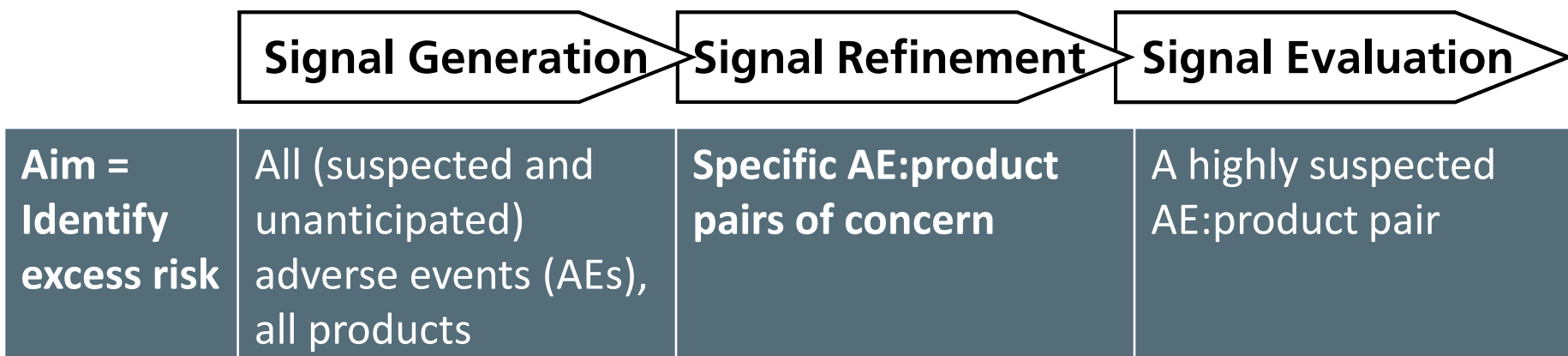


FDA's Mini-Sentinel Program Update for the Brookings Active Surveillance Implementation Council

Richard Platt, MD, MSc
Harvard Pilgrim Health Care Institute
and Harvard Medical School

June 1, 2011

Stages of postmarket surveillance



Stages of postmarket surveillance



	Signal Generation	Signal Refinement	Signal Evaluation
Aim = Identify excess risk	All (suspected and unanticipated) adverse events (AEs), all products	Specific AE:product pairs of concern	A highly suspected AE:product pair
Approach		Repeated monitoring of ~10 of AE:product pairs or one-time expedited analysis of a single pair	
Example		Active surveillance in Mini-Sentinel and VSD using coded electronic health information	

Sentinel prototype

- ❑ Develop a consortium of data partners and other content experts
- ❑ Develop policies and procedures
- ❑ Create a distributed data network with access to electronic health data and full text records
 - Develop secure communications capability
- ❑ Evaluate extant methods in safety science
 - Develop new epidemiological and statistical methods as needed
- ❑ Evaluate FDA-identified medical product-adverse event pairs of concern

Distributed data partners



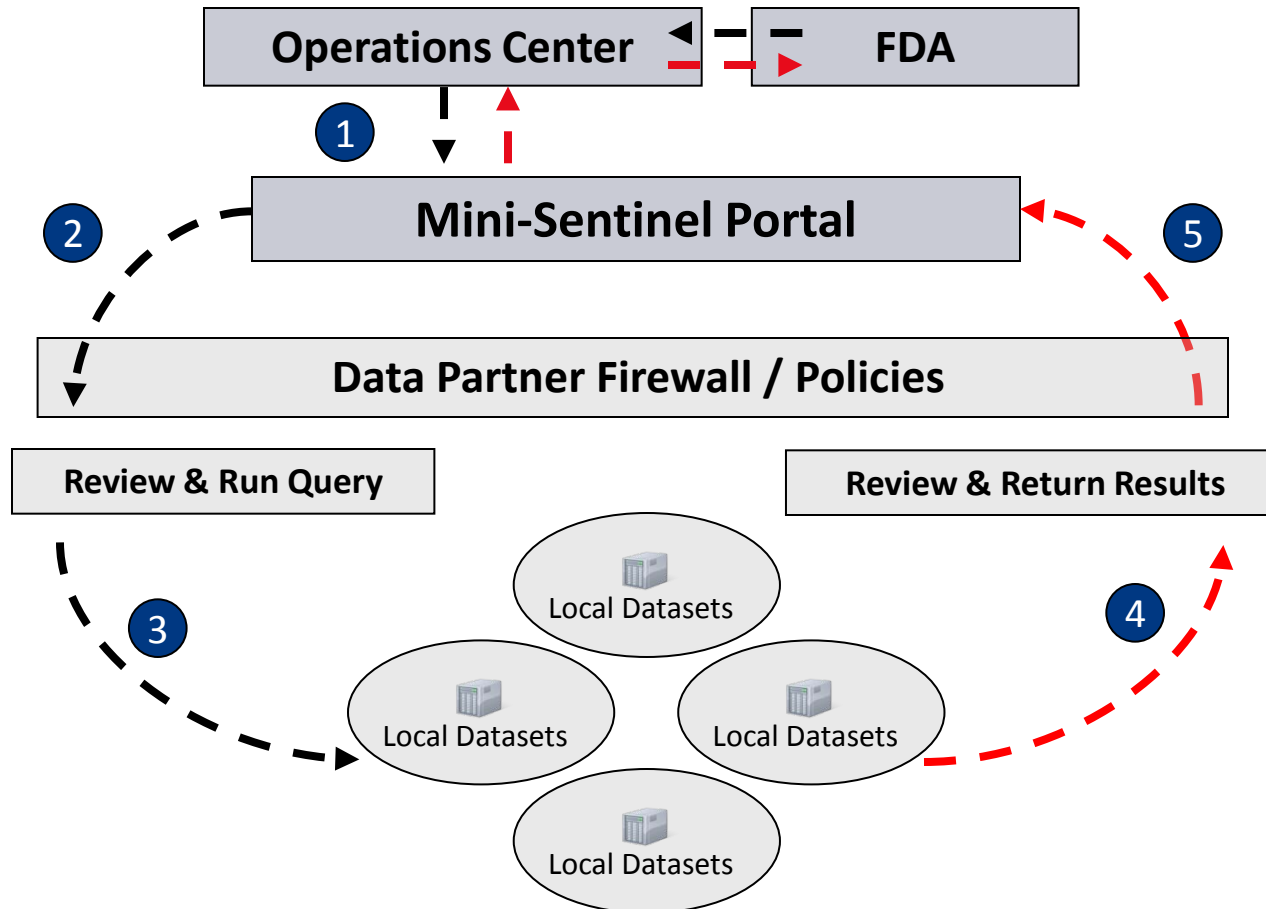
Additional partners



Governance principles/policies

- ☐ Public health practice, not research
- ☐ Minimize transfer of protected health information and proprietary data
- ☐ Public availability of “work product”
 - Tools, methods, protocols, computer programs
 - Findings
- ☐ Data partners participate voluntarily
- ☐ Maximize transparency
- ☐ Confidentiality
- ☐ Conflict of Interest for individuals

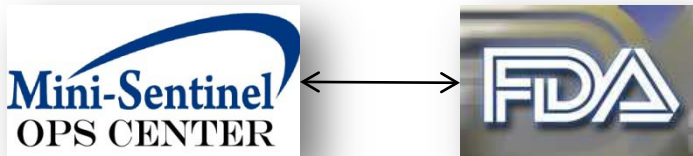
Mini-Sentinel distributed data network



- 1- Query (an executable program) is submitted by Coordinating Center to the Portal
- 2- Data Partners retrieve the query
- 3- Data partners review query and perform analysis locally by executing the distributed program
- 4- Data partners review results
- 5- Data partners return results to the Portal

FDA Mini-Sentinel Distributed Data Network

- Portal control
- Executable programs
- Menu driven queries



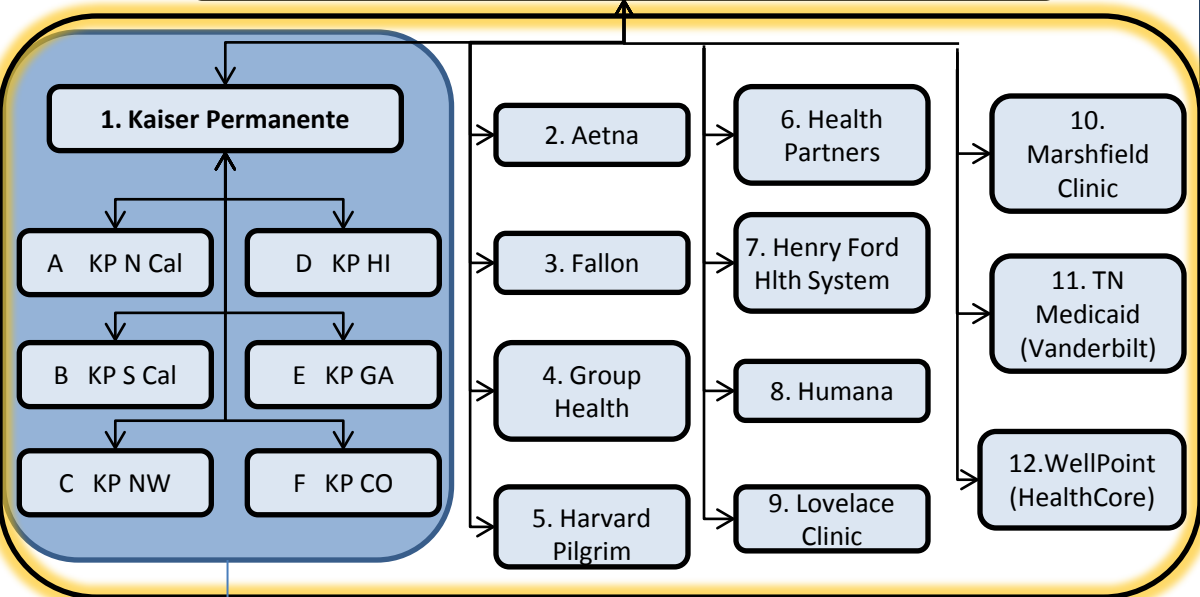
Mini-Sentinel Secure Portal

User Authentication

Query Interfaces and Distribution

Query Management & Results Viewer

Data Partner Login, Settings & Auditing



Subnetwork

Mini-Sentinel Functions

- 1. Governance**
 - FDA
 - Planning Board
- 2. Assignment of user rights**
 - Ops Center – all rights
 - FDA – menu-driven queries
- 3. Data resources and formats**
 - Mini-Sentinel Common Data Model
 - Creation of distributed dataset via programs from Ops Center
- 4. Analyses performed via programs distributed by the portal**
 - Data partners control execution
- 5. Communication**
 - FDA, Brookings, Mini-Sentinel website, investigators' publications

PopMedNet Services to Mini-Sentinel

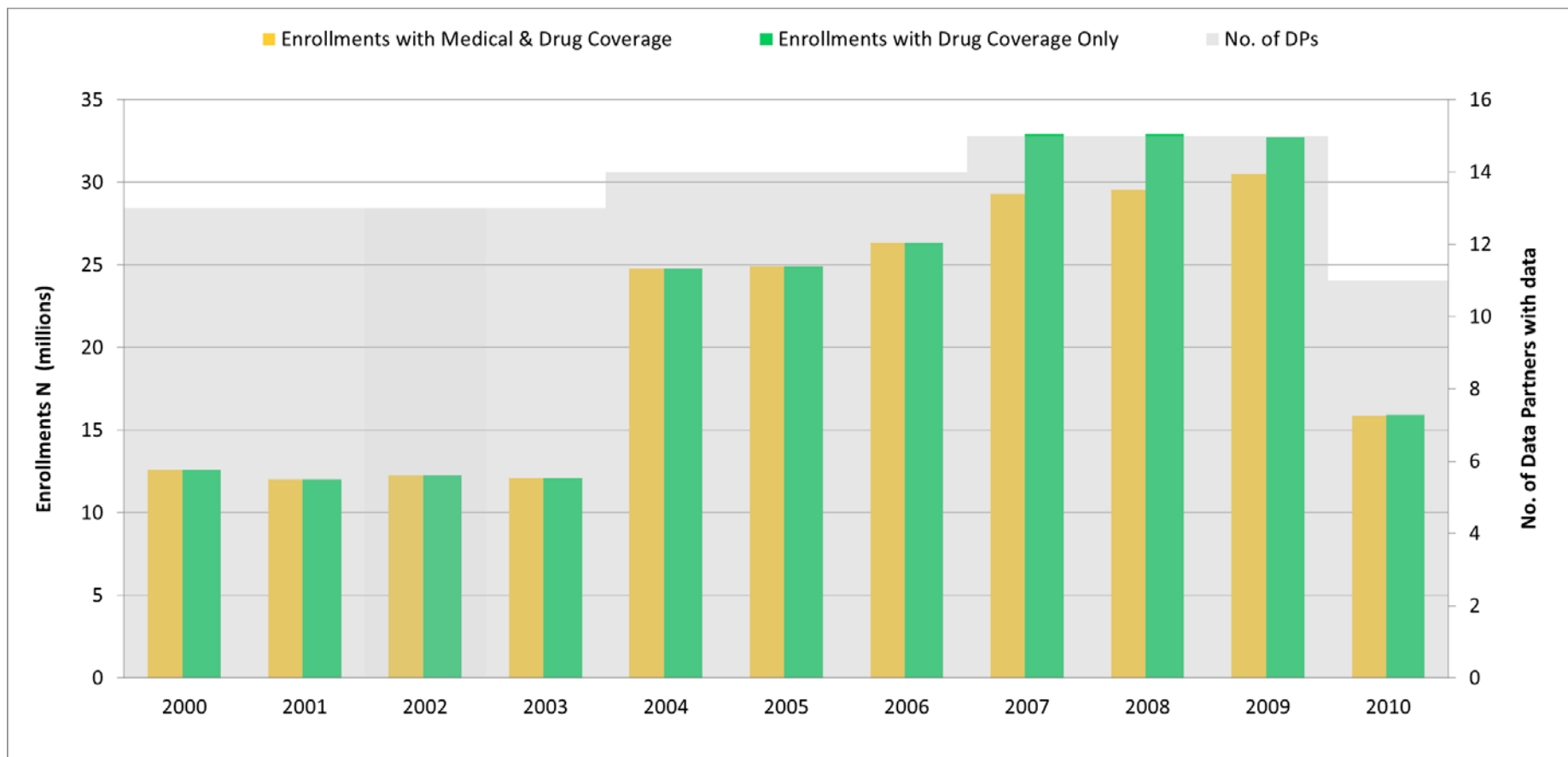
- 1. Network creation and support**
- 2. Documentation**
- 3. Software development**
- 4. Administrative leadership**
- 5. Secure portals – FISMA compliant***

**Mini-Sentinel
Distributed Database**

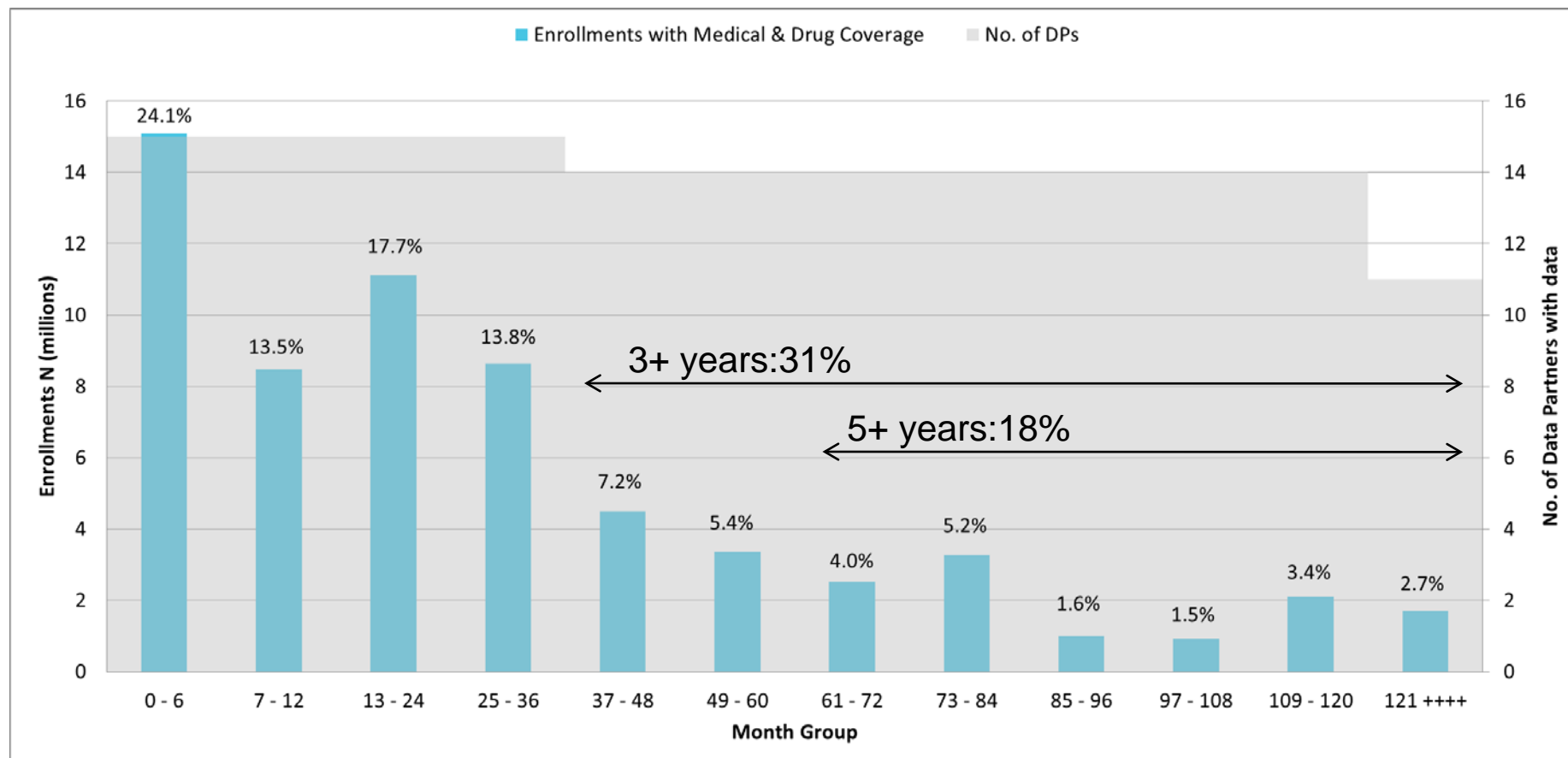
Distributed data partners



Yearly enrollments (71M unique enrollees)



Duration of enrollment



Methods development

❑ Epidemiology methods

- Taxonomy of study designs for different purposes
- Literature review for algorithms to identify 20 outcomes using claims data

❑ Data access and validation

- Successful test of ability to retrieve hospital records, redact identifiers, adjudicate diagnosis

❑ Statistical methods

- Better adjustment for confounding
- Case based methods
- Regression methods for sequential analysis



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Welcome to Mini-Sentinel

Mini-Sentinel is a pilot project sponsored by the [U.S. Food and Drug Administration \(FDA\)](#) to inform and facilitate development of a fully operational active surveillance system, the Sentinel System, for monitoring the safety of FDA-regulated medical products.

Mini-Sentinel is one piece of the [Sentinel Initiative](#), a multi-faceted effort by the FDA to develop a national electronic system that will complement existing methods of safety surveillance.

Mini-Sentinel Collaborators include Data and Academic Partners that provide access to health care data and ongoing scientific, technical, methodological, and organizational expertise.

New Postings

May 27, 2011

- [HOI Evidence Review - ABO Incompatibility Reactions](#)
- [HOI Evidence Review - Infections Due to Blood Products, Tissue Grafts, or Organ Transplants](#)
- [HOI Evidence Review - Lymphoma](#)

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Next steps – active surveillance

❑ Drugs

- Implement active surveillance protocol for acute MI related to new oral hypoglycemics
- Evaluate new safety issues for older drugs
- Evaluate impact of regulatory actions, e.g., restricted distribution

❑ Vaccines (Post-licensure Rapid Immunization Safety Monitoring – PRISM)

- Active surveillance of rotavirus vaccine and intussusception
- Active surveillance of human papilloma virus vaccine and venous thromboembolism

Next steps – data and methods

□ Data

- Quarterly updates of distributed data set
- Add blood pressure, height, weight, tobacco use
- Add selected laboratory test results
- Evaluate methods for obtaining EHR data
- Identify complementary immunization data sources

□ Methods

- Link to state immunization registries and health plans
- Test anonymous linkage between data partners
- Assess comparability of Mini-Sentinel data to national data
- Develop additional statistical methods

Laboratory tests


- ☐ Glucose
- ☐ Hemoglobin A1c
- ☐ Hemoglobin
- ☐ Creatinine
- ☐ International
Normalized Ratio (INR)
- ☐ Alanine
aminotransferase (ALT)
- ☐ Alkaline Phosphatase
- ☐ Total Bilirubin
- ☐ Lipase
- ☐ D-dimer
- ☐ Absolute Neutrophil
Count (ANC)

Laboratory tests

- ❑ What's a glucose?
 - ❑ Variable methods of lab data capture from different sites
 - ❑ Test characteristics (source, measurement process, clinical circumstances) are rarely neatly abstracted into discrete columns
 - ❑ Nature of the test needs to be deduced from the test name which is not always so obvious
 - ❑ Serum glucose vs whole blood glucose, vs urine glucose, CSF glucose
 - ❑ Fasting or non fasting?
 - ❑ Part of a glucose challenge test or not?

Search LOINC

Options ▾ Help ▾



LOINC®
 Logical Observation Identifiers Names and Codes

serum glucose

Search

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[1 - 14 / 602]

LOINC	Component	Property	System	Timing	Scale	Method	Class	Type	Status	Short name
49689-3	Glucose tolerance^post 100 g glucose PO	Imp	Ser/Plas	Pt	Nar		CHAL	unknown	ACTIVE	GTT p 100 g Glc PO SerPI-Im
49688-5	Glucose tolerance^post 75 g glucose PO	Imp	Ser/Plas	Pt	Nar		CHAL	unknown	ACTIVE	GTT p 75 g Glc PO SerPI-Im
30265-3	Glucose^1.3H post dose glucose	SCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.3H p Glc SerPI-sc
1492-8	Glucose^1.5H post 0.5 g/kg glucose IV	MCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.5H p .5 g/kg Glc I SerPI-mCnc
1494-4	Glucose^1.5H post 100 g glucose PO	MCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.5H p 100 g Glc P SerPI-mCnc
1496-9	Glucose^1.5H post 75 g glucose PO	MCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.5H p 75 g Glc PO SerPI-mCnc
55351-1	Glucose^1.5H post 75 g glucose PO	SCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.5H p 75 g Glc PO
20440-4	Glucose^1.5H post dose glucose	MCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.5H p Glc SerPI-m
14752-0	Glucose^1.5H post dose glucose	SCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.5H p Glc SerPI-sc
30266-1	Glucose^1.6H post dose glucose	SCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 1.6H p Glc SerPI-sc
40286-7	Glucose^105M post dose glucose	SCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 105M p Glc SerPI-s
1498-5	Glucose^10M post 0.5 g/kg glucose IV	MCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 10M p .5 g/kg Glc I SerPI-mCnc
48984-9	Glucose^10M post dose glucose	MCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 10M p Glc SerPI-mC
32359-2	Glucose^10M post dose glucose	SCnc	Ser/Plas	Pt	Qn		CHAL	unknown	ACTIVE	Glucose 10M p Glc SerPI-sc

Search generated 602 hits in 0.025 secs.

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602 hits!

Challenges

- ❑ Develop reliable approaches to different types of:
 - Medical products
 - Outcomes
 - Patients
 - Data that are new to safety science (EHRs, inpatient settings, laboratories, ...)
- ❑ Make the system operational
 - Need for timeliness in detection and followup
- ❑ Avoid false alarms

Avoiding false alarms

- ❑ Develop a framework for evaluation
 - Based on experience of CDC Vaccine Safety Datalink
- ❑ Evaluate signals before dissemination
 - Steps range from simple data checks to detailed epidemiologic evaluation. Examples:
 - Search for data anomalies: errors, missing data, changes in coding practices
 - Assess temporal/geographic clustering
 - Evaluate additional control exposures/groups
 - Confirm outcomes
 - Search for confounders



The NEW ENGLAND JOURNAL of MEDICINE

February 10, 2011. Volume 364: 498-9

Perspective

Developing the Sentinel System — A National Resource for Evidence Development

Rachel E. Behrman, M.D., M.P.H., Joshua S. Benner, Pharm.D., Sc.D., Jeffrey S. Brown, Ph.D., Mark McClellan, M.D., Ph.D., Janet Woodcock, M.D., and Richard Platt, M.D.

The Food and Drug Administration (FDA) now has the capacity to “query” the electronic health information of more than 60 million people, posing specific questions in order to monitor the safety of approved medical products. This information to answer additional

convening an ongoing series of discussions among stakeholders to address the near- and long-term challenges inherent in implementing the Sentinel System.³ In 2009, the FDA gave the Harvard Pilgrim Health Care Institute the lead role

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