Biologics in inflammatory disease

- a novel European network for pharmacovigilance and pharmacoepidemiology



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Biologics in inflammatory diseases

As a rheumatologist, you may choose between...

Anti TNF-alpha	Adalimumab
	Etanercept
	Infliximab
	Golimumab
Anti IL-1	Kineret
Anti B-cell (CD20)	Rituximab
Anti T-cell (CTLA4)	Abatacept
Anti IL-6	Tociluzumab

...and one out of four of your patients is treated

Drug safety in chronic disease

Time-course of the chronic disease



Co-morbidity as an indirect treatment outcome



Co-morbidity as a *direct treatment outcome*



Co-morbidity as a *safety endpoint*



Attribution of an observed risk



Risk directly related to treatment

Risk due to disease (control)

Baseline risk in humans



name	started	coordination	type	inclusion	controls	current size	follow-up
British Society for Rheumatology Biologics Register (BSRBR)	2001	arc Epidemiology Unit Manchester	epidemiologic cohort study	new prescription of biologic; 4,000 per drug	control group collected at defined sites	>14,000 controls: > 3,000	baseline, 3,6,12,18,24,30, 36,48,60 months
German Biologics Register RABBIT	2001	Epidemiology Unit, German Rheumatism Research Centre	epidemiologic cohort study	new prescription of biologic; 1,000 per drug	internal control group: DMARD failures	>3,500 controls: 1,800	baseline, 3,6,12,18,24,30, 36,48,60,72,84,96 , 108,120 months
Swedish Biologics Register ARTIS	1999	Karolinska Institute, Stockholm	routine registration	new prescription of biologic	national register data	18,000 treatments	baseline, 3,6,12,18,24 months etc.
Spanish BIOBADASER register	2000	Research Unit of Spanish Society of Rheumatology	routine registration	new prescription of biologic	EMECAR cohort	>8,000 patients	registration at inception of adverse event
Danish Rheumatologic database DANBIO	2000	Hvidovre Hospital	routine registration in 26 rheumatologic departments	new prescriptions		> 3,500 RA	regular visits as long as patients is seen in department
Norwegian DMARD register NOR- DMARD	2000	Diakonhjemmet Hospital, Oslo	routine registration of all DMARDs and biologics	treatment start with DMARD or biologic agent	DMARDs	> 2000	Baseline, 3, 6, 12, 24, 36, etc. months
Dutch Rheumatoid Arthritis Monitoring Register DREAM	2003	Radboud University Nijmegen Medical Centre	epidemiologic cohort study	start of treatment with biologic agent	early RA cohort	>1,000	Baseline, 3,6,9,12,18,24,30, 36 etc. months
Swiss Clinical Quality Management Database	1996	University of Geneva	routine registration	start of treatment with biologic agent	DMARD patients	>2,000 patients	annually

Specific features

1. Initiated by the profession

2. Disease registers, not drug-specific

Drug- or Disease-registers?

In reality, and as seen from a *disease-register*



Specific features

- 1. Initiated by the profession
- 2. Disease registers, not drug-specific
- 3. From treatment start, and onwards
- 4. Use of comparators

"project-based" biologics registers



"project-based" biologics registers



"integrated" biologics registers

Swedish Rheumatology Registers

Baseline data

Follow-up data

Basdata	▶ Översikt	► Händelser/I	Biv. ▶ vi			
(KS5001) - Patienten har givit sitt inf Sjukdomsdebut(ÅÅMM) 88 06 Inklusionsdatum 06 -10 -04 Distrikt	ormerade samtycke 🗹 Debutåider 11 30 Duration mån. 220 Soina 💌	Personnr/Kön Efternamn/Förnamn Patientansvarig läkare Nästa besök inbokat:	760818-0126 Kvinna Pettersson Nina JOHAN ASKLING 08-03-04	År Månad Dag Besöksmånad MK-grupp	06 10 09 0 1	07 01 12 3 3
Diagnos Polyartrit UNS	Annan diagnos ICI	D10	vikt 65 kg längd 179 cm	Smärta Arbetsförmåga Evaktion	35 30 1.13	8 40 0.00
RA-kriterier Morgonstelhet* Artrit i >=3 ledområden* Artrit i hand* Symmetrisk artrit* Reumatiska noduli Reumatoid faktor pos. Röntgenförändringar *sedan minst 6 v	Ja (1) Ja (1) Nej (0) Ja (1) Nej (0) Nej (0) Nej (0) Veckor	Patientkodning EIRA Kod 1 PARA Kod 2 TIRA Kod 3 Kod 4 SWEFOT nr. Tidig RA Bio Patient	Avslutning Datum/Orsak 00 -00 -00 BARFOT Ingår i BARFOT ID nr	Sjukdomskänsla Svullna leder Ömma leder Sänka CRP Läkarbedömning RTG(Eros./Prog./RF) DAS 28 Analgetika Antiinflam. Kortisondos	24 4 14 1 2 3,86	14 0 10 2 0
Ovrigt Rökning Värde inväntas (8)	Dominant hand Värde inväntas (8)	Anti CC Värde i	P nväntas (8)	LARM 1 LARM 1 dos LARM 2	м1х 20	MIX 15
► Läkemedelsuppföljn. Preparat Ordinerat	► Tid. LARM o Kortiso Utsatt	orsak Totaldos	et	LARM 2 dos LARM 3 LARM 3 dos		
Enbrel 06-10-09	00-00-00	0		Uppföljd månad Uppföljt preparat	0 ENB	3 ENB

"integrated" biologics registers

Other National Swedish Registers

National health-related registers

- Hospital Discharge Register
- Non-GP Outpatients Register
- Prescription Register
- Cancer Register
- Cause of Death Register
- Medical Birth Register
- TB register

Demographics registers

- Population Register
- Emigrations Register
- Generation Register
- Census Surveys Data

"integrated" biologics registers



Non-exposed subjects with the disease

General population comparator



Specific features

- 1. Initiated by the profession
- 2. Disease registers, not drug-specific
- 3. From treatment start, and onwards
- 4. Use of comparators
- 5. Supported by joint grants from all companies
- 6. Standardised reporting of data for PSURs
- 7. Inter-register collaboration

Stake-holders in disease registers



Specific features

- 1. Initiated by the profession
- 2. Disease registers, not drug-specific
- 3. Designed for "indefinite" follow-up
- 4. Use of comparators
- 5. Supported by joint grants from all companies
- 6. Standardised reporting of data for PSURs
- 7. Inter-register collaboration

Conclusions

Further reading...

European Biologics Registers – methodology, results, and perspectives.

Zink A, Askling J, Dixon W, Klareskog L, Silman A, Symmons D. Annals of Rheumatic Diseases, Epub 2008