

Active Surveillance of Medical Product Use in the FDA's Sentinel System: A Focus on Pediatric Populations

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Acknowledgements

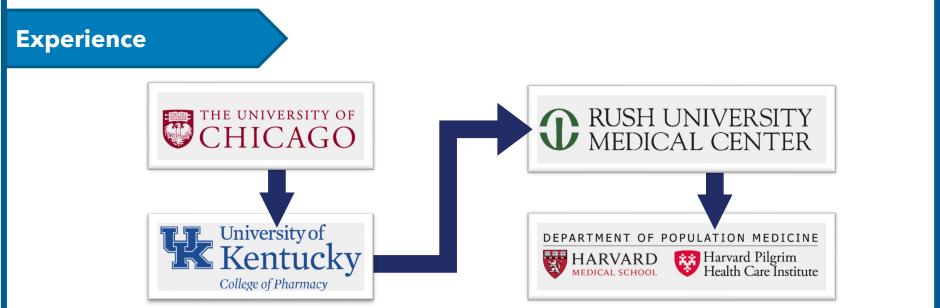
- Sentinel is an enormous effort that would not be possible without the hard work of many collaborators and colleagues. Many thanks are due to:
 - o FDA Sentinel Core Team and Sentinel System Users
 - Sentinel Operations Center Colleagues
 - Sentinel Data Partners who provided data used in the analyses described herein



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Research

Current portfolio contains routine and COVID-19 specific Sentinel queries, as well as federally funded grant work

Doctoral dissertation investigated impact of potentially inappropriate medication use on cognitive outcomes among older adults

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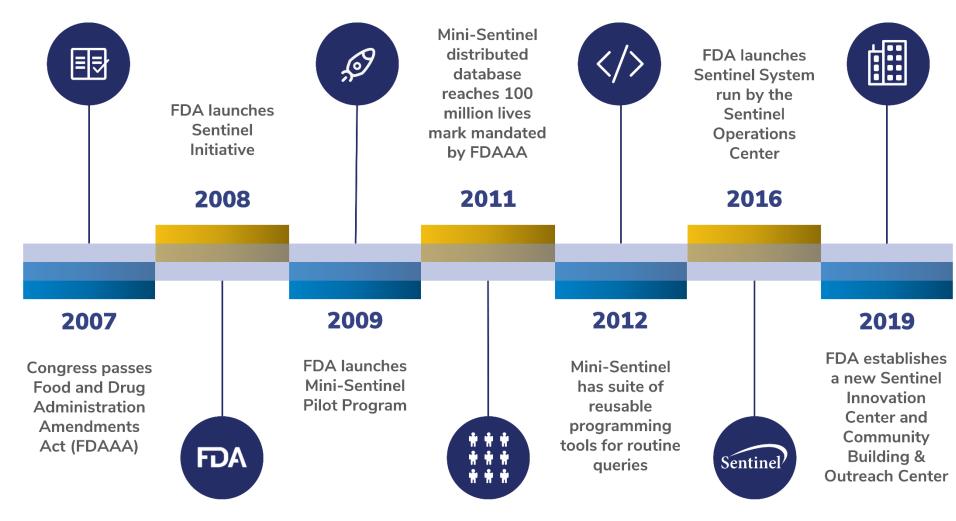
@ashleyRXEpi

- 1 Introduction to the Sentinel System
- Characterizing the PediatricPopulation in Sentinel
- 3 A Brief Review of Select Pediatric-Focused Sentinel Assessments



Introduction to Sentinel

History of the Sentinel Initiative



https://sentinelinitiative.org/about Sentinel Initiative

Sentinel System Structure



- Sentinel System created to meet 2007
 Congressional mandate to "create an active postmarket drug safety surveillance system"
- Led by FDA's Office of Surveillance and Epidemiology in the Center for Drug Evaluation and Research
- Three centers collaborate to proactively assess safety of approved drugs under real-world conditions

The Sentinel Initiative and Real-World Data

The FDA has two big jobs. One - are the medical products we use <u>safe</u>? Two - are the medical products we use <u>effective</u>? In other words, are medical products doing the job they are supposed to?

FDA is looking into how real-world data like that in Sentinel might help FDA answer these important questions. Much of this real-world data comes from health insurance companies and patients themselves.



How does Sentinel work?

- Sentinel gets information from insurance claims, electronic health records, and patient reports.
- Sentinel uses computer programs to see how groups of patients are doing.
- This real-world evidence can show if patients are getting bad side effects and maybe also if products are working.



What kinds of questions?

- What medicines are patients taking and why?
- Are medicines helping or hurting some patients more than others?
- Do side effects interfere with patients' lives?
- Are patients taking medicines the way their doctors prescribe?



What about privacy?

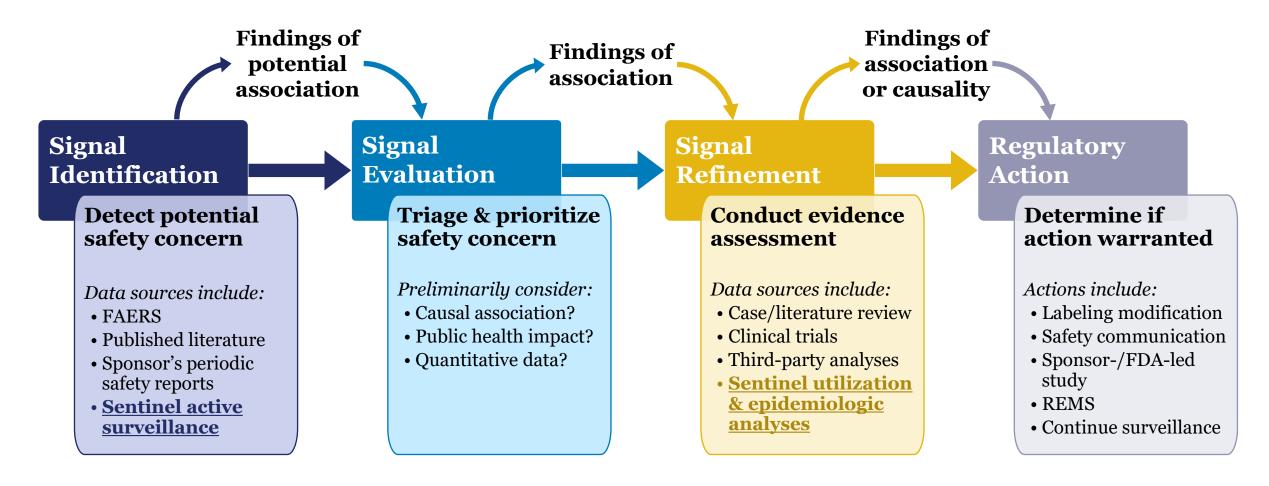
- No one looks at patients' names, addresses, phone numbers, or other identifying information.
- For more information, please visit: SentinelInitiative.org



What happens next?

- FDA may use information from Sentinel to help determine whether medical products are safe and working.
- FDA warns patients and their doctors about bad side effects.
- If a patient has concerns about their medical products, they should contact their doctor.

Sentinel's Role in FDA Drug Safety Pipeline



Sentinel's Role in FDA Regulation

- FDA conducts safety studies in Sentinel for the following purposes:
 - Assess known serious risk related to the use of the drug
 - Identify signals of unexpected serious risk related to use of the drug
 - Assess signals of serious risk related to the use of the drug

- Sentinel drug safety studies contribute to FDA's regulatory process:
 - Provide data to address or alleviate new drug safety concerns
 - Contribute evidence to support Drug Safety Communication, Label Change, risk management strategy, or Advisory Committee deliberation
 - o Respond to a citizen's petition

Key Components in Sentinel

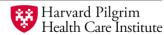
- Two main components are key to success in the Sentinel System
 - o A **distributed database of standardized** claims and claims linked with electronic health records (EHR) data
 - State-of-the-art analysis tools to monitor the safety of medications
- These components allow for efficient multi-site safety analyses

Operations Center Collaborations

Lead: Harvard Pilgrim -**Health Care Institute**

DEPARTMENT OF POPULATION MEDICINE





a **Point32Health** company







HCA╬

Healthcare[™]



♥aetna



Colorado Hawaii **Mid-Atlantic** Northwest

Washington



































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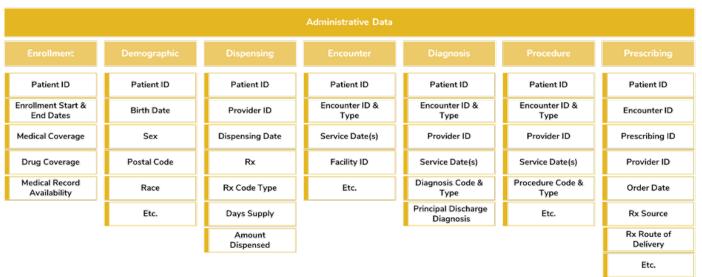




Duke University School of Medicine



Sentinel Common Data Model



Clinical Data			
Lab Result Vital Signs			
Patient ID	Patient ID		
Result & Specimen Collection Dates	Measurement Date & Time		
Test Type, Immediacy & Location	Height & Weight		
Logical Observation	Diastolic & Systolic BP		
Identifiers Names and Codes (LOINC®)	Tobacco Use & Type		
Etc.	Etc.		

Registry Data			
Death	State Vaccine		
Patient ID	Patient ID	Patient ID	
Death Date	Cause of Death	Vaccination Date	
Death Imputed Date Source		Admission Date	
Source	Confidence	Vaccine Code & Type	
Confidence	Etc.	Provider	
Etc.		Etc.	

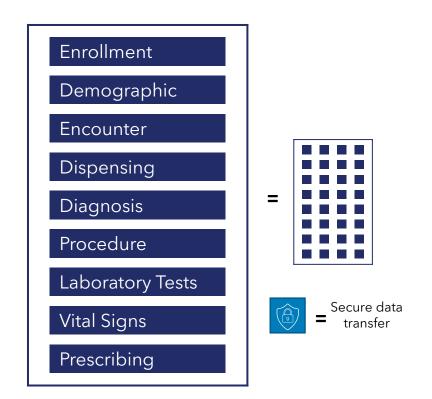
Inpatient Data		Mother-Infant Linkage Data
Inpatient Pharmacy	Inpatient Transfusion	Mother-Infant Linkage
Patient ID	Patient ID	Mother ID
Encounter ID	Encounter ID	Mother Birth Date
Rx Administration Date & Time	Transfusion Administration ID	Encounter ID & Type
National Drug Code (NDC)	Administration Start & End Date & Time	Mother Admission & Discharge Date
Rx ID	Transfusion Product Code	Child ID
Route	Blood Type	Child Birth Date
Dose	Etc.	Mother-Infant Match Method
Etc.		Etc.

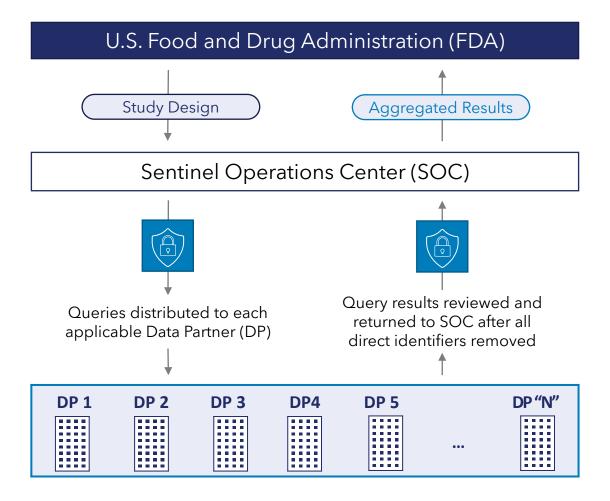
Auxiliary Data			
Facility Provider			
Facility ID	Provider ID		
Facility Location	Provider Specialty & Specialty Code Type		

^{*} The State Vaccine table has not been used since SCDM v6.0. https://sentinelinitiative.org/methods-data-tools/sentinel-common-data-model

Sentinel Distributed Data Network

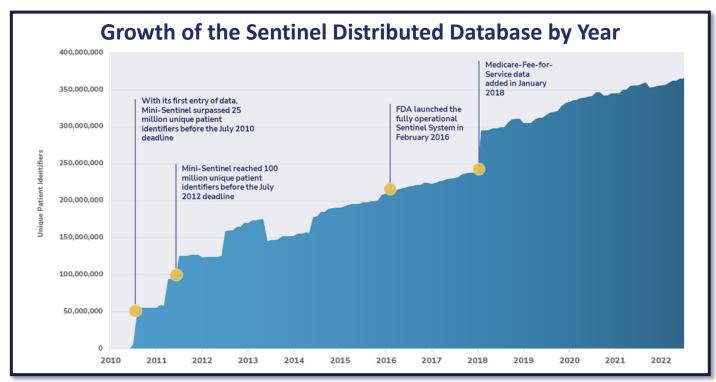
• Data Partners hold data in the Sentinel Common Data Model format



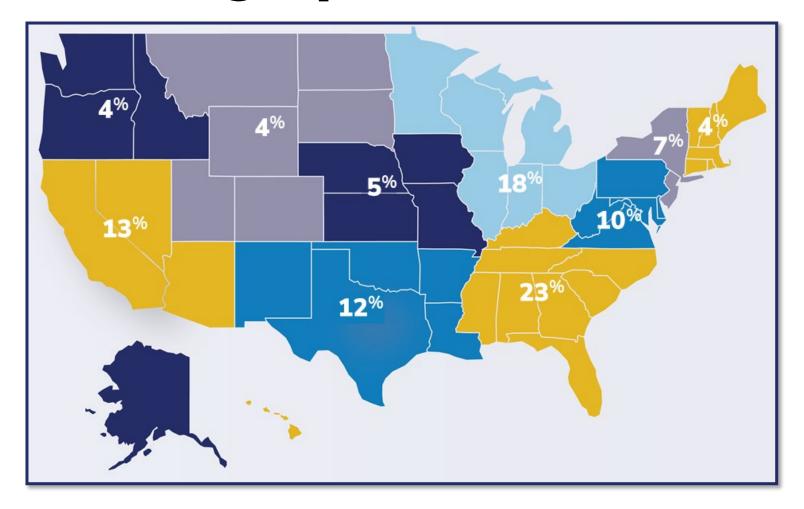


Sentinel Distributed Database Growth

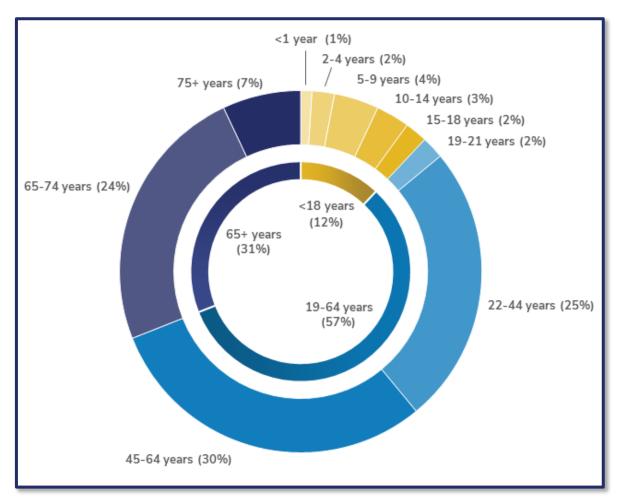
- Sentinel Distributed Database came online in 2010
- Now contains ~365 million unique patient IDs from enrolled 2000 2022
 - ~240 million have ≥1 day
 of medical and drug
 coverage
 - ~63 million currently accruing new data
 - ~10 million live birth deliveries with a motherinfant linkage



Members Geographic Distribution



Active Members Age Distribution

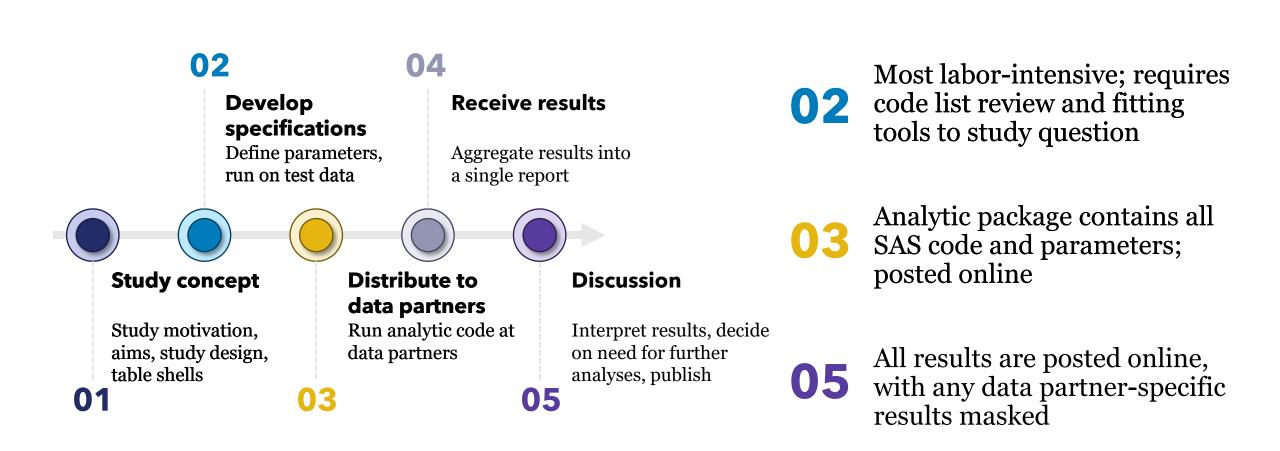




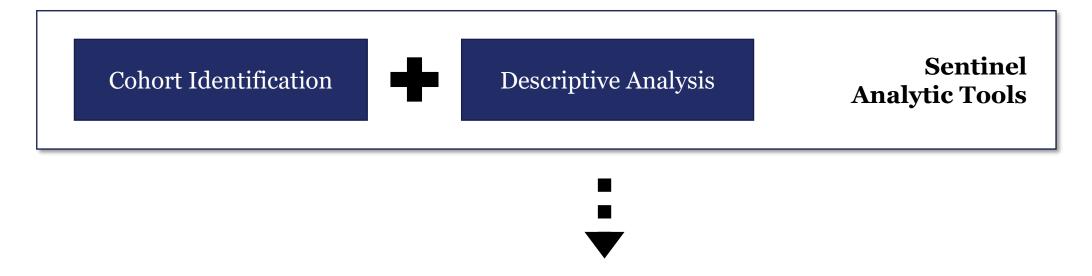
Analytic Tools and Modules

A key component of the Sentinel System

Developing a Sentinel Study

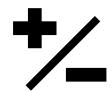


Conducting Analyses in Sentinel



Sentinel Analytic Modules within Select Tools

Confounding Adjustment using Propensity Scores



Signal Identification with Tree-Based Scan Statistics

Reporting Sentinel Analysis Findings

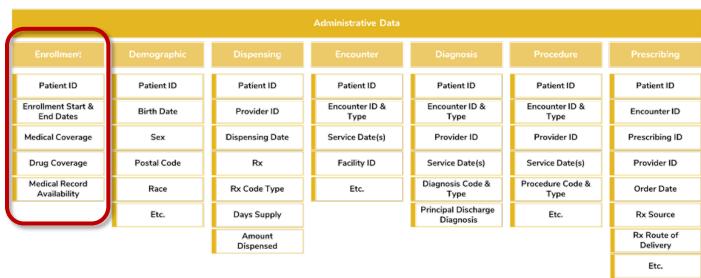
• After obtaining study results, Sentinel Operations Center aggregates across all contributing Data Partners

- A single Reporting Tool outputs findings in summary tables and figures
 - Option to output to Excel Workbook or PDF
 - o Templated SAS code with parameterizable customizations



A Characterization of Sentinel's Youngest

Sentinel Common Data Model



Clinical Data				
Lab Result Vital Signs				
Patient ID	Patient ID			
Result & Specimen Collection Dates	Measurement Date & Time			
Test Type, Immediacy & Location	Height & Weight			
Logical Observation	Diastolic & Systolic BP			
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Inpatient Data				
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Rx ID	Transfusion Product Code			
Route	Blood Type			
Dose	Etc.			
Etc.				

	Auxiliary Data		
ı	Facility	Provider	
H	Facility ID	Provider ID	
П	Facility Location	Provider Specialty & Specialty Code Typ	

Mother-Infant
Linkage Data

Mother-Infant
Linkage

Mother ID

Mother Birth Date

Encounter ID & Type

Mother Admission &
Discharge Date

Child ID

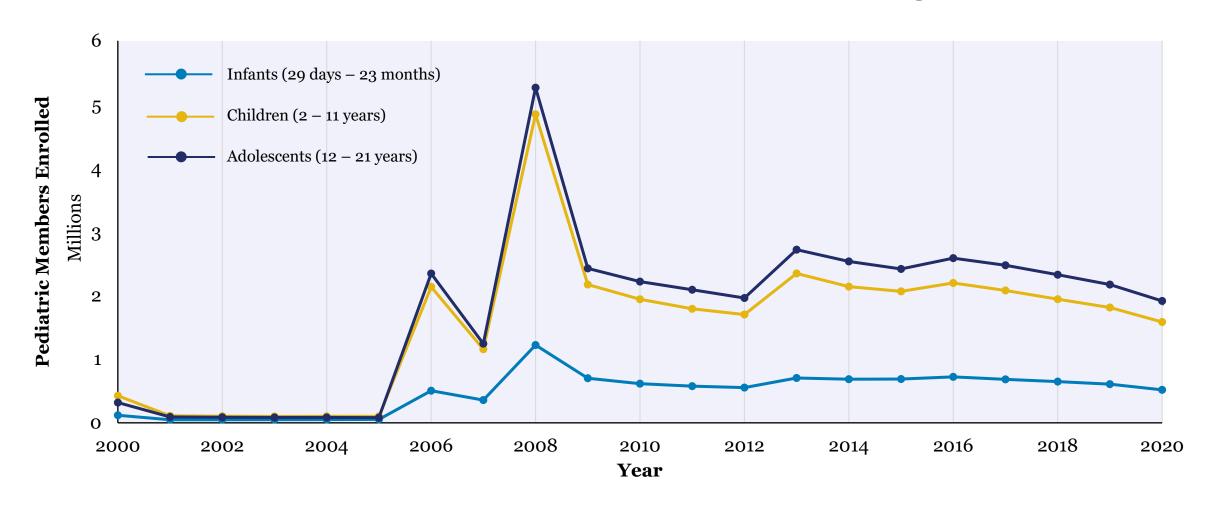
Child Birth Date

Mother-Infant Match
Method

Etc.

^{*} The State Vaccine table has not been used since SCDM v6.0.
https://sentinelinitiative.org/methods-data-tools/sentinel-common-data-model

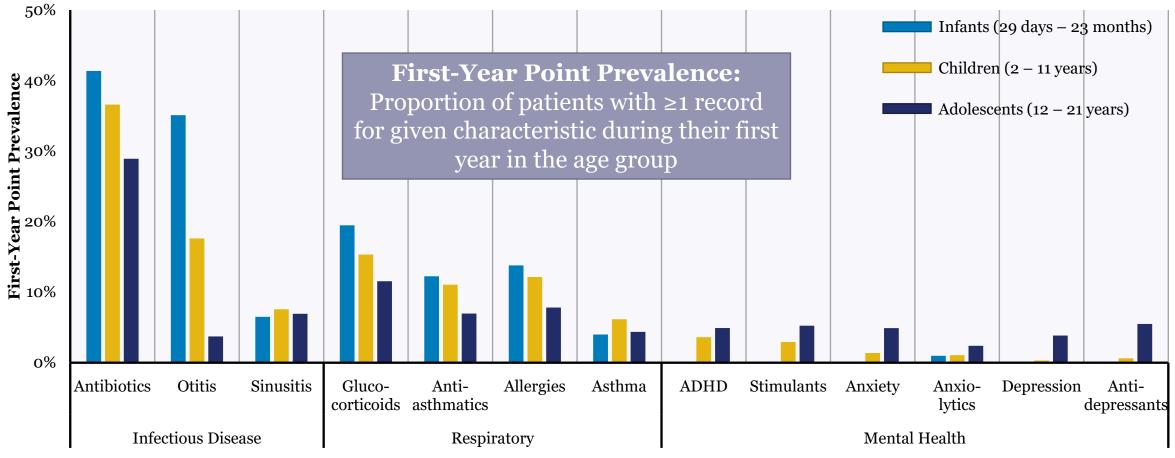
Pediatric Member Enrollment by Year



Demographics and Healthcare Utilization

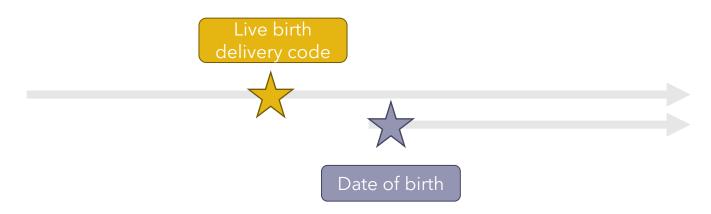
	Infants (29d – 23m)	Children (2 – 11 y)	Adolescents (12 – 21 y)
Ever enrolled, N (%)	10,273,860	33,247,274	37,925,029
Known Race, N (%)	881,027 (8.5)	2,709,211 (8.1)	3,049,895 (8.0)
Non-White Race, N (% of Known)	276,518 (31.9)	778,959 (28.7)	807,091 (26.5)
Female, N (%)	5,001,985 (48.7)	16,247,762 (48.9)	18,640,296 (49.2)
Mean (SD) annual number of:			
Ambulatory encounters	7.6 (7.1)	3.7-4.4 (7.2-7.5)	3.5-4.2 (6.8-7.4)
Dispensed prescriptions	2.9 (8.7)	2.4 (4.5-5.2)	3.0-3.9 (6.5-7.5)
Dispensed drug classes	1.6 (2.0)	1.2-1.4 (1.8-1.9)	1.4-1.7 (2.1-2.5)

RX Medications and Health Conditions



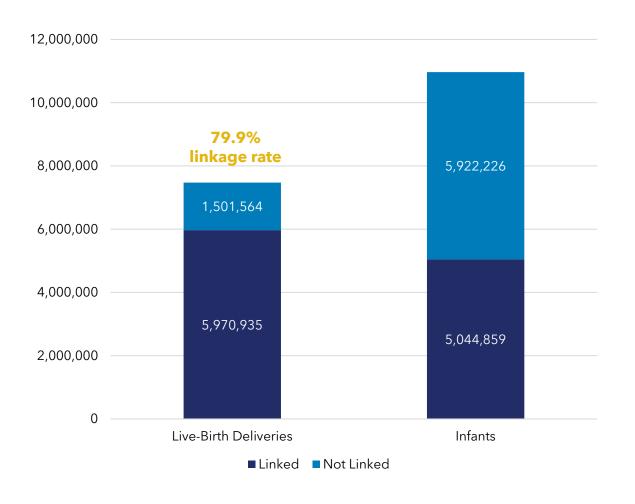
Prevalent Health Conditions and Prescription Medications

Linking Deliveries and Infants



Successful Match Methods	Unsuccessful Match Reasons
Family subscriber number	No subscriber or family IDs available
Last name and address match	No name or address available
Birth certificate*	Neither family IDs nor name/address available
DP-maintained birth registry*	No linkage attempted
Other	

Final Mother-Infant Linkage Table

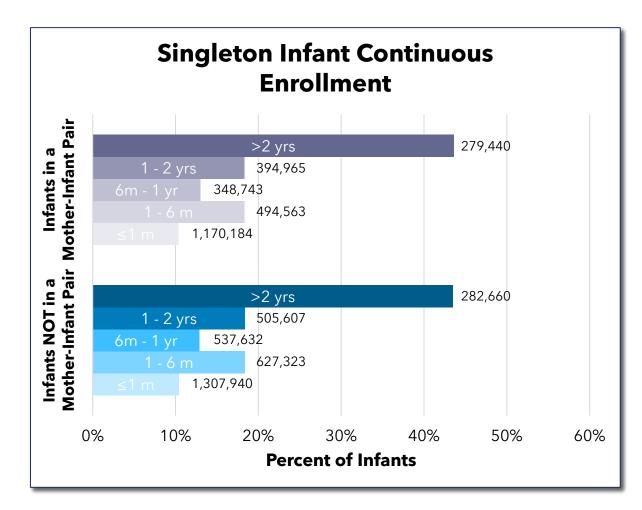


• Factors impacting linkage rates

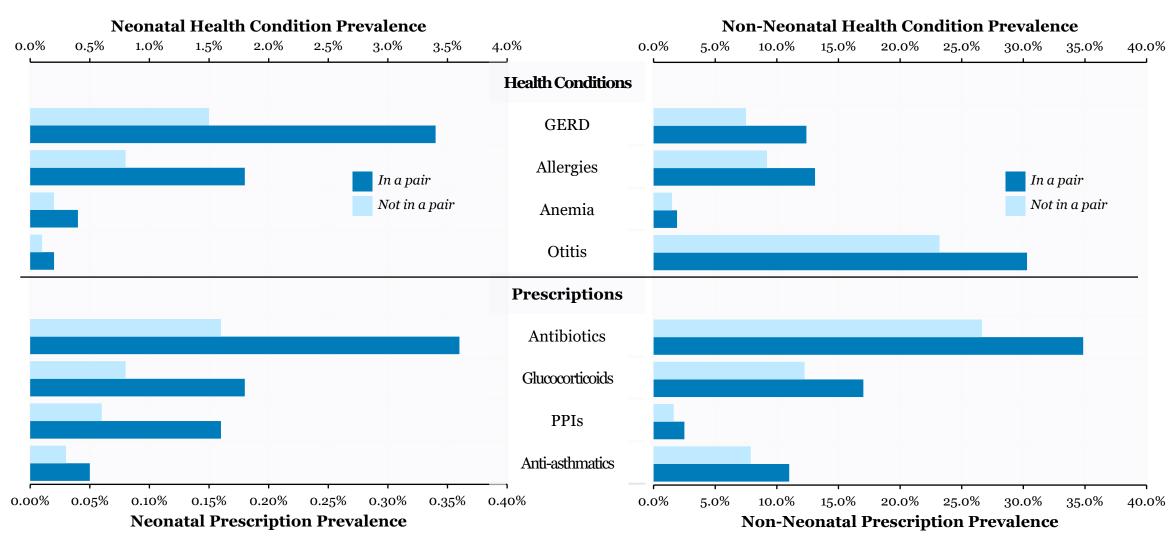
- Mother/infant on different insurance plans
- Strict mother enrollment requirement
- Low tolerance for potentially incorrect linkages

Infant Enrollment

- Identified **6,131,472 infants** in the MIL tables
- 2,868,310 infants were in a mother-infant pair
 - 93.7% of infants in a pair were from singleton deliveries
- ~44% of infants have >2 years continuous enrollment

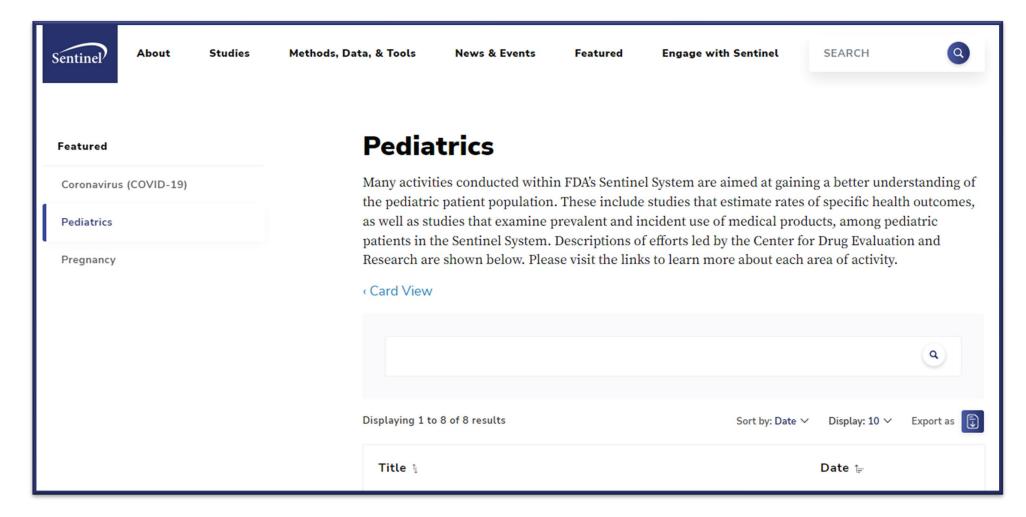


RX Medications and Health Conditions

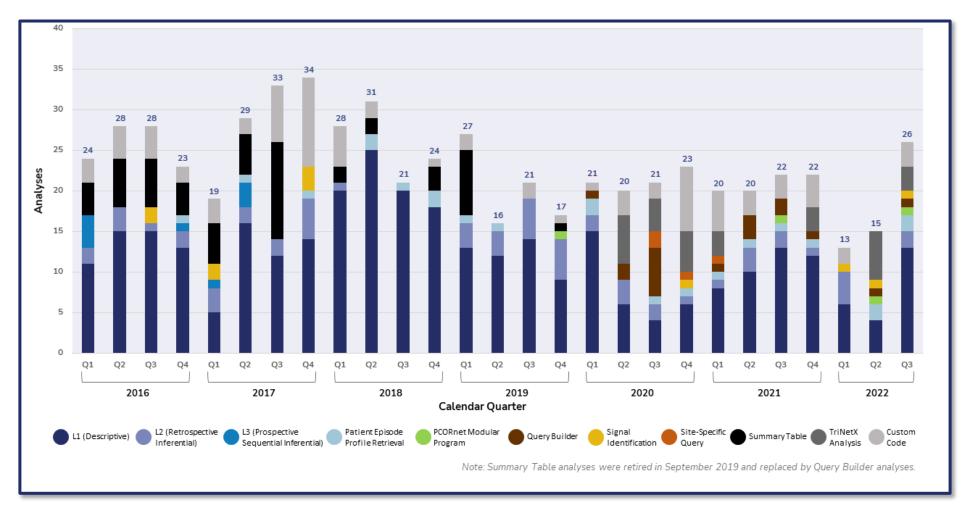


Assessing Pediatric Populations in Sentinel

Featured Topic



Distribution of Analyses by Quarter

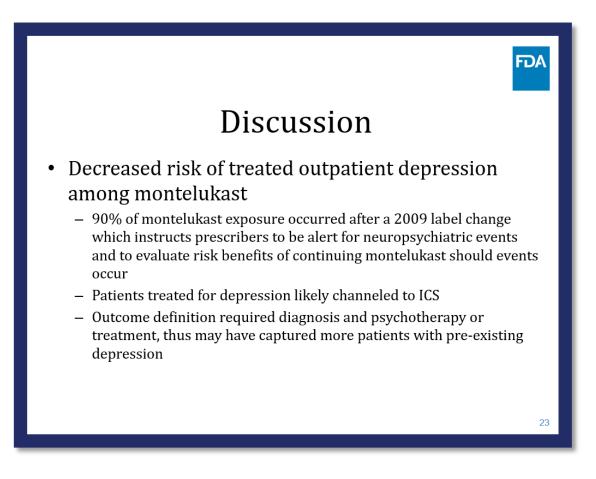


Summary of Pediatric-Focused Assessments

Study Name	Year
<u>Intussusception Risk after Rotavirus Vaccination in U.S. Infants</u>	2013
Use of Angiotensin-Converting Enzyme (ACE) Inhibitors and Angiotensin Receptor Blockers (ARB) in a Pediatric Population	2016
Respiratory syncytial virus (RSV) in pediatrics	2016
Interleukin-1/Interleukin-6 Inhibitors & ILD/PAH	2018
Risk of neuropsychiatric adverse events among montelukast users	2019
Risk of suicide and all-cause mortality among montelukast users	2019
<u>Use of typical and atypical antipsychotics among inpatient infants</u>	2019
Hypertension in pediatric population	2019
IV Iron Use and Stillbirth in Pregnancy	2019
Risk of cardiac malformations after in utero exposure to NUVIGIL® (armodafinil)[C-IV]/PROVIGIL® (modafinil)	2020
Oral Clefts following Topiramate Use during the First Trimester of Pregnancy	2020
Characteristics and Outcomes of Pregnant Women with Heart Failure	2020
<u>Valganciclovir Use in Children with Congenital Cytomegalovirus Infection</u>	2021
Risk of cardiac and urinary malformations after in utero exposure to GILENYA® (fingolimod)	2023

Montelukast and Neuropsychiatric Events

- Safety concern source: (s)NDA/(s)BLA
- Regulatory Question: Should the warnings for risk of neuropsychiatric events be strengthened?
- Regulatory Outcome: Used in Advisory Committee Meeting and supported label change to add Boxed Warning



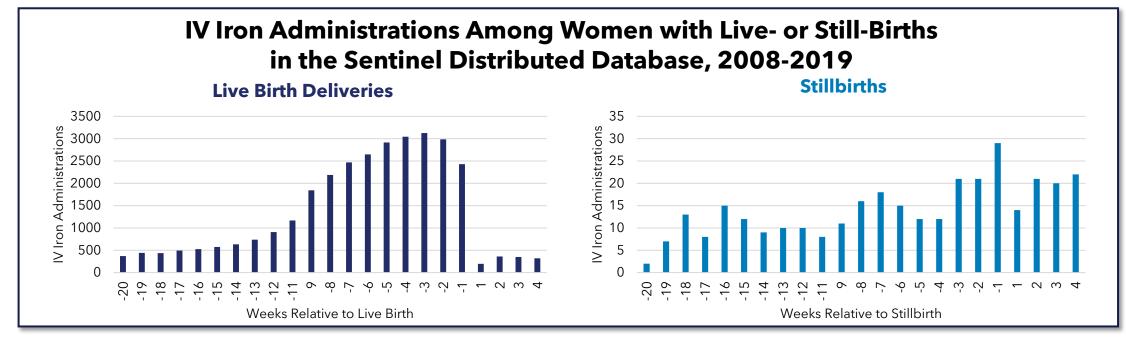
Pregnant Women with Heart Failure

- Safety concern source: (s)NDA/(s)BLA
- Regulatory Question: Should a REMS program be required for vericiguat?
- **Regulatory Outcome**: Contributed to the review team's determination that labeling would provide sufficient information

	Pregnancies among women with HF (N = 489 pregnancies)		Pregnancies among women without HF (N = 1,076,117 pregnancies)	
	N	%	N	%
Infant outcomes				
Small for gestational age (SGA) [0, 30]	8	1.6%	18,998	1.8%
Congenital cardiac malformation [0, 90]	7	1.4%	726	0.1%
Ventricular septal defect	0	0.0%	7	< 0.1%
Right ventricular outflow tract obstruction	0	0.0%	< 5	< 0.1%
Other cardiac malformation	7	1.4%	721	0.1%
Any major malformation [0, 90]	8	1.6%	2,878	0.3%

IV Iron in Pregnant Women

- Safety concern source: FAERS
- **Regulatory Question**: Are there severe adverse effects associated with near-delivery administration of IV iron projects?
- Regulatory Outcome: Label Change Use in Specific Populations (Pregnancy and Lactation)



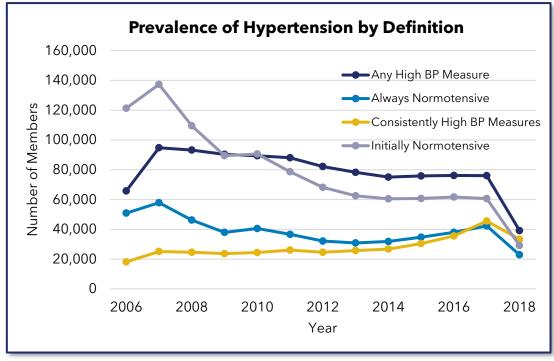
Valganciclovir for cCMV

- Safety concern source: FAERS, Medical Literature, Foreign Regulatory Agency
- Regulatory Question: Can Sentinel replace sponsor's postmarketing commitments to assess use to treat congenital cytomegalovirus?
- Regulatory Outcome: Ongoing

	Group 1: All infants N = 1,500	Group 2: (v)GCV w/i 45 days N=221						
Demographic Characteristics								
Age, mean (SD)	7.6 (11.5)	9.0 (12.3)						
Female	691 (46.1)	105 (47.5)						
Clinical Symptoms at Baseline								
Jaundice	731 (48.7)	105 (47.5)						
Petechiae	84 (5.6)	33 (14.9)						
Hepatomegaly	73 (4.9)	18 (18.1)						
Splenomegaly	53 (3.5)	18 (18.1)						
Microcephaly	123 (8.2)	36 (16.3)						
Thrombocytopenia	542 (36.1)	97 (43.9)						
Brain abnormality	279 (18.6)	75 (34.0)						
Hematological Safety Outcomes (180 days)								
Neutropenia	244 (16.3)	57 (25.8)						
G - CSF ^{\dagger}	12 (0.8)	7 (3.2)						
pRBC transfusion [‡]	122 (8.1)	7 (3.2)						
Platelet transfusion	90 (6.0)	14 (6.3)						
Hearing Loss								
Baseline	132 (8.8)	49 (22.2)						
180 Days	318 (21.2)	124 (56.1)						

Pediatric Hypertension

- Safety concern source: Literature
- **Regulatory Question**: Can Sentinel be used to identify and assess pediatric hypertension?
- **Regulatory Outcome**: Provided guidance for the use of real-world data in future pediatric hypertension studies



	Definition 1		Definition 2		Definition 3	
	HTN DX	No HTN DX	1 IP or 2 OP HTN DX	<1 IP or <2 OP HTN DX	DX for ↑ BP w/o HTN DX	No DX for ↑ BP
Hypertensive BP Measure	2,995 (0.6%)	507,412 (99.4%)	1,506 (0.3%)	508,901 (99.7%)	1,643 (0.3%)	512,249 (99.7%)

KEY **TAKEAWAYS**

- FDA is committed to ensuring medical product safety in pediatric populations.
- The Sentinel Distributed Database is large and comprehensive enough to assess drug utilization and conduct pediatric pharmacoepidemiology studies.
- Sentinel has a track record of conducting meaningful analyses leading to regulatory decision making for medical products used in pediatrics.



The Sentinel Initiative is a crucial component of FDA's drug safety program, and is well-suited to assess medical product use relevant to pediatric populations.

Sentinel's commitment to transparency allows the public access to tools and analysis results.





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