

Assessment of the US Food and Drug Administration's Sentinel analysis tools: angiotensin-converting enzyme inhibitors and angioedema

Gagne JJ,¹ Han X,² Hennessy S,² Leonard CE,² Chrischilles EA,³ Carnahan RM,³ Wang SV,¹ Fuller C,⁴ Iyer A,⁴ Katcoff H,⁴ Woodworth TS,⁴ Archdeacon P,⁵ Meyer TE,⁵ Schneeweiss S,¹ Toh S⁴

- **1.** Brigham and Women's Hospital and Harvard Medical School, Boston, MA
- 2. University of Pennsylvania Perelman School of Medicine, Philadelphia, PA
- 3. The University of Iowa College of Public Health, Iowa City, IA
- 4. Harvard Medical School and Harvard Pilgrim Health Care Institute, Boston, MA
- 5. Food and Drug Administration, Silver Spring, MD





Disclosure

- The Mini-Sentinel program was funded by the U.S. Food and Drug Administration through the Department of Health and Human Services contract number HHSF223200910006I
- The views expressed in this paper are those of the authors and are not intended to convey official U.S. Food and Drug Administration (FDA) policy or guidance
- All authors have been involved with the development and operation of the Sentinel System
- Drs. Gagne, Wang, and Schneeweiss are consultant to Aetion, Inc., and Dr. Schneeweiss reports owning shares of Aetion, Inc.
- Dr. Gagne is a consultant to Optum, Inc.
- Dr. Schneeweiss is a consultant to WHISCON
- Dr. Hennessy has research funding from AstraZeneca Pharmaceuticals and Bristol-Myers Squibb, and has done consulting for AstraZeneca Pharmaceuticals, Bristol-Myers Squibb, AbbVie Inc., Merck Sharp & Dohme Corp, none of which is related to ACE inhibitors or beta-blockers



Background

- Sentinel (formerly Mini-Sentinel) enables FDA to conduct active safety monitoring of medical products
- A key component of the Sentinel analytic framework is a set of customizable modular programs that:
 - Enable rapid analyses of associations between medical products and pre-specified outcomes
 - Use complex design and analysis strategies to implement self-controlled and cohort-based assessments
- Sentinel has undertaken an effort to evaluate the performance of these modular program tools



Objective

 To assess the extent to which the Sentinel Propensity Score Matching (PSM) tool could produce the same results as a more traditional customized protocolbased assessment comparing angioedema in patients initiating angiotensin-converting enzyme (ACE) inhibitors versus beta-blockers



Sentinel protocol-based assessment

ORIGINAL INVESTIGATION

Comparative Risk for Angioedema Associated With the Use of Drugs That Target the Renin-Angiotensin-Aldosterone System

Sengwee Toh, ScD; Marsha E. Reichman, PhD; Monika Houstoun, PharmD; Mary Ross Southworth, PharmD; Xiao Ding, PhD; Adrian F. Hernandez, MD; Mark Levenson, PhD; Lingling Li, PhD; Carolyn McCloskey, MD, MPH; Azadeh Shoaibi, MS, MHS; Eileen Wu, PharmD; Gwen Zornberg, MD, MS, ScD; Sean Hennessy, PharmD, PhD

				Value (98	5% CI)	HR (95% CI)		
Drug	No. of Events	No. of Exposed Persons	No. of Exposed Person-Years	Cumulative Incidence per 1000 Persons	Incidence Rate per 1000 Person-Years	Site Adjusted	Propensity Score Adjusted	
				Angioedema				
ACEIs	3301	1 845 138	753 105.4	1.79 (1.73-1.85)	4.38 (4.24-4.54)	2.77 (2.57-2.98)	3.04 (2.81-3.27)	

Source: Toh S et al. Arch Intern Med 2012;172:1582-9.



Sentinel Distributed Database



1- User creates and submits query(a computer program)

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 returned



Sentinel PSM tool





Sentinel PSM tool



Occur separately at each Data Partner



	Protocol-based analysis	PSM tool analysis
Number of Data Partners	17	13
Data date range	January 1, 2001 to December 31, 2010	January 1, 2008 to September 30, 2013
Design	New user cohort design	New user cohort design
Exposure of interest	ACE inhibitors	ACE inhibitors
Comparator	Beta-blockers	Beta-blockers
New-use wash-out period	183 days	183 days
Outcome of interest	Angioedema	Angioedema
Outcome definition	ICD-9-CM code 995.1, any care setting	ICD-9-CM code 995.1, any care setting
Confounders (assessed	Age; sex; recorded history of allergic	Same as protocol-based analysis plus #
during 183-day baseline	reaction, diabetes, heart failure,	unique generic drugs dispensed; #
period)	ischemic heart disease, non-steroidal	prescriptions filled; # inpatient hospital
	anti-inflammatory drug use	encounters; # non-acute institutional
		encounters; # emergency room
		encounters; # ambulatory encounters
Confounding adjustment	Propensity score stratification (quintiles)	Propensity score matching
Start of follow-up	Day after drug initiation date	Day after drug initiation date
End of follow-up	First of end of continuous exposure,	First of end of continuous exposure,
	outcome, or prescription for a drug in	outcome, or prescription for a drug in the
	the other class, angiotensin II receptor	other class, angiotensin II receptor
	blocker, or aliskiren	blocker, or aliskiren
Outcome model	Cox proportional hazards model	Cox proportional hazards model



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	Primary Analysis					
	Angiotensin-	converting				
Characteristic	enzyme Inhibitors		Beta-bl	ockers		
	N	%	N	%	Absolute Difference	Standardized Difference
Patients	2,211,215	100%	1,673,682	100%		
Events while on therapy	5,158	0.2%	1,292	0.1%		
Person-time at risk (days)	186.9	266.6	149.2	235.1		
Patient Characteristics						
Gender (F)	997,962	45.10%	946,344	56.50%	-11.4	-0.2
Mean age (standard deviation)	54.6	12.7	53.7	15.6	0.9	0.1
Recorded History of:						
Allergic reactions	207,344	9.4%	190,387	11.4%	-2.0	-0.1
Diabetes	471,661	21.3%	173,083	10.3%	11.0	0.3
Heart failure	41,060	1.9%	74,897	4.5%	-2.6	-0.1
Ischemic heart diseases	109,948	5.0%	224,681	13.4%	-8.4	-0.3
NSAID use	318,298	14.4%	250,697	15.0%	-0.6	0.0
		Standard		Standard		
Health Service Utilization Intensity:	Mean	deviation	Mean	deviation		
Number of generics	3.4	3.5	4.1	4.0	-0.7	-0.2
Number of filled prescriptions	7.5	9.6	8.9	10.8	-1.4	-0.1
Number of inpatient hospital encounters	0.1	0.4	0.2	0.6	-0.1	-0.3
Number of non-acute institutional						
encounters	0.0	0.6	0.1	0.9	-0.1	-0.1
Number of emergency room encounters	0.2	0.7	0.4	1.0	-0.2	-0.2
Number of ambulatory encounters	4.8	6.3	6.9	8.4	-2.1	-0.3
Number of other ambulatory encounters	1.1	2.6	1.5	3.6	-0.4	-0.1



	Covariate Balance					
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	Covariate Balance					
	Angiotensin	-converting				
Characteristic	enzyme l	nhibitors	Beta-bl	ockers		
	N	%	N	%	Absolute Difference	Standardized Difference
Patients	1,309,104	59.2%	1,309,104	78.2%		
Events while on therapy	3,311	0.3%	988	0.1%		
Person-time at risk (days)	183.8	263.7	151.8	238.9		
Patient Characteristics						
Gender (F)	723,955	55.3%	689,617	52.7%	2.6	0.1
Mean age (standard deviation)	54.1	13.1	54.4	14.9	-0.3	0.0
Recorded History of:						
Allergic reactions	137,920	10.5%	134,933	10.3%	0.2	0.0
Diabetes	150,036	11.5%	150,551	11.5%	0.0	0.0
Heart failure	35,302	2.7%	38,966	3.0%	-0.3	0.0
Ischemic heart diseases	102,200	7.8%	106,786	8.2%	-0.4	0.0
NSAID use	191,798	14.7%	189,612	14.5%	0.2	0.0
Health Service Utilization Intensity:	Mean	Standard deviation	Mean	Standard deviation		
Number of generics	3.7	3.7%	3.6	3.6%	0.0	0.0
Number of filled prescriptions	8.1	10.2%	8.0	9.9%	0.1	0.0
Number of inpatient hospital encounters	0.1	0.5%	0.1	0.5%	0.0	0.0
Number of non-acute institutional						
encounters	0.1	0.7%	0.1	0.7%	0.0	0.0
Number of emergency room encounters	0.3	0.8%	0.3	0.8%	0.0	0.0
Number of ambulatory encounters	5.6	7.3%	5.6	6.6%	0.0	0.0
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Results

Table 3: Results by analysis type

Exposure Unmatched Analys	New Users iis (Data Partne	Person-Years at Risk r-adjusted only)	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person- Years	Risk per 1000 New Users	Incidence Rate Difference per 1,000 Person- Years	Difference in Risk per 1000 New Users	Hazard Ratio (95% CI)	Wald P-Value
ACE inhibitors	2,211,215	1,131,526	0.51	5,158	4.56	2.33	2.67	1.56	2.55 (2.40, 2.71)	<0.0001
Beta-blockers	1,673,682	683,614	0.41	1,292	1.89	0.77				
1:1 Matched Analysis, stratified on matched pair; Caliper=0.025										
ACE inhibitors	1,309,104	248,697	0.19	1,819	7.31	1.39	4.98	0.95	3.14 (2.86, 3.44)	<0.0001
Beta-blockers	1,309,104	248,697	0.19	580	2.33	0.44				

ACE, angiotensin-converting enzyme



Results

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Exposure	New Users	Person-Years at Risk	Average Person-Years at Risk	Number of Events	Incidence Rate per 1,000 Person- Years	Risk per 1000 New Users	Incidence Rate Difference per 1,000 Person- Years	Difference in Risk per 1000 New Users	Hazard Ratio (95% CI)	Wald P-Value
Unmatched Analysis (Data Partner-adjusted only)										
ACE inhibitors	2,211,215	1,131,526	0.51	5,158	4.56	2.33	2.67	1.56	2.55 (2.40, 2.71)	<0.0001
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1:1 Matched Analysis, stratified on matched pair; Caliper=0.025										
ACE inhibitors	1,309,104	248,697	0.19	1,819	7.31	1.39	4.98	0.95	3.14 (2.86, 3.44)	<0.0001
Beta-blockers	1,309,104	248,697	0.19	580	2.33	0.44				

ACE, angiotensin-converting enzyme



Limitations

- Single drug-outcome pair, with little confounding
- Slight differences in Data Partners, data years, and confounding adjustment strategies between PSM and protocol-based analyses
- Both analyses limited by under-capture of potentially important confounders (e.g., race, genetic data)
- More evaluation needed for both retrospective and prospective assessments



Conclusions

- Despite small differences in data and methods, the Sentinel PSM tool was able to produce an estimate that was very consistent with that produced by a highly customized protocol-based assessment
 - 3.14 (2.86 to 3.44) vs. 3.04 (2.81 to 3.27)
- This comparison provides initial evidence that Sentinel program tools can produce findings similar to those produced by a highly customized protocoldriven assessment
- Additional evaluations underway



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Additional slides



PS distributions at 1 Data Partner (before matching)





PS distributions at 1 Data Partner (after matching)

