Drug Saf (2018) 41:1103–1273
https://doi.org/10.1007/s40264-018-0719-2

18th ISoP Annual Meeting "Pharmacovigilance without borders" Geneva, Switzerland, 11–14 November, 2018

ABSTRACTS

18th ISoP Annual Meeting "Pharmacovigilance without borders" Geneva, Switzerland 11–14 November, 2018

Adis

INTERNATIONAL SOCIETY OF PHARMACOVIGILANCE

The International Society of Pharmacovigilance (ISoP) is devoted to developing its activities on a worldwide basis towards supporting safer use of medicines in clinical practice.
ISoP aims to promote the use of all types of information and methodologies in providing optimal drug treatment for patients. The Society is not only for clinical pharmacologists, pharmaceutical industry representatives, epidemiologists and regulators, but also for practising clinicians, other healthcare professionals and anyone else who is interested in learning about better ways for patients to receive and use medicines safely.

Countries where there are ISoP members:

From Argentina to Vietnam, from countries in South-America to North-America, from Europe to Asia and Australia via Africa, we have members in all five continents.
''By becoming a member of ISoP, you will have the opportunity to share your knowledge and ideas and to contribute to improving pharmacovigilance activities worldwide.''
Sten Olsson, President of the International Society of Pharmacovigilance.

ISoP Membership incentives include:

- Biannual newsletters (ISoP Star)
- Training workshops
- Reduced fees for Annual Meeting and training courses
- Discounted online subscription to the *Drug Safety* journal
- Other offers/discounts on books
- Involvement in ISoP's Chapters and Special Interest Groups

For more information you can visit www.isoponline.org, the Society's official website.

International Society of Pharmacovigilance

ISoP Secretariat Ltd
140 Emmanuel Road, London SW12 0HS, UK
Tel and Fax: +44 (0)20 3256 0027
administration@isoponline.org

ISoP 2018 Local Organising Committee

Chair: Victoria Rollason, University Hospitals of Geneva (Switzerland)
Mario Bertazzoli, Helsinn Healthcare Lugano (Switzerland)
Marie Besson, University Hospitals of Geneva (Switzerland)
Jules Desmeules, University Hospitals of Geneva (Switzerland)
François Girardin, University Hospitals of Geneva (Switzerland)
Roseline Ing Lorenzini, University Hospitals of Geneva (Switzerland)
Christian Lovis, University Hospitals of Geneva (Switzerland)
David Niedrig, University Children's Hospital Zurich and drugsafety.ch (Switzerland)
Frédérique Rodieux, University Hospitals of Geneva (Switzerland)
Stefan Russmann, Klinik Hirslanden Zürich and drugsafety.ch (Switzerland)
Caroline Samer, University Hospitals of Geneva (Switzerland)

ISoP 2018 Scientific Committee

Chairs: Ian C K Wong, University of Hong Kong and UCL School of Pharmacy (UK)
Mira Harrison-Woolrych (New Zealand)
Victoria Rollason, University Hospitals of Geneva (Switzerland)

Pia Caduff, Uppsala Monitoring Centre (Sweden)
Bruce Donzanti, Genentech, Inc (USA)
Noha Iessa, WHO (Switzerland)
Ambrose Isah, University of Benin City (Nigeria)
Richard Hill, Therapeutic Goods Administration (Australia)
Gurumurthy Parthasarathi, JSS University Mysore (India)
Mónica Tarapués, Central University of Ecuador (Ecuador)
Lynn Zhou, Sanofi (China)

ISoP 2018 Poster Prize Committee

Chair: Pia Caduff, Uppsala Monitoring Centre (Sweden)
Caroline Samer and Marco Tuccori

ISoP Executive Committee and Advisory Board 2016–2019

Sten Olsson, *President* (Sweden)
Ian C K Wong, *Vice-President* (UK)
Mira Harrison-Woolrych, *Secretary General* (New Zealand)
Jean-Christophe Delumeau, *Treasurer* (Singapore)

Board Members

Hilda Ampadu, Africa/Education and Training Programme (Ghana)
Brian Edwards, Coordinator Chapters (UK)
Deirdre McCarthy, Coordinator Special Interest Groups (USA)
Jan Petracek, America/Education and Training Programme (Czech Republic)
Phil Tregunno, Asia/Education and Training Programme (UK)
Marco Tuccori, Europe/Education and Training Programme (Italy)
Hervé Le Louët, *Past-President* (France)

Disclaimer

ISoP requests that a high standard of science is followed concerning publications and presentations at all its Annual Meetings and training courses. However, ISoP as a whole or its Advisory Board and Executive Committee (EC) or appointed Scientific Committees, or its members, do not take any responsibility for the completeness or correctness of data or references given by authors in publications and presentations at official scientific meetings. It is not within the remit of ISoP, the Advisory Board, the EC or Scientific Committees in particular, to seek clarification or detailed information from authors about data in submitted abstracts. Moreover, it is not within the scope of ISoP and its committees to monitor compliance with any legal obligations, e.g., reporting requirements or regulatory actions.

involved the estimation of a logistic regression model, at a confidence level of 95%.

Results: Chronic patients were aged between 20 and 95 years old, with a mean age of 65.3 years (SD = 19.39). Most were female (51.8%), married or lived in marital cohabitation (62.4%), retired (55.3%), and had up to the 3rd cycle of schooling (61%) and an income up to € 1000 (62.4%). These patients suffered from Chronic Renal Insufficiency (CRI) (63.1%), Rheumatoid Arthritis (RA) and Psoriatic Arthritis (PA) (20.6%), Multiple Sclerosis (MS) (10.6%), Amyotrophic Lateral Sclerosis (ALS) (2.1%), Hepatitis C Virus (HCV) (2.1%), Hepatic disease (HD) (0.7%) and Gaucher Syndrome (GS) (0.7%). The active substances most dispensed were: ferrous sulphate (76.6%), folic acid (73.8%), calcium polysterenonosulfonate (53.2%), alfacalcidol (48.9%), epoetin β (43.3%), complex B (26.2%) for CRI; adalimumab (8.5%), etarnecept (7.1%) and Ustecinumab (4.3%) for RA and PA; interferon B (8.5%) for MS. Modal treatment time was 24 months. The main reason for non-compliance associated to doctor-patient relationship dimension was "the doctor prescribes too many medicines" (35%). The second most mentioned reason was "the fear to ask questions" (18.4%), followed by "I do not understand what doctors say" (17.5%) and the "lack of confidence in doctors" (6.8%). A patient who does not consider that "the doctor prescribes too many medications" has a lower risk of non-compliance with the therapeutic prescription [OR = 0.262; CI (95%) 0.112–0.617].

Conclusion: The doctor-patient relationship is fundamental for compliance with the prescribed therapy and consequently for the improvement of the clinical benefits of medication and well-being of the patient.

References:

1. Dowrick C, Dixon-Woods M, Holman H, Weinman J. What is chronic illness? Chronic Illness 2005;1:1–6
2. Bugalho A, Carneiro A. Intervenções para aumentar a adesão terapêutica em patologias crónicas. Lisboa Centro de Estudos de Medicina Baseada na Evidência—Faculdade de Medicina de Lisboa, 2004
3. Cabral M, Silva P. A adesão à terapêutica em Portugal: Atitudes e comportamentos da população portuguesa perante as prescrições médicas. APIFARMA, 2010.

Disclosure of Interest: None declared.

ISoP18-1298 CAST Analysis of UK Pregnancies Reported During/After Isotretinoin Administration. Proposal for Application in a Global Safety Study

S. Trantza[1], B. Edwards[*2], I. Dokas[3], S. Webley[1]

[1]University of Hertfordshire, Hatfield, United Kingdom; [2]NDA Regulatory Science LTD, London, United Kingdom; [3]Democritus University of Thrace, Xanthi, Greece

Background/Introduction: Isotretinoin, a retinoid derivative of Vitamin A, is an oral medicine first approvedin the US in 1982 that is prescribed for the treatment of acne when other treatments do not work. Within a few years after launch, it became apparent that exposure to isotretinoin during pregnancy carried a greatly increased risk of foetal malformation. Numerous standard risk management approaches based on labelling and education have failed to adequately prevent women becoming pregnant whilst using this medicine. Several strategies, based on pregnancy prevention programmes (PPPs), have helped reduce the number of pregnancies in women receiving retinoids by mouth, but the number of pregnancies remains unacceptably high. Indeed, a recent analysis of the effectiveness of PPPs supported the widespread suspicion that they are not being followed in practice and that there is enormous inconsistency globally. Because isotretinoin is a valuable medicine for disfiguring acne, there is a need to intensify efforts to control pregnancy in exposed women and develop a common model which can be understood and applied internationally.

Objective/Aim: The aim of this original research was to apply Causal Analysis using System Theory (CAST) based on Systems Theoretic Accident Model and Processes (STAMP) [1]to analyze the spontaneous events of pregnancies that have reported during or after the administration of isotretinoin in the UK and to identify vulnerabilities and flaws in the safety management system.

Methods: The post-authorization spontaneous cases were obtained from the EudraVigilance database of the European Medicines Agency (EMA) via the Medicines and Healthcare Products Regulatory Agency (MHRA). The data concerned cases of pregnancies that had been reported to the MHRA in the United Kingdom during the period 01 January 2005 to 30 September 2017.

Results: The results included important failures of the controllers and of the physical component of the system, revealing failures in two control loops in the safety control structure of the system. Based on the unsafe control actions that were revealed, we have advised some changes in the Pregnancy Prevention Program with several recommendations for the controllers of the system.

Conclusion: CAST revealed important failures and system complacency across the different levels. Furthermore the easy application of CAST might well be an important way for investigating systems future failures concerning teratogenic drugs and pregnancy cases. CAST showed that such spontaneous reports of pregnancy can contribute real value in causal analysis when the information is pooled systematically.

References:

1. Levenson NG. Engineering: a safer world. January 2012, MIT press

Disclosure of Interest: None declared.

ISoP18-1299 Factors of Non-adherence to Therapy in Chronic Patients with Pathologies Covered by Specific Legislation in Portugal

M. I. B. Ribeiro[1,2,3], L. M. Nascimento[4], A. Aragão[5], F. Roque[*1,6]

[1]Health Sciences School, Polytechnic of Guarda, Guarda, Portugal; [2]Department of Exact and Social Sciencies, Agriculture School, Institute Polytechnic of Braganca, Portugal; [3]Mountain Research Center, Bragança, Portugal; [4]Department of Diagnostic and Therapeutic Technologies, Health School, Institute Polytechnic of Bragança, Portugal; [5]Department of Life Sciences and Public Health, Health School, Institute Polytechnic of Bragança, Bragança, Portugal; [6]Research Unit for Inland Development, Guarda, Portugal

Background/Introduction: Medication adherence is a multidimensional phenomenon determined by the interaction of factors of diverse nature. The World Health Organization classified in five groups the reasons for non-adherence to therapy, related to, patient, disease, therapy, health system and socioeconomic factors [1].

Objective/Aim: To identify the most prevalent extrinsic and intrinsic factors for non-adherence to therapy and to verify the existing differences taking into account the socioeconomic variables.

Methods: A random probabilistic sample of 141 outpatient suffering from pathologies covered by specific legislation with dispensing medicines at the hospital pharmacy, treated at the Local Health Unit of the Northeast in

Portugal, was selected. The sample included patients with Chronic Renal Insufficiency (n = 89), Rheumatoid Arthritis and Psoriatic Arthritis (n = 29), Multiple Sclerosis (n = 15), Amyotrophic Lateral Sclerosis (n = 3), Hepatitis C Virus (n = 3), Hepatic disease (n = 1) and Gaucher Syndrome (n = 1). To collect the data, was applied a questionnaire, by interview, that included socioeconomic variables and a list of non-adhesion factors adapted from Cabral and Silva [2], between July 2017 and April 2018. The list of factors for non-adherence to the therapy consisted of 35 factors that were later aggregated into three dimensions. The first dimension "extrinsic factors", consisted of 11 reasons that could lead patients not to follow completely the indications recommended by the doctor. The second dimension "intrinsic factors" was constituted by 20 factors related to the characteristics of the medicines and the therapeutics. The SPSS 24.0 software was used to analyse the data. The internal consistency was analysed through Alpha Cronbach. For the comparison of groups, the non-parametric Mann–Whitney test was used at a significance level of 5%.

Results: In the "extrinsic factors" dimension, the three most prevalent factors were "patient does not like to have the trips to go to consultations" (39%), "patient does not like to take medications" (37.6%) and "patient does not like to think he is ill "(31.9%). It was the female patients with the lowest level of education and the lowest income who were most likely to leave the treatment. The "intrinsic factors" that stand out were: "the schedule of the shots" (36.9%), "drugs were difficult to take" (29.8%) and "treatment duration was long" (29.1%). It was women, aged 65 years old or more, without professional occupation, with lower levels of income and schooling who were less compliant with medical indications.

Conclusion: The socioeconomic variables are differentiated from the non-compliance by the medical indications.

References

1. World Health Organization. Adherence to long-term therapies: Evidence for action. Geneva: World Health Organization; 2003. [Accessed May, 2017]. Available from:http://www.who.int/chp/knowledge/publications/adherence_report/en/
2. Cabral M, Silva P. A adesão à terapêutica em Portugal: Atitudes e comportamentos da população portuguesa perante as prescrições médicas. APIFARMA, 2010

Disclosure of Interest: None declared.

ISoP18-1300 An Evaluation of Postmarketing Reports from Industry-Sponsored Programs in Drug Safety Surveillance

L. Harinstein[*1], D. Kalra[1], C. Kortepeter[1], M. Munoz[1], E. Wu[1], G. Dal Pan[1]

[1]*Food and Drug Administration, Silver Spring, United States*

Background/Introduction: Industry-sponsored programs (ISPs), such as Patient Support Programs, involve direct contact with customers (e.g., patient, healthcare professional) to provide support on disease management, aid medication adherence, or share other information. Adverse events identified via ISPs have contributed to the rise in individual case safety reports (ICSRs) in the FDA Adverse Event Reporting System (FAERS) database.

Objective/Aim: To characterize ICSRs from ISP and non-ISP sources and determine their usefulness in the identification of safety signals.

Methods: ICSR reference numbers for six drugs and biologics were obtained from four manufacturers and matched to ICSRs in the FAERS database. Randomly selected ICSRs, distributed evenly across the six products, were assigned for comparison to either non-ISP (n = 510) or ISP (n = 510) report groups. We conducted a manual evaluation to identify the presence of data elements in the report narratives to classify reports by their utility in assessing drug-adverse event causality, referred to as "useful." Other data evaluated included report descriptive characteristics, including serious outcome, and the presence of: data elements in structured fields, information identifying the report as originating from an ISP, and manufacturer documented causality assessment in ISP reports. Serious outcomes per regulatory definition (CFR 314.80) include death, life-threatening, hospitalization, disability, congenital anomaly, and other serious important medical events.

Results: Compared to non-ISP reports, ISP reports were more likely to be associated with a serious outcome (51.4 vs. 58.8%, p = 0.02), including a fatal outcome (9.6 vs. 23.7%, $p < 0.01$). ISP reports contained more words in the report narrative (169 vs. 217) and tended to contain more data elements (i.e., age, sex, indication for use) that may be valuable when evaluating a case report.

Our manual evaluation revealed that 30.8% (157/510) of non-ISP reports compared to 28.5% (145/510) of ISP reports met our definition of "useful" (p = 0.42).

Of the 510 ISP reports, 454 (89%) contained documentation that the report came from an ISP; 102 (20%) contained documentation of a causality assessment in the report narrative, of which 12 reported that the event was possibly related to the product and 90 reported it was unlikely related to the product.

Conclusion: Our review of non-ISP and ISP postmarketing adverse event reports in the FAERS database demonstrated that reports obtained from ISPs contain more data elements to suggest it would be a good case report, but are no better than non-ISP reports for being "useful" in signal detection. Future investigations into which ISPs generate more useful reports may be important.

Disclosure of Interest: None declared.

ISoP18-1302 Undergraduate Pharmacovigilance Education: Moroccan Experience

S. Serragui[*1], D. Soussi Tanani[2], R. Soulaymani[1,3], Y. Cherrah[1]

[1]*Pharmacology and Toxicology, Faculty of Medicine and Pharmacy, Rabat, Morocco;* [2]*Pharmacology, Faculty of Medicine and Pharmacy, Tanger,* [3]*Centre Anti Poison et de Pharmacovigilance, Rabat, Morocco*

Background/Introduction: Under-reporting of adverse drug reactions is a global problem. Increased awareness of health professionals with a strengthening of their competence in Pharmacovigilance is essential. Currently, another solution is being set up in different countries. It's about the teaching of Pharmacovigilance during the university course. It is in this context that we decided to do this work within the laboratory of Pharmacology and Toxicology of the Faculty of Medicine and Pharmacy of Rabat in Morocco.

Objective/Aim: Promote the Pharmacovigilance to the students of the pharmacy section of the Faculty of Medicine and Pharmacy of Rabat.

Methods: The Pharmacovigilance teaching of the first cycle students of the pharmacy section at the Faculty of Medicine and Pharmacy of Rabat has always been based on 4 h of lectures. In order to reinforce the teaching of this science for our future pharmacists, some activities have been led between February and May 2018.

Results: The first activity consisted of multiple sessions of working group. For each session, the students were divided into 6 groups. The working