Health Council of Canada | Conseil canadien de la santé

Canadian Health Care Matters
A Webinar Series

Coming up in just a few minutes at 10 am (EST)

November 19, 2010

Welcome to the first session of

Canadian Health Care Matters
A Webinar Series

Today's topic:

KEEPING AN EYE ON PRESCRIPTION DRUGS, KEEPING CANADIANS SAFE

Active Monitoring Systems for Drug Safety and Effectiveness in Canada and Internationally

Canadian Health Care Matters - A Webinar Series

KEEPING AN EYE ON PRESCRIPTION DRUGS, KEEPING CANADIANS SAFE

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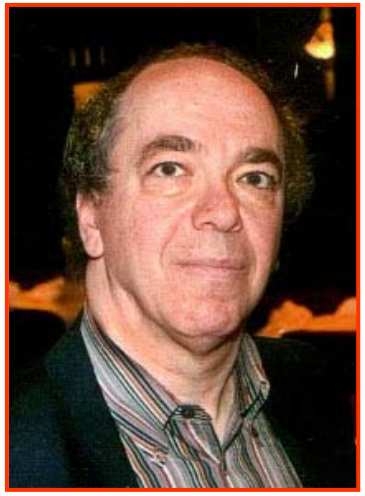

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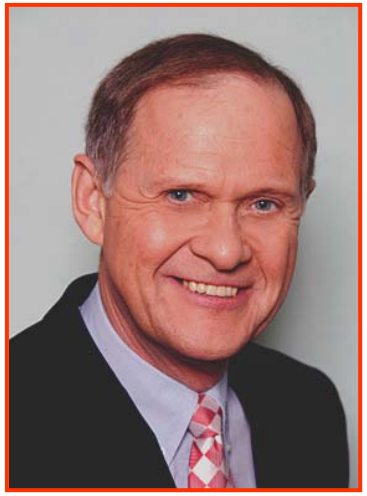


Terry Glecoff

Moderator

Media Specialist

Health Council of Canada

Why is this issue important to us?

The Health Council of Canada commissioned this independent discussion paper to:

- Raise awareness among Canadians about issues related to monitoring drug safety and effectiveness

- Stimulate productive dialogue about steps that can be taken to build an effective Canadian system of pharmacovigilance

Background

- Approved drugs, once they reach the market, tend to be used by a wider range of patients than in clinical testing, often for multiple medical conditions and for a prolonged period of time.

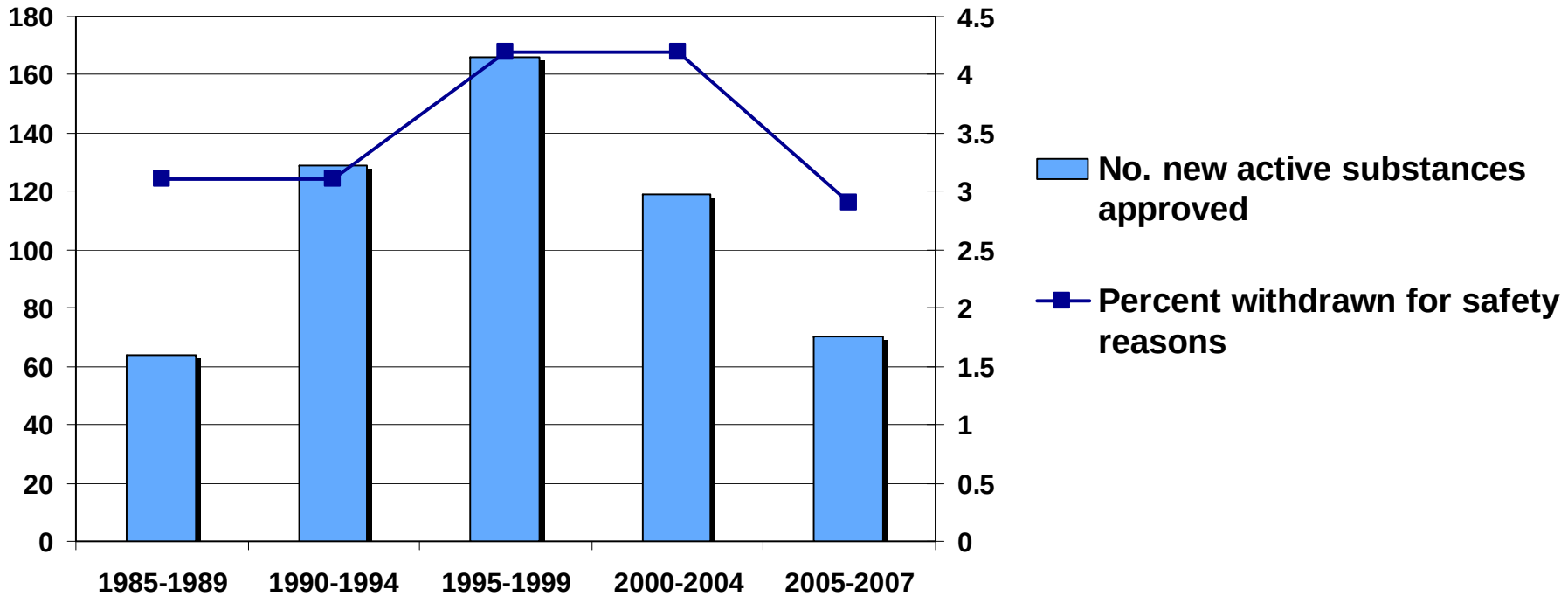
- Health Canada relies on voluntary reports of adverse drug reactions (ADRs) once prescription drugs have been approved for public use, which only captures 1-10% of ADRs.

- In 2008, Health Canada received 11,596 domestic reports of pharmaceuticals-related suspected adverse reactions.

- Some countries are beginning to set up regimes to actively monitor prescription drug safety once a product has been released onto the market (pharmacovigilance).

Withdrawals as Percent of Approvals

contains new data since paper was researched



Drug Withdrawals, Sept. 2004 – Sept. 2010

contains new data since paper was researched

Drug		Approval date/date first listed in CPS	Date of safety warning(s)	Withdrawal date
Generic name	Brand name			
aprotinin	Trasylol	October 3, 1995	None	November 23, 2007
ceftobiprole medocaril	Zeftera	June 26, 2006	None	April 16, 2010
efalizumab	Raptiva	October 24, 2005	December 22, 2009	February 22, 2009
estradiol dienanthate/estradiol benzoate and testosterone enanthate	Climacteron	1961	None	October 22, 2005
gatifloxacin	Tequin	January 9, 2001	December 19, 2005 February 16, 2006 May 12, 2006	June 19, 2006
lumiracoxib	Prexige	November 2, 2006	August 16, 2007	October 3, 2007
pergolide	Permax	1991	None	August 30, 2007
rofecoxib	Vioxx	October 25, 1999	April 19, 2002	September 30, 2004
sibutramine	Meridia	December 28, 2000	March 27, 2002 February 28, 2003 October 2007	October 8, 2010
tegaserod	Zelnorm	March 12, 2002	None	March 30, 2007
thioridazine	Mellaril	1959	None	September 30, 2005
valdecoxib	Bextra	December 11, 2002	December 2002 December 10, 2004	April 7, 2005

Challenges, International Best Practices, and Implications for Canada

1. ***Voluntary and passive approaches to reporting ADRs are not adequate methods for identifying problems with drugs that are already on the market.***

- The US FDA's Sentinel System will analyze large health care databases to supplement the data from ADR reports.

- In Canada, the creation of the Drug Safety and Effectiveness Network (DSEN) and a move toward progressive licensing represent potentially important steps toward active pharmacovigilance.

2. Relying on industry to conduct and publish post-market studies introduces biases due to conflicts of interest.

- Amongst drug regulatory authorities, the US FDA provides the largest amount of public funding for independent contracted research and independent queries.

- Canada needs adequate public funding to ensure that independent post-market research is conducted and applied in the interest of patient safety.

3. How can capacity building for pharmacovigilance research be supported?

- The newly passed US *HR Bill 3590* provides a model for national policy that provides sustainable funding to build research capacity for health outcomes and clinical effectiveness research.

- The Canadian government needs to commit to secure, stable and ongoing funding in order for the DSEN to build research capacity and effectively carry out long-term research.

4. How can independent and rigorous post-market research best be ensured?

- The European Medicines Agency (EMA) has developed a code of conduct that requires registration of studies and methodological guidelines to ensure that rigorous research standards are followed and include valid research designs.

- Health Canada can draw upon international best practices to ensure that all post-market research is registered, meets rigorous methodological standards, is transparent, and is accessible to public researchers for analysis.

Challenges, International Best Practices, and Implications for Canada

5. ***How can the decisions regarding drugs selected for study be made more transparent and free of bias?***

- In the US, industry representatives are non-voting members of FDA advisory committees, thus limiting conflicts of interest. One of the reasons why the FDA's decision-making process is more transparent than that of any other regulatory authority is because advisory committee proceedings are publicly available.

- Broad stakeholder involvement and mandatory submission of conflict-of-interest disclosures, which are publicly available, will provide additional expertise and increase transparency for Canadians.

6. Taking a reactive approach to pharmacovigilance increases the use of unsafe drugs and adverse reactions.

- France's Transparency Commission, which oversees the listing of products on the public formulary, adopts an anticipatory approach at the time of market approval, requesting studies be conducted for new products that are likely to have widespread use and represent a novel type of therapy.

- An anticipatory approach can be taken in Canada if the government adopts a progressive licensing framework and Health Canada gains the authority to require post-market trials.

7. How can we ensure that data from public drug plans and agencies and information from post-market studies is shared in the interest of the public?

- In France, the Transparency Commission uses a tri-partite *Comité de liaison*, which coordinates requests for post-market studies between the national regulator, the drug reimbursement plan and the agency that sets drug prices.

- British Columbia and some other provinces already collect data on all prescriptions filled in the province. All provinces should adopt this approach as well as having the ability to obtain data from the CDR, PMPRB, and other relevant national organizations. These data should be made easily available to researchers and results of studies should be made publicly available.

8. Without the authority to enforce compliance with post-market commitments, a regulatory agency would not be able to effectively fulfill its mandate.

- The FDAAA now gives the US FDA the authority to impose penalties for failure to complete studies by the required deadlines.

- Health Canada should be given additional authority in the area of post-market pharmacovigilance, similar to the US. There should be an ongoing assessment of pharmaceutical company compliance in completing post-market studies requested, with penalties applied when necessary. Progress made in completing studies needs to be monitored and publicly available.

9. Effective communication of drug safety and of pharmacovigilance research is essential to ensure patient safety.

- No dedicated funding could be identified in the countries studied for assessing whether risk communication led to changes in prescribing behaviour or patient use of drugs.

- The U.S. Patient-Centered Outcomes Research Institute (PCORI) initiative in HR Bill 3590 includes the development of a protocol for dissemination of research results.

- Health Canada should adopt a more effective protocol for developing and disseminating safety messages, as well as develop methods to monitor and evaluate the effectiveness of messages on changing the behaviour of providers and patients .

10. How should issues around data access, ownership, and use be addressed?

- The US FDA is the only regulatory agency that requires product sponsors to submit raw, unanalyzed clinical trial data, whereas in other countries companies submit summary data and the regulator can request raw data if necessary.

- Canadian legislation needs to be reformed in order to allow researchers access to raw data from various sources without compromising confidentiality of personal information in order to carry out post-market studies effectively.

Overview of active pharmacovigilance and research networks: Comparing international post-market contexts

Pharmacovigilance Research	*United States*	*UK*	*France*	*New Zealand*	*EU*	*Canada*[1]
Public Funding	High	Moderate	No	Low	Low	High
Research Standards & Independence	Yes	No	No	Yes	Yes	N/A
Transparent Process	Yes	No	No	Yes	No	N/A
Decision-making Process	Reactive/ Anticipatory	Reactive	Anticipatory	Anticipatory	Reactive	Reactive/ Anticipatory
Public Reimbursement Plans Involved	Moderate (federal agencies)	Moderate: through NICE	High: Transparency Commission	Low	Low	N/A
Regulatory Agency Involved	High	High	High	High	High	N/A
Legal Data Access Issues resolved	Process in place to resolve	Yes (GPRD)	Yes	Yes	No	N/A
Data Ownership	Public	Regulator MHRA	Industry	Public	Public	N/A
Data Re-analysis	Yes	No	No	No	No	No

[1] **Many of these variables cannot be assessed in Canada because the Canadian process is under development.**

Conclusions

We have identified international approaches for actively monitoring the safety and effectiveness of drugs after they enter the market, many of which hold potential for Canada.

We offer ways to increase the evidence available to Canadian regulators, policy-makers, health care providers, and patients as we move toward safer and better health care.

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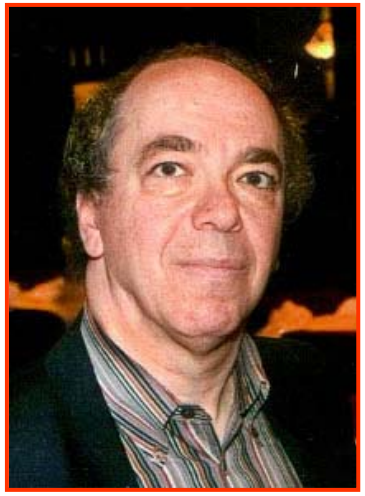

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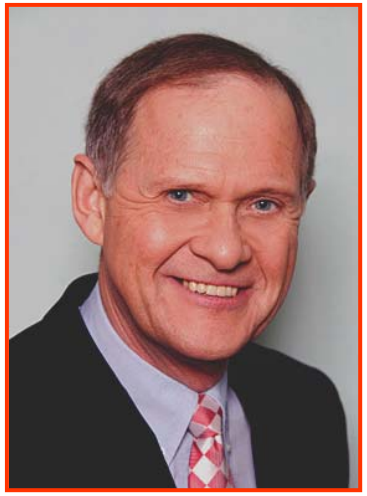

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Thank You!

We appreciate your participation in our first session of

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Please complete our post-webinar survey - coming up on your computer screen in just a moment…

For further discussion on today's topic, please see our guest blogs at

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