pair.

<sup>d</sup> The unconditional models were not stratified by the matched pair.

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- Minimize variations in data quality, design, and analysis
- Any observed differences in results across sites would more likely indicate real treatment effect heterogeneity

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## https://www.distributedanalysis.org