



CDER's Office of Surveillance and Epidemiology

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Office of Drug Safety's Mission

- **The Office of Drug Safety evaluates drug risks and promotes the safe use of drugs by the American people.**

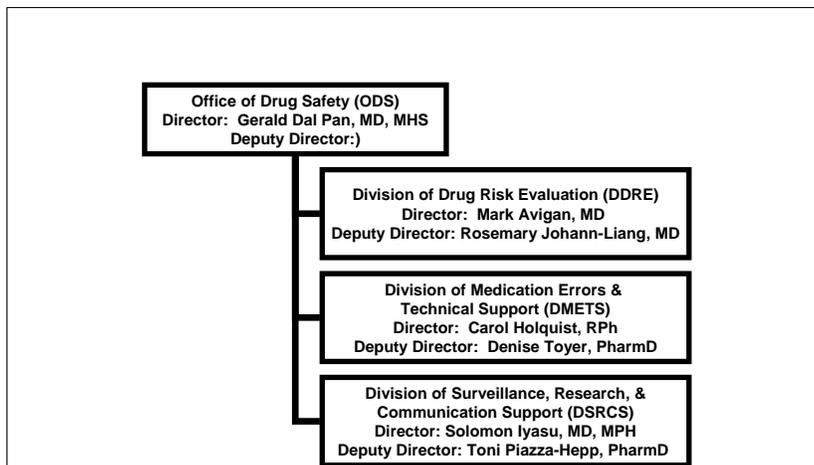


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Staff in ODS - currently ~130

- Safety Evaluators - Clinical Pharmacists
- Epidemiologists - MDs and PhDs
- Medical Officers
- Health Science Analysts
- Project Managers
- Contracts specialists
- AERS/ IT support
- Admin & Support Staff

Office of Surveillance and Epidemiology - Structure





Division of Drug Risk Evaluation (DDRE)

- Evaluates the **safety of marketed drugs**
 - Reviews adverse drug event reports with the Office of New Drugs
 - Recommends appropriate actions
- Estimates the **public health impact** of safety signals



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DDRE, con't

- Performs **epidemiologic research** on drug safety issues
- Reviews **epidemiologic study protocols and results**
- Provides **recommendations** on risk management programs



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Division of Medication Errors and Technical Support (DMETS)

- Evaluates & provides recommendations on **proprietary names** from a safety perspective to minimize medication errors
- Identifies error-prone aspects of **labels, labeling, & packaging** of drug products & provides recommendations to minimize user error



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DMETS, con't

- Reviews postmarketing **medication error reports** & recommends appropriate actions to prevent further errors
- Provides **information technology support** to ODS (specialized database searches, websites, desktop support)



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Division of Surveillance, Research, & Communication Support (DSRCS)

- Reviews **Medication Guides** & patient labeling
- Consults on **drug utilization databases** such as IMS Health, Caremark, Premier
- Oversees the **MedWatch** program
- Conduct pharmacoepidemiological analyses
- Reviews epidemiological studies



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DSRCS, con't

- Handles data resources, risk communication, & outcomes/effectiveness research components of drug safety **risk management** programs
- Analyzes social science research on **risk communication** issues



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New Drug Safety Initiatives



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Drug Safety Initiatives

Announced on Feb 15, 2005

DHHS Secretary Mike Leavitt and
Acting FDA Commissioner Lester Crawford

- Drug Safety Oversight Board
- Drug Watch Web Page
- Healthcare Professional Information Sheets
- Patient Information Sheets



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Drug Safety Oversight Board - Responsibilities

- Management of important safety issues within CDER – e.g., Drug Watch postings
- Resolving disagreements over approaches to drug safety issues
- Assessing the need for Medication Guides
- Overseeing the development of CDER-wide drug safety policies



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Drug Safety Oversight Board - Composition

- Members of FDA and medical experts from other HHS agencies, government departments appointed by FDA Commissioner
- Will consult with other medical experts and patient and consumer reps



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Drug Watch Web Page

- Information included at direction of the Drug Safety Oversight Board on possible serious side effects or other safety risks of approved drugs
 - Potential to alter benefit/risk analysis
 - Affect patient selection or monitoring decisions
 - Can be avoided through measures taken to mitigate or prevent harm



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The Adverse Event Reporting System - AERS

- Computerized database
- Contents: adverse drug experience reports from
 - Sponsors - mandatory reporting
 - Health care providers & consumers - voluntary reporting through MedWatch
 - Also medication error reports through MedWatch, USP, ISMP



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Electronic Submissions (E-sub)

- Now accepting
 - Electronic submission of Expedited and Periodic ICSRs and attachments
 - E-sub of Descriptive Portion of Periodic Adverse Drug Experience Reports
- <http://www.fda.gov/ohrms/dockets/dockets/92s0251/92s0251.htm>
- www.fda.gov/cder/aerssub
- E-mail: aersesub@cderr.fda.gov



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Supplements to AERS

Data Resource Procurements
Cooperative Agreements
CERTS
Additional Resources



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New Database Acquisitions

- Four organizations with linked pharmacy-medical claims databases
- Contracts signed September 2005
- Allows for collaborations between ODS epidemiologists and experts at these organizations
- Four organizations:
 - HMO Research Network/Harvard Pilgrim Health
 - Kaiser Family Foundation
 - Vanderbilt University
 - Ingenix (i3Drug Safety)



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New Database Acquisitions

- Four organizations:
 - Harvard Pilgrim Health/HMO Research Network
 - Eight geographically diverse health plans with 3.2 million members
 - Electronic medical records available for 6 of 8 sites
 - Kaiser Family Foundation
 - 6.1 current members in northern and southern California
 - Fully integrated databases, linked to vital statistics and cancer registries
 - Unique formulary limited to selected drugs and indications
 - Vanderbilt University
 - Two state Medicaid populations (Tennessee and Washington)
 - 2.2 millions members, some at high medical risk (eg, the poor, nursing home residents)
 - Ingenix
 - Geographically diverse insured population of 12 million members
 - Some laboratory data also available



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Centers for Medicare and Medicaid (CMS) Interactions

- ODS epidemiologists are working with CMS and AHRQ staff to understand better the nature of CMS data
- Current efforts focused on using Part B data for a pilot drug safety study
- Still in learning/exploratory stages



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Active Surveillance

- Request for Information issued April 2005
- Responses received June 2005
- Responses currently under review
- Agency will decide on next steps



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Other Developments

- **White Oak**
 - ODS moved to White Oak in later September 2003
 - All ODS offices on 3rd and 4th floors of the D wing
 - Allows for close collaboration within ODS and with the Office of New Drugs
- **Process Improvement Teams**
 - Office of New Drugs Process Improvement Team
 - Office of Drug Safety Consult Improvement Team



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Drug Safety and Risk Management (DSaRM) Advisory Committee

- Established as full Adv Comm May 2002; as subcommittee Dec 2001
- To advise FDA on general and product-specific safety issues
- Independent opinions and recommendations from outside experts



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DSaRM

■ Member expertise:

- Drug safety
- Risk/benefit analysis
- Risk perception, communication, and management
- Ethics
- Pharmacoepidemiology
- Clinical pharmacology
- Clinical research
- Medication errors



DSaRM Use

- As full Advisory Committee
 - Meet alone
 - Meet with other full Advisory Committees
- One or more DSaRM members augments other Advisory Committees





Prescription Drug User Fee Amendments of 2002 (PDUFA III)

- Why? ... expediting the drug development process and the process for the review of human drug applications as set forth in the goals ...
- Effective Oct 1, 2002 to Oct 1, 2007
- <http://www.fda.gov/cder/pdufa/>



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PDUFA Reauthorization Performance Goals and Procedures

- VIII. Pre- and Peri-NDA/BLA Risk Management Plan Activities
 - a. Submission and Review of pre-NDA/BLA Meeting Packages
 - b. Pre-NDA/BLA Meeting with Industry
 - c. Review of NDA/BLA
 - d. Peri-Approval Submission of Observational Study Reports and Periodic Safety Update Reports (PSURs)
 - e. Guidance Document Development



Risk Management Plan Review by OND and ODS

- From Oct 1, 2002 – Dec 31, 2004:
- Includes PDUFA and non-PDUFA
- Risk Management Plans reviewed - 62
 - Orig NMEs -8
- Pre-NDA meetings = 61



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Future Directions for ODS

- New responsibilities under the Prescription Drug User Fee Act - Risk Management Plan Activities
- Research, development, and evaluation of tools for the safer use of drug products
- FDA initiatives on Drug Safety



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