

Using Freshest Feasible Data for Medical Product Safety Surveillance in Mini-Sentinel: Potential and Challenges

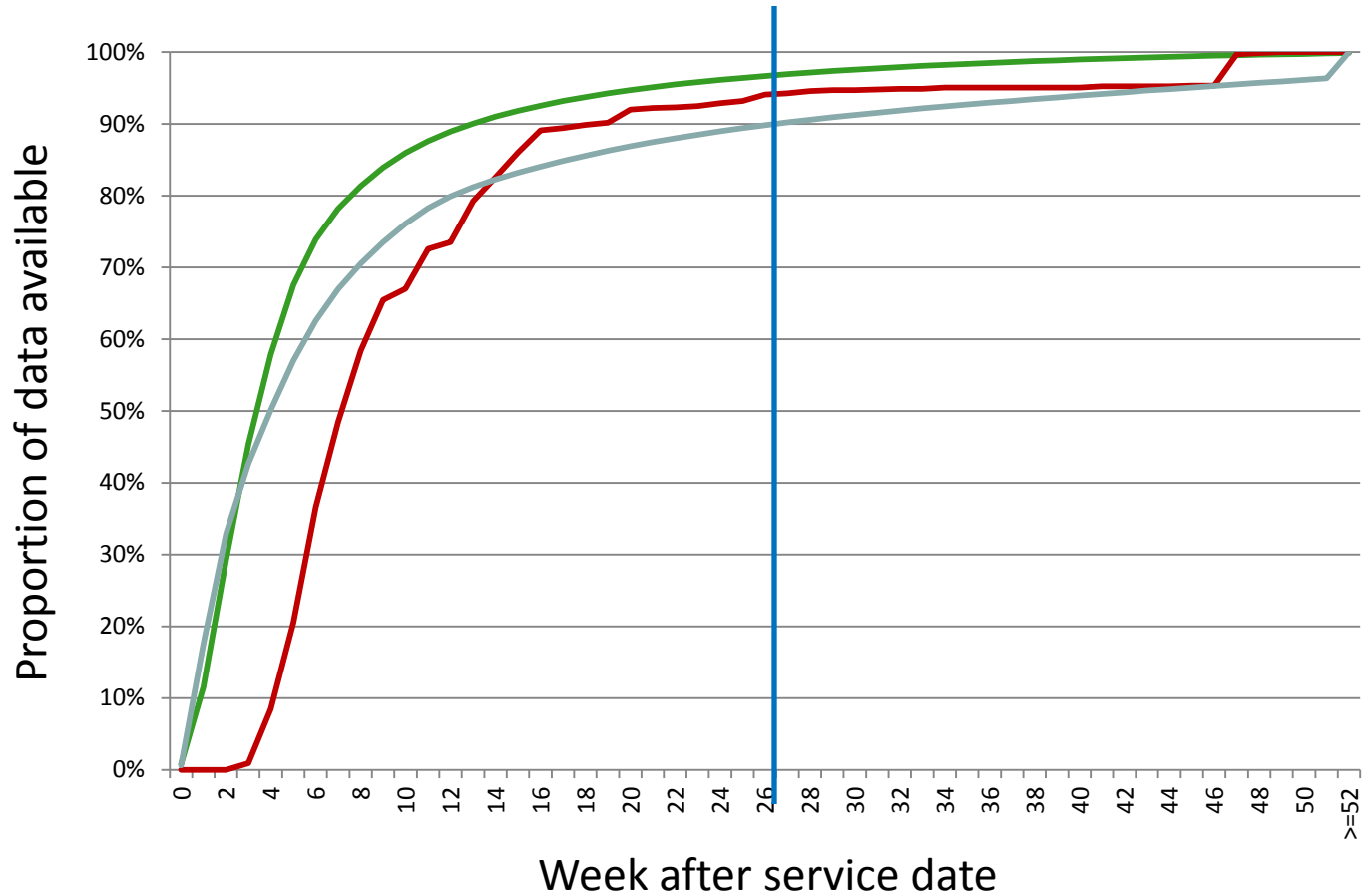
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Harvard Pilgrim Health Care Institute and
Harvard Medical School

January 31, 2013

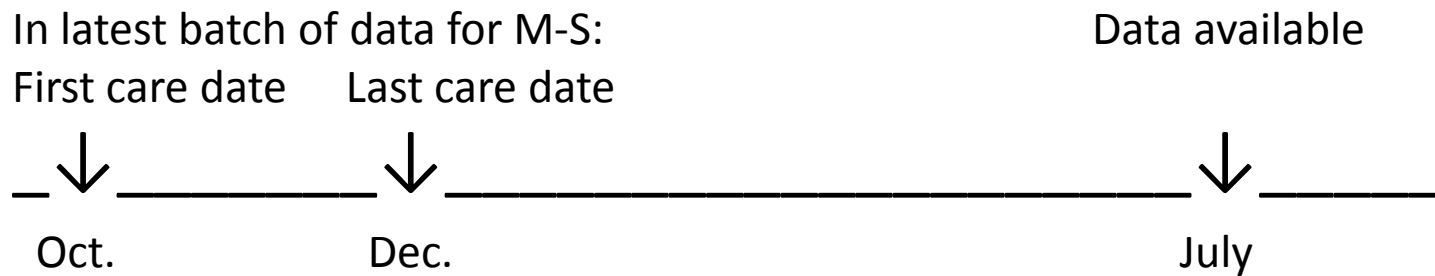
Inpatient claims data lag, 3 data partners

Data \geq 90% complete by
6 mo. after care date



Mini-Sentinel data are relatively complete

- ❑ Data updated on quarterly basis
- ❑ Typical example of timing:



- ❑ The most recent data typically 6-9 months old

Advantage of mature (less fresh) data

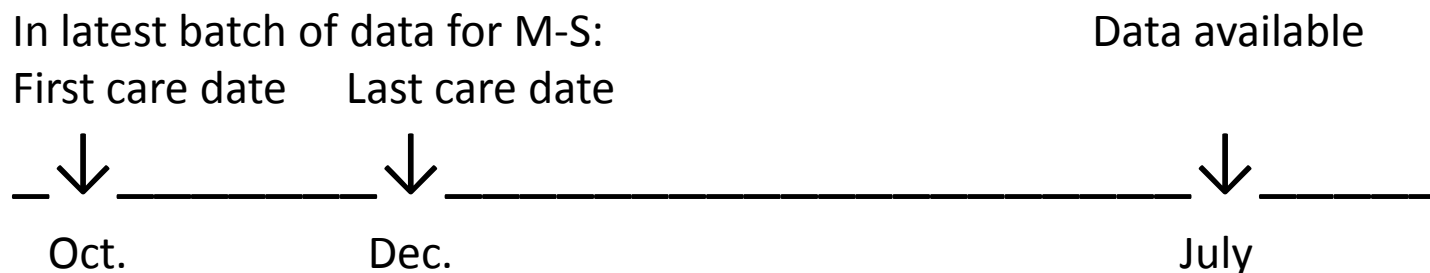
- ❑ PRO: data more complete and settled

In latest batch of data for M-S:
First care date Last care date



Pros and cons of mature (less fresh) data

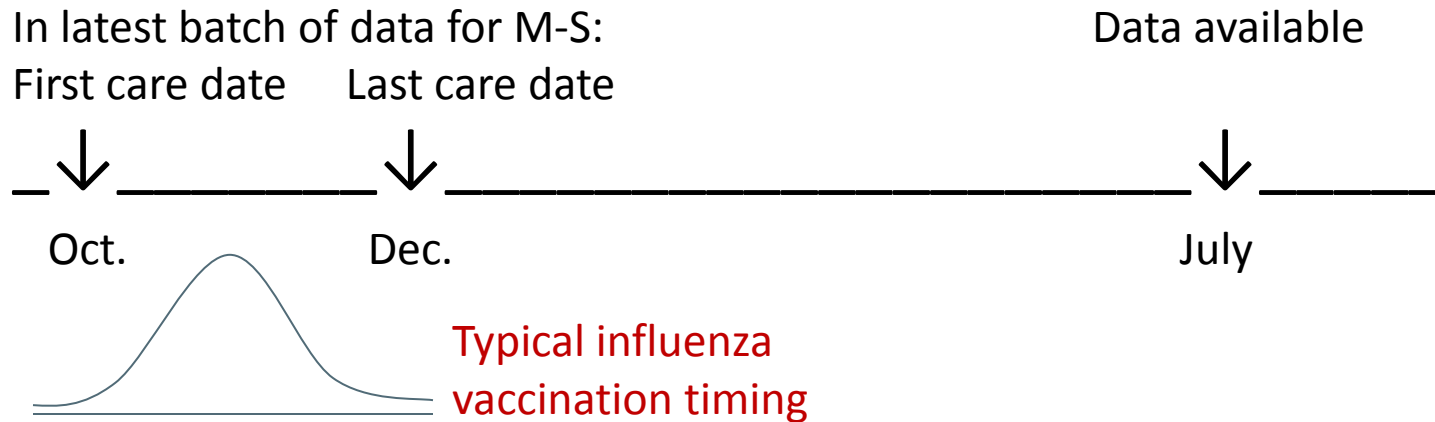
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- CON: signal detection delayed

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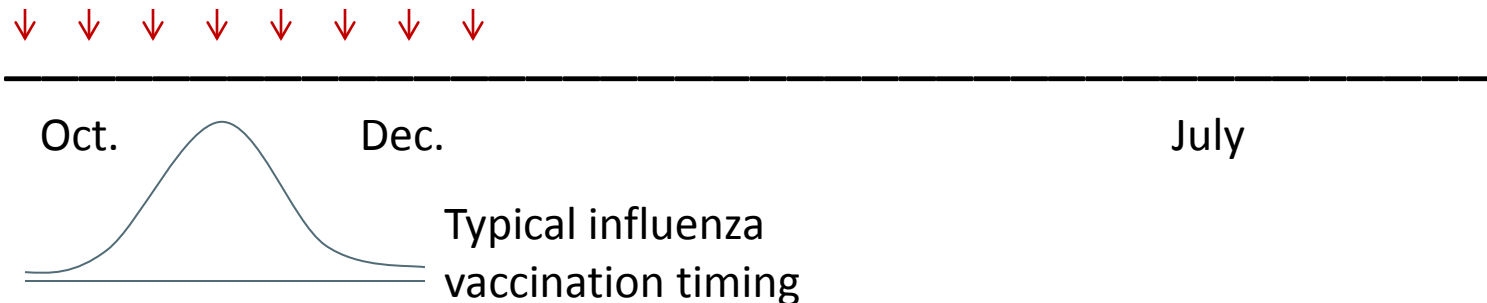
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- ❑ CON: signal detection delayed
 Especially problematic for influenza vaccine safety monitoring

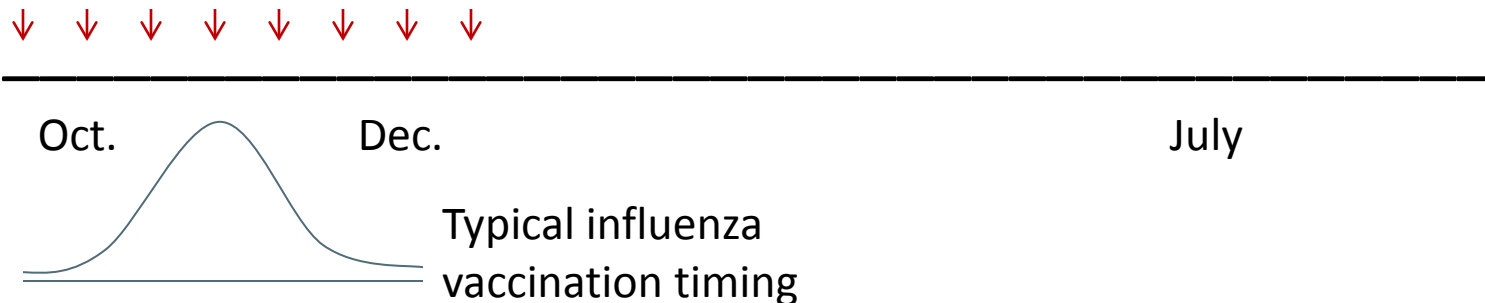
Challenges of influenza vaccine safety monitoring

Influenza vaccination period relatively short, so data must be available soon after exposure to find safety problems in time to make a difference



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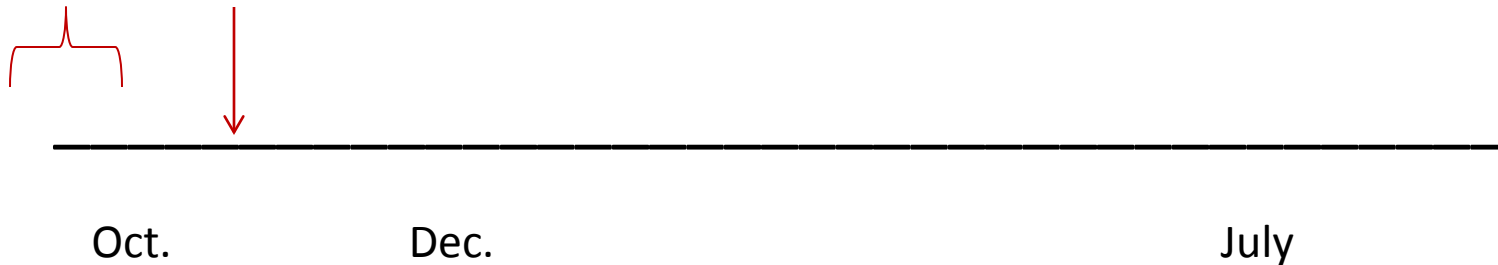


1. Need fresher and frequently updated data
2. Need to adjust for incomplete data

1. Getting fresher and frequent data

Freshest feasible data source is refreshed monthly

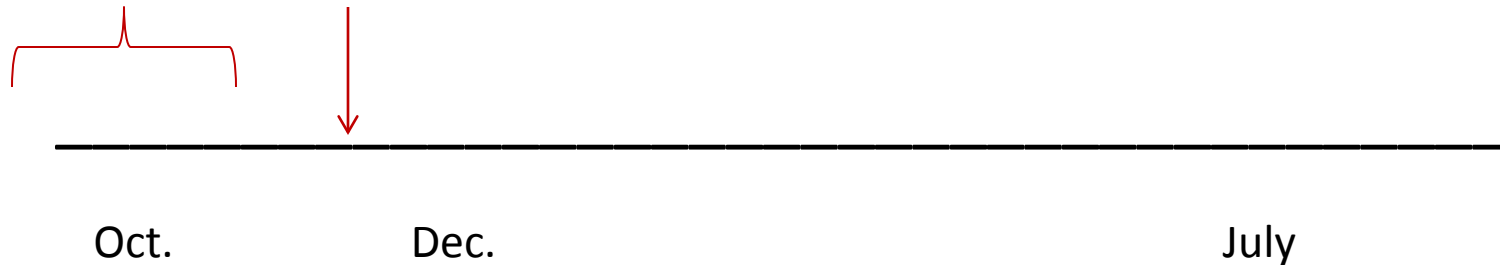
- Available toward end of following calendar month (data through Sept. available late Oct., etc.)
- More timely than M-S Distributed Dataset



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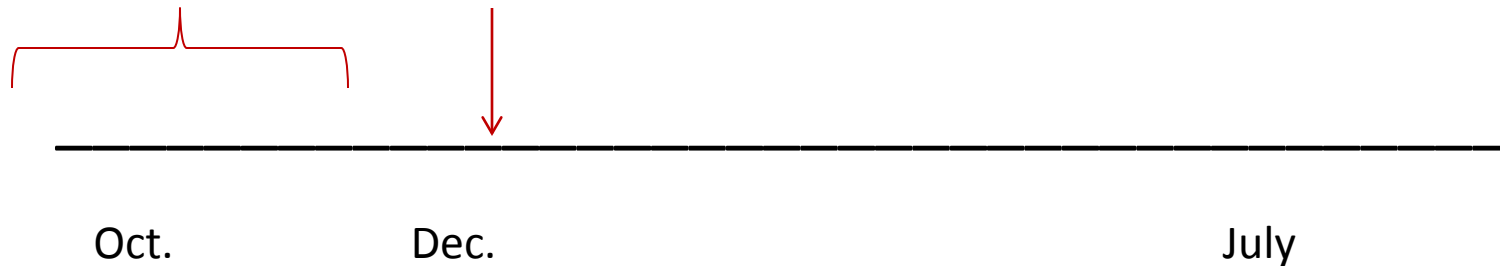
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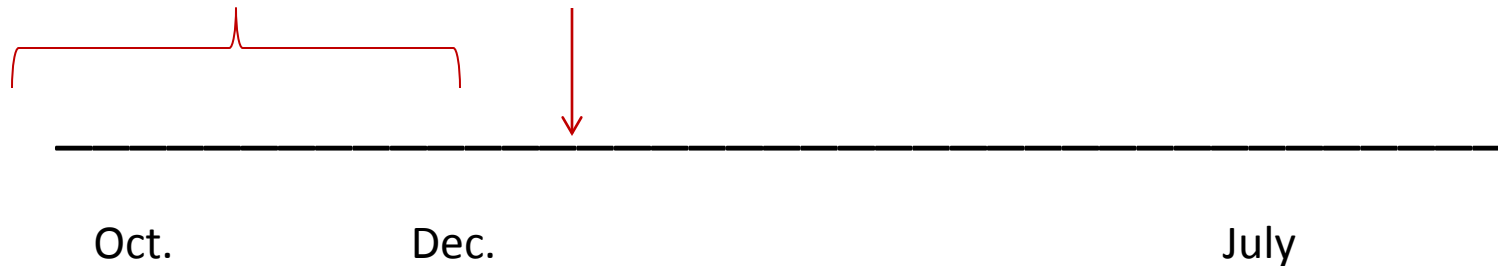
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Files to be created for influenza vaccine safety monitoring

SDFs

Sequential Data Files (SDFs)

- Patient-level data, kept by data partners
- Population = persons with medical claim on or after 9/1/2012

SCFs

Sequential Case Files (SCFs)

- Patient-level data, kept by data partners
- Population = persons per current SDFs with health outcome of interest following influenza vaccination

SAFs

Sequential Analysis Files (SAFs)

- Aggregate data, sent to M-S Operations Center for analysis
- Vaccination population: vaccination per current SDFs
- Cases population: cases per all SCF versions

Expected timing of data refreshes and analyses

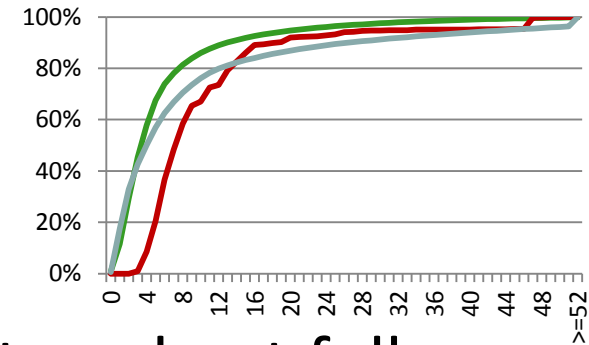
- Monthly but unsynchronized data refreshes by data partners
- Biweekly analyses by Operations Center (in weeks in red)

Week	1	2	3	4	5	6	7	8	9
DP1	SDF	SAF			SDF	SAF			SDF
DP2		SDF	SAF...	→		SDF	SAF...	→	
DP3			SDF	SAF			SDF	SAF	
Analysis		yes		yes		yes		yes	

2. Adjusting for incomplete data

Two kinds of “incompleteness”

- A. Lag in data availability →
- B. Post-vaccination follow-up interval not fully elapsed



To avoid bias, both must be taken into account.

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ORIGINAL REPORT

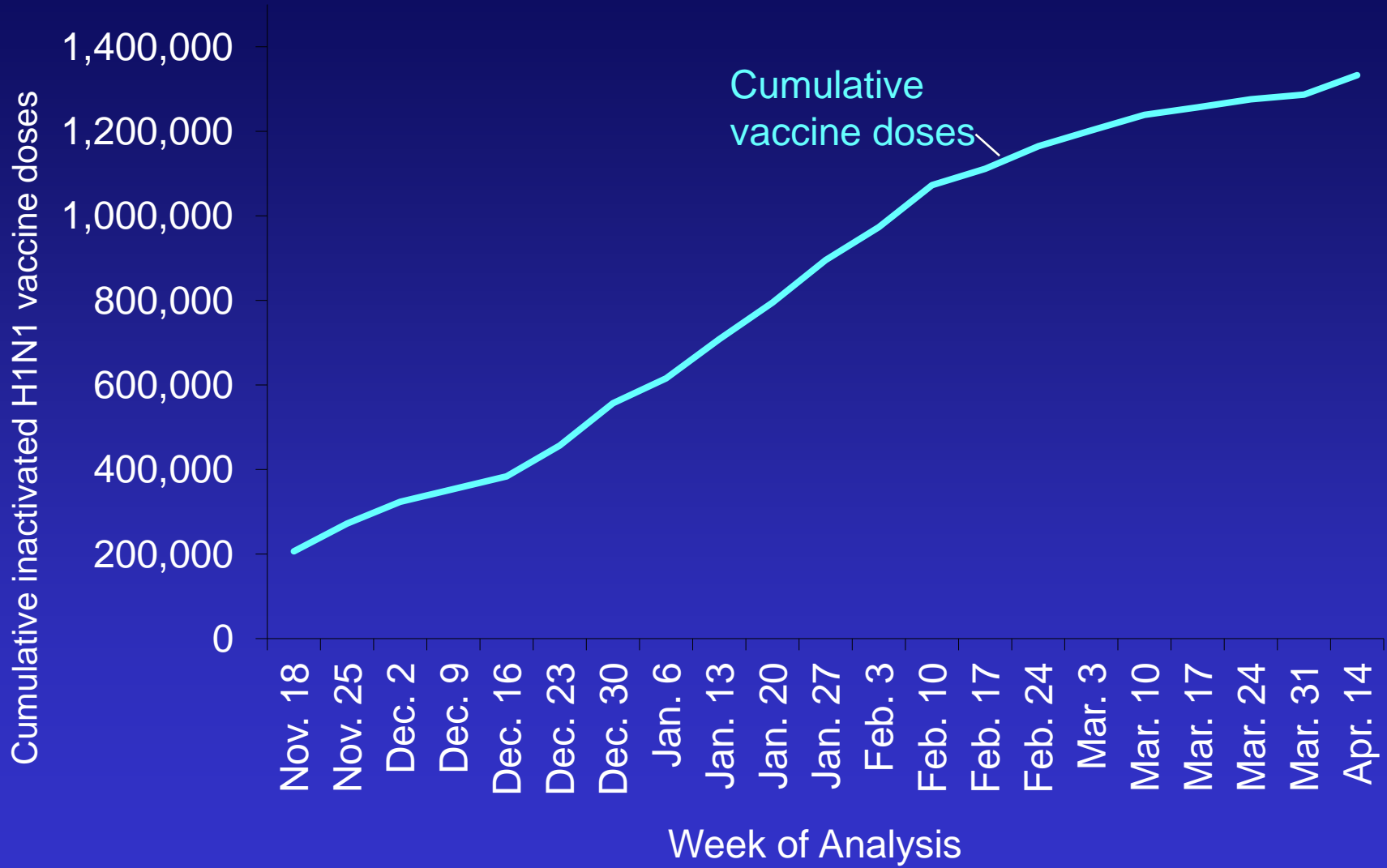
Near real-time vaccine safety surveillance with partially accrued data[†]

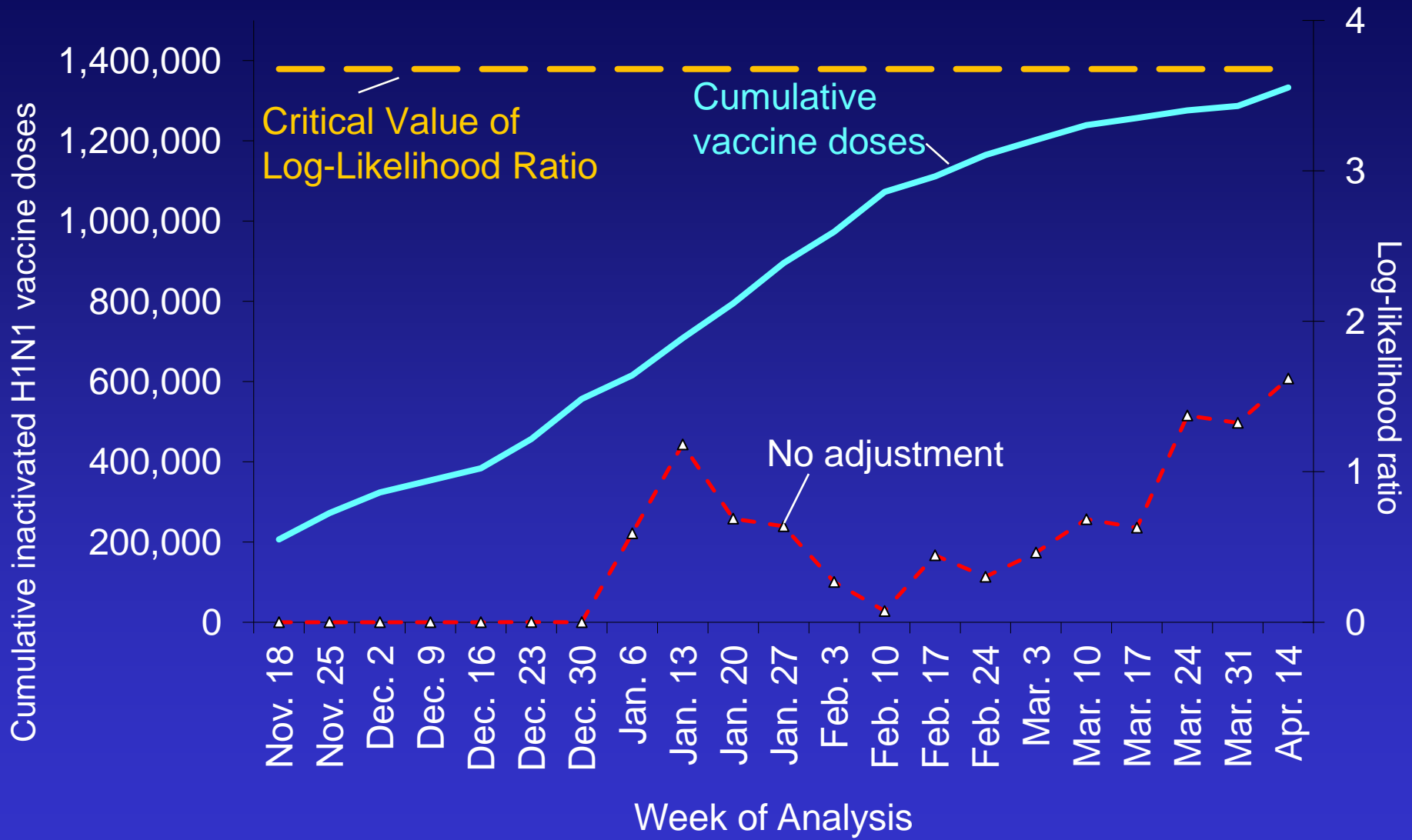
Sharon K. Greene^{1*}, Martin Kulldorff¹, Ruihua Yin¹, W. Katherine Yih¹, Tracy A. Lieu¹,
Eric S. Weintraub² and Grace M. Lee^{1,3}

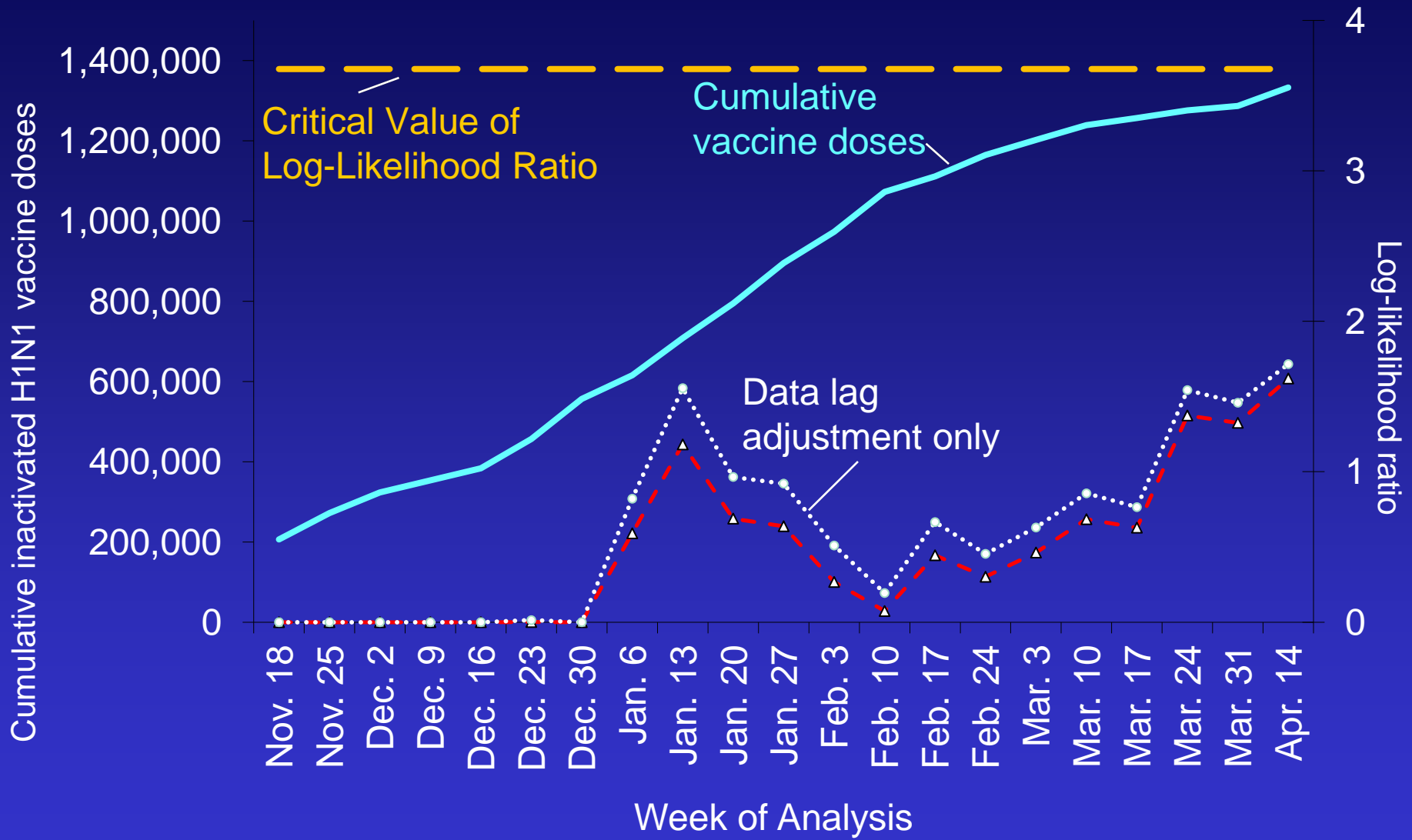
¹*Department of Population Medicine, Harvard Medical School and Harvard Pilgrim Health Care Institute, Boston, MA, USA*

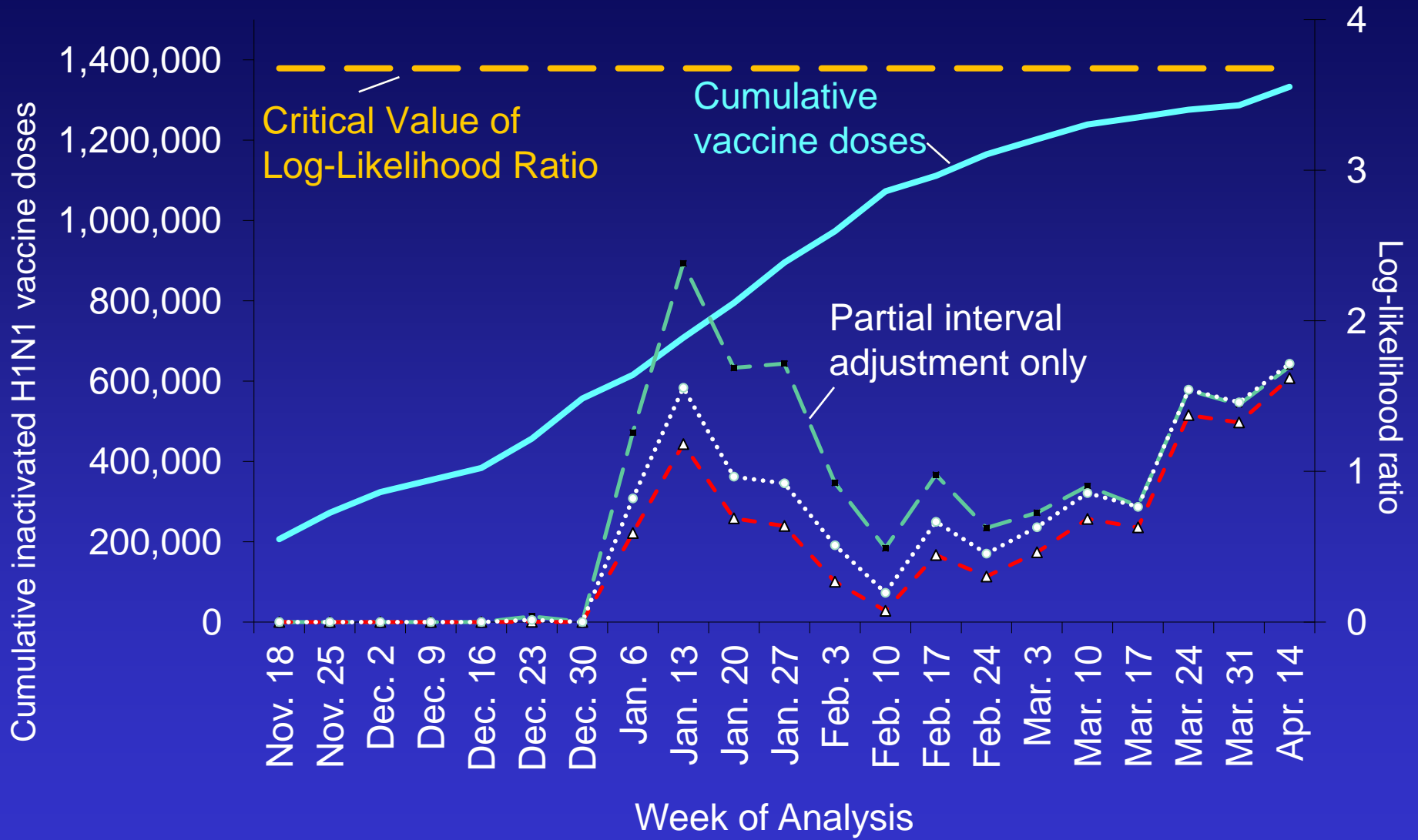
²*Immunization Safety Office, Centers for Disease Control and Prevention, Atlanta, GA, USA*

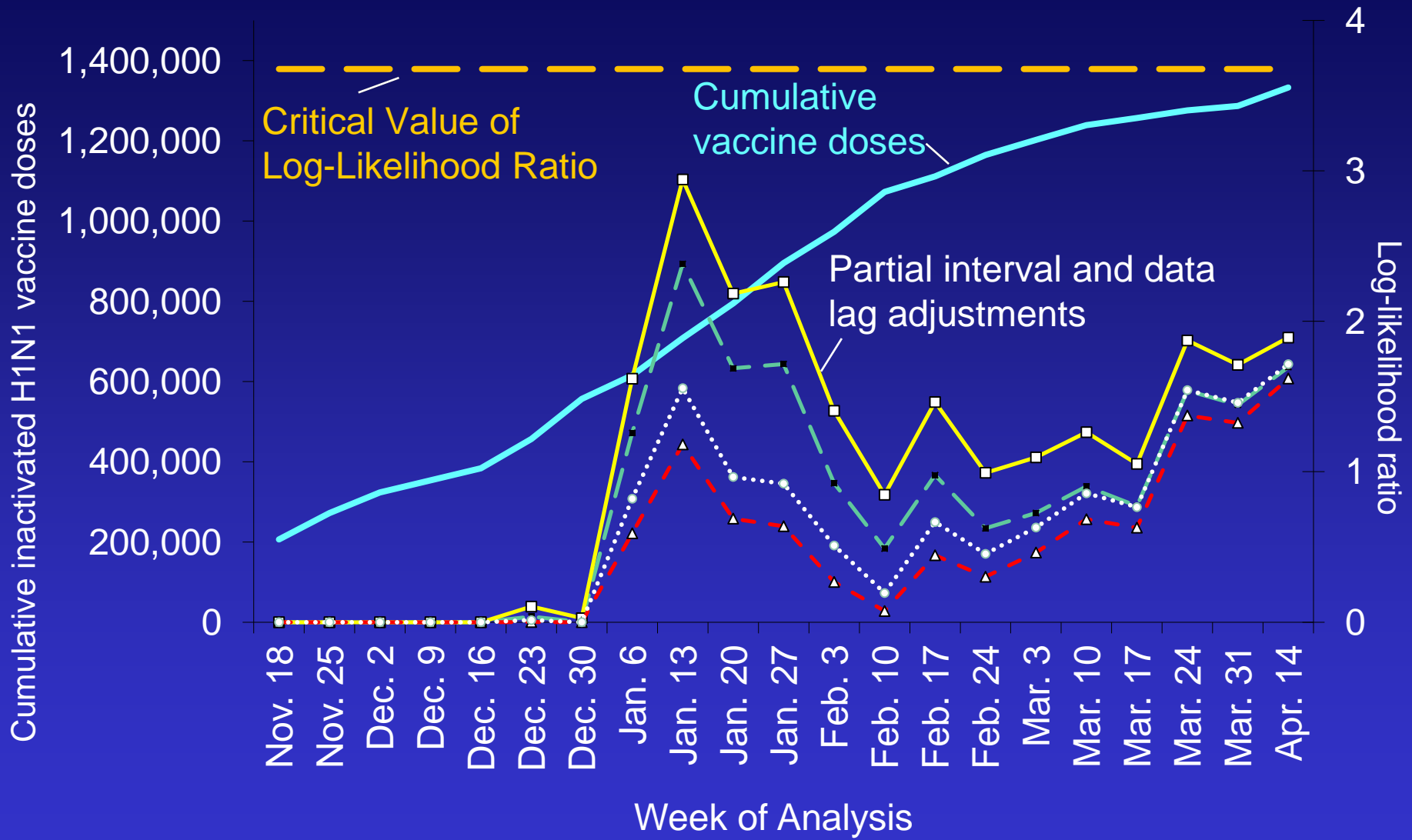
³*Division of Infectious Diseases and Department of Laboratory Medicine, Children's Hospital Boston, Boston, MA, USA*











Conclusion

- ❑ PROS of using fresher data
 - Gain in timeliness ~5-8 mo.
 - Necessary for influenza vaccine safety monitoring
- ❑ CONS of using fresher data
 - Some loss of accuracy despite adjustments for data incompleteness and flux
 - Takes extra effort to produce these data—more frequent refreshes, different source files, special file structures
 - Each product needs a separate extract
- ❑ *We can* use fresher data, but probably not worthwhile to do so on routine basis

What constitutes a comprehensive safety surveillance system?

- Semi-automated routine surveillance, applying general tools with minor adaptations to address the specific product

But also...

- Ability to bring specialized expertise to bear on specific issue(s) that may arise in product lifecycle

