

## Advancing the Development of Pediatric Therapeutics (ADEPT) Workshop Summary

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## Disclosures

- The speaker has no financial conflicts of interest to disclose.

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## Workshop Summary

- Key Concepts
- Innovative Approaches
- Importance of Partnership
- Challenges and Caveats
- Future State and Next Steps

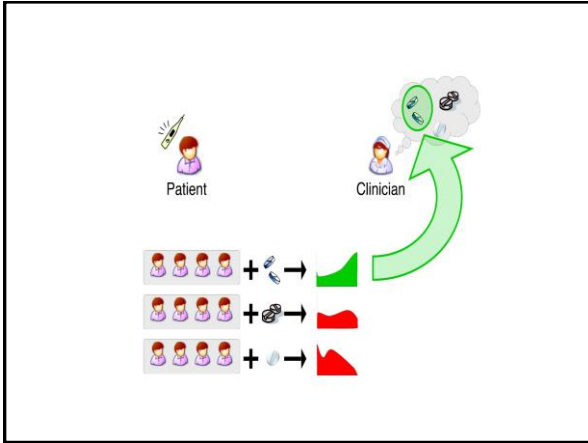
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Patient



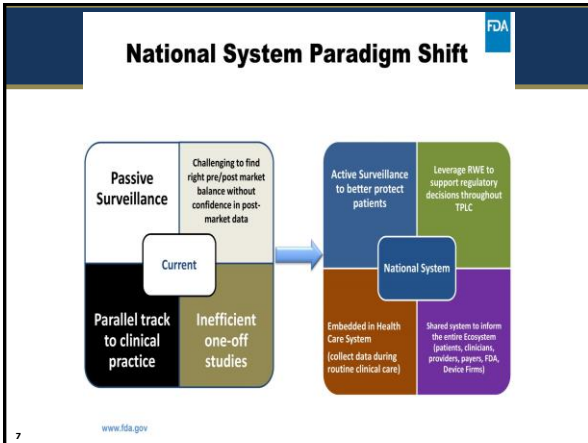
Clinician



What words come to mind when you think about “Big Data” for pediatric safety?

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### Regulatory science initiatives - EMA planned activity and projects

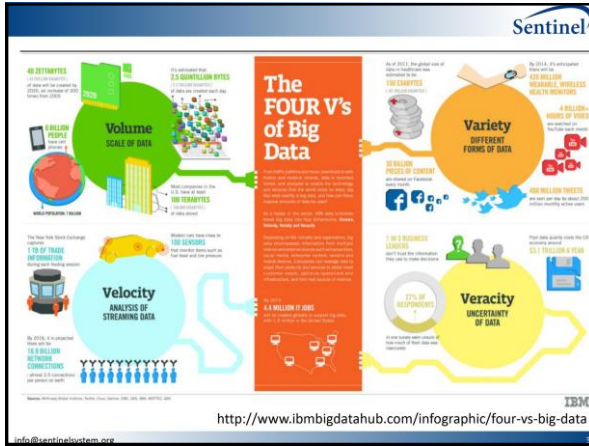
The infographic outlines four steps for regulatory science initiatives:

- 1. Background:** The Task Force should **characterise** relevant sources of big data and define the main format, in which they can be expected to exist in.
- 2. Identify areas of usability and applicability of data**
- 3. Mandate:** Gap analysis - describe the current status of expertise, future needs and challenges.
- 4. Recommendations:** The Task Force will generate a list of recommendations and Big Data Roadmap.

EMA logo and 'EUROPEAN MEDICINES AGENCY' are visible at the top left.

10 Trends in big data

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### What is unique about Big Data for pediatrics?

- Age by itself is not a barrier (if date of birth is known)
- Issues around exposure to medical products during pregnancy and birth outcomes
  - Complex to link moms and babies to assess birth outcomes
  - Health plan data challenges in days after birth
    - Coded for the mom or baby?
- Unique patterns of care?
  - Critical information dispersed (no data source has a clear
    - Hospital, pediatrician, insurer, birth registry, vaccine registry
  - Do kids see more specialists leading to more data dispersion?
    - Care at school?
- Regulatory constraints/ research with minors

### According to US Food and Drug Administration What does big data offer?

- Breadth** – large numbers of individuals get us closer to the underlying source population –
- Depth** – increasing amount of data on each individual increases the chance that we will have measures of likely confounders
- Diversity** – different types of data offer the potential to “cross check” findings for any particular data source
- FDA-Sentinel system:** more than 100 million patient health care data

From: D Martin EMA big data workshop

### Key Concept: Big Data and Safety

- Types of Questions**
  - Exposure – depends on the data source
  - Outcome – depends on the completeness
  - Confounders – consider wide info sources (omics)
- Types of Information**
  - Clinical characterization – use patterns
  - Population level estimates of risk
  - Patient level estimates of risk

## Key Concept: Big Data and Safety

- Driving Force
  - Need for Certainty – Fit for Purpose
    - Risk – to restrict use
    - Efficacy – to expand use
- Areas of Opportunity
  - Patient reported outcomes (surveys, apps)
  - Inference (lessons from machine learning)

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## Key Concept: Validation

- Validation of Data Elements
  - Medical record review
  - Assessing temporal relationship
  - Completeness of data against expected
- Validation of Findings
  - Multiple sites
  - Multiple studies or independent sites
  - Machine Learning – Internal & External validation

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## Key Concept: Big Data in Children

- Standards for age, gender, developmental
  - Note
  - Note
  - Note
- Incorporate developmental factors

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## Key Concept: Big Data in Children

- Family-centric analyses
- Genomics

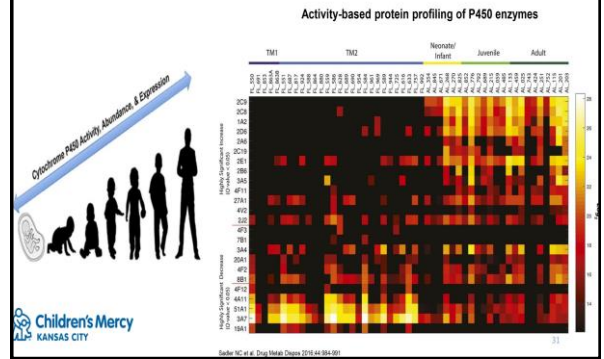
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## Key Concept: Big Data in Children

- Long-term safety data
  - Key given long time horizon
  - Challenges
    - No unique identifiers
    - Fragmented healthcare
    - Mobility and life changes (i.e. college, military)

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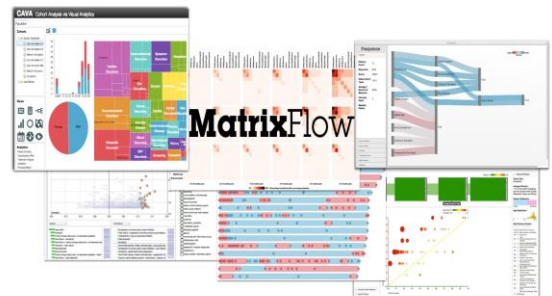
## Variability



## Innovative Approaches to Big Data

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## other tools for clinical exploration



Videos and Papers at <http://perer.org>

Model Interpretability

## predictive model prospector



Patient: 7704 Train: 0.42753 Current: 0.37828  
 Validation: 1st 10000 in 2807 / 13040

Josua Krause, Adam Perer, and Kenney Ng. Interacting with Predictions: Visual Inspection of Black-box Machine Learning Models. ACM Conference on Human Factors in Computing Systems (CHI 2016). San Jose, California. (2016)

## take-aways

Clinical Data is complex and messy.

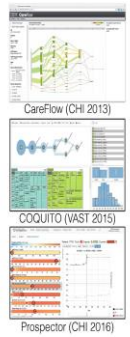
Exploratory visual analytics tools fill a much needed gap.

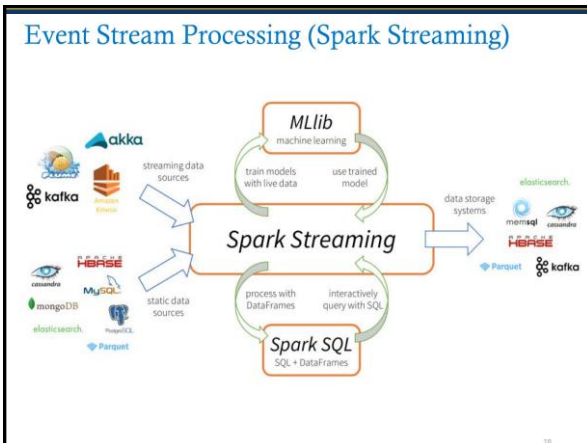
However, exploratory tools alone do not address their predictive desires.

There is a strong role for visualization in predictive tasks.

Adam Perer

[ papers and videos at <http://perer.org> ]





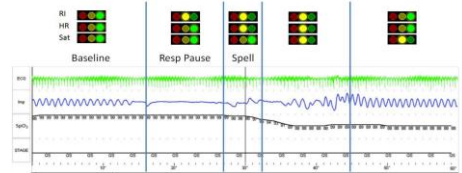
### Neonatal Sepsis and Spells

Question: Can we identify neonatal spells prior to onset of nosocomial infection?

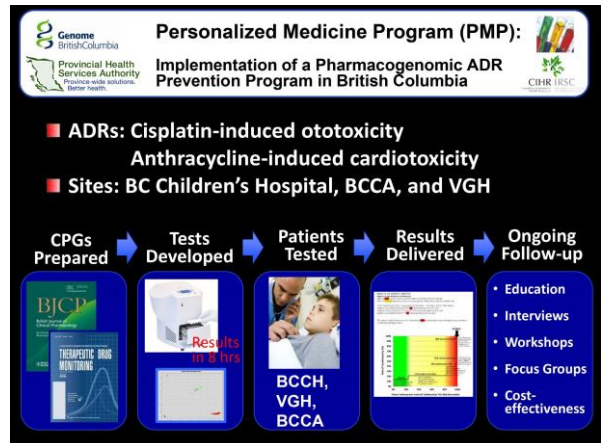
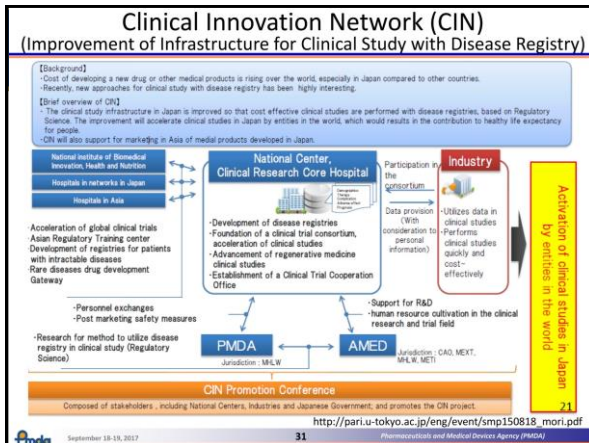
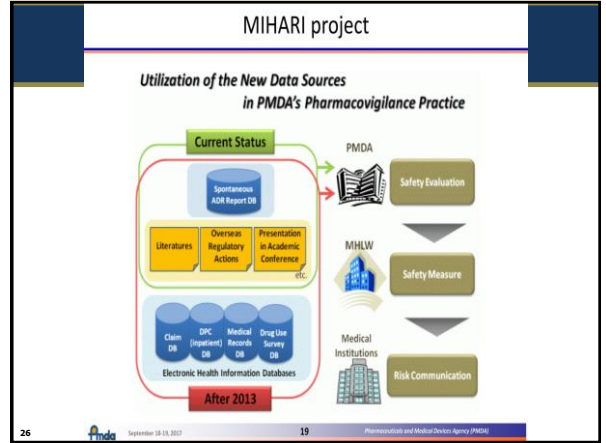
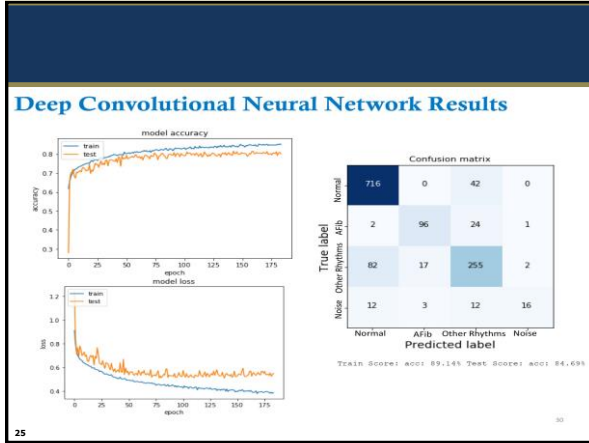
- Thommandram et al., built a neonatal **spells algorithm** [3] for detecting spells activity in real-time

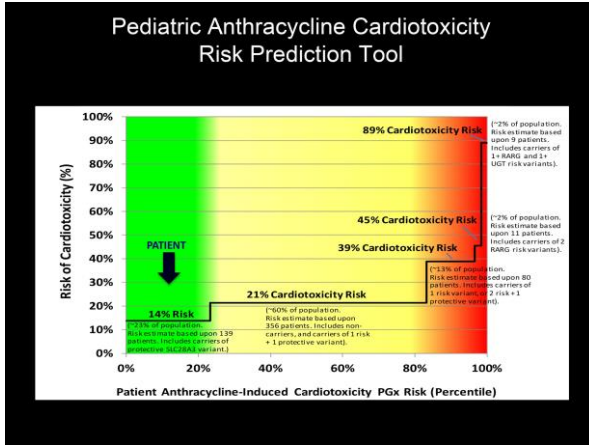
**Classifications:**

- central apnoea
- vagal apnoea
- obstructive
- obstructive central
- central obstructive
- isolated blood oxygen desaturation
- isolated bradycardia.



Modified from Saini, 2010





### Potential Clinical Options for Personalized Anthracycline Therapy

Depending on risk prediction, clinician could take different actions:

- Low Risk**
  - Echocardiogram follow-up as usual
- Intermediate Risk**
  - Intensify echocardiogram follow-up
    - e.g. patients in rural centres often miss appointments
- High Risk**
  - Alternative medication or dose
  - Add cardioprotectant (e.g. dexrazoxane)
  - Start treatment with ACE-inhibitors or beta-blockers to prevent further damage

## Importance of Partnerships

## Key Concept: Partnerships

- Importance of Partnerships
  - Rare exposures & rare outcomes
  - Shared knowledge and experience
  - Efficient use of limited resources



## Key Concept: Partnerships

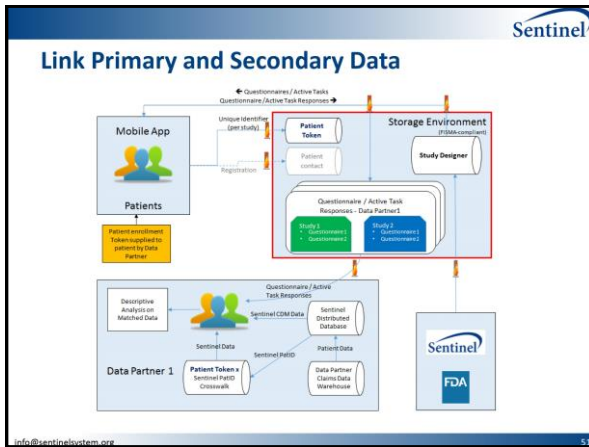
- Types of questions (hierarchy)
  - Descriptive
  - Safety
  - Effectiveness
  - More complex questions
- Caveats
  - Health care delivery and access to meds differs
  - Clinical definitions may differ (neonate, live birth)

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## Key Concept: Partnerships

- Steps needed to pursue partnerships
  - Engage children, families, clinicians
  - Strategic collaborations
  - Careful design (exposure, outcomes, confounders)
  - Ethics/Data Protections
  - Sustainability

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info@sentinel-system.org

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## OHDSI Open Source Partnerships

The infographic provides a guide on how to become an OHDSI collaborator. It includes the following steps:

- Join the OHDSI Forum:** Connect with other researchers, clinicians, vendors, and patients who share your interests.
- Introduce yourself:** Let the community know you're here by introducing yourself at their forum, or at a community meeting.
- Join an OHDSI meeting:** Get to know other study community members.
- Join the OHDSI research network:** By becoming a study within the network, OR by contributing OHDSI research data instead.
- Join a working group:** Collaborate on your own work groups!
- Provide Feedback:** Engage in open discussions, review, and give constructive evaluation to inform development.

The infographic also features the OHDSI logo and the text "Join the Journey - Help improve medical research making today!"

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### The Big Data for Better Outcomes programme at a glance

<http://bd4bo.eu/index.php/about-the-programme/about-bd4bo/>

"Big data for better outcomes"  
**Goal: Support the evolution towards outcomes-focused and sustainable healthcare systems, exploiting the opportunities offered by big and deep data sources**

COORDINATION AND SUPPORT ACTION (CSA)			
EUROPEAN DISTRIBUTED DATA NETWORK			
1. Design sets of standard outcomes and demonstrate value	2. Increase access to high quality outcomes data	3. Use data to improve value of HC delivery	4. Increase patient engagement through digital solutions
ROADS: ALZHEIMER'S DISEASE – CALL OPEN FOR APPLICATIONS			
HEMATOLOGIC MALIGNANCIES – CALL OPEN FOR APPLICATIONS			
CARDIOVASCULAR			
MULTIPLE SCLEROSIS			
MULTI-DISEASE / MULTI-MORBID PATIENTS			
RARE CANCERS			

Coordination and operational topics  
 Themes / Enablers  
 Disease-specific topics



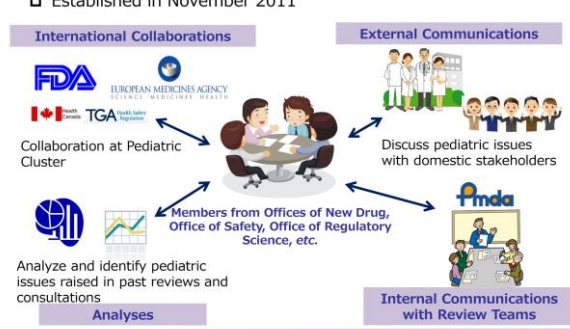
### 4 STEPS TO LEVERAGE THE POTENTIAL OF BIG DATA

- 1. INVESTING IN IDEAS**  
 Search for game-shifting ideas  
 Public Private Partnership  
 Research in Horizon2020
- 2. INFRASTRUCTURE FOR A DATA-DRIVEN ECONOMY**  
 Network of data processing facilities  
 Invest in the GEANT network  
 Supercomputing centres of excellence  
 Build big data mobile internet through 5G PPP  
 Telecoms Single Market for broadband investment
- 3. DEVELOP BUILDING BLOCKS**  
 Guidelines on standard licences, datasets & charging  
 One-stop-shop to open data across the EU  
 Mapping big data standards  
 Open data incubator for SMEs  
 Training for data professionals  
 Data market monitoring tool
- 4. TRUST AND SECURITY**  
 EU Data protection rules  
 Guidelines on secure data storage  
 Consultations on:  
 - Policy options after Trusted Cloud Europe report  
 - Data ownership & liability of data provision  
 - User-controlled cloud-based technologies

European Commission | <https://ec.europa.eu/digital-single-market/en/policies/big-data>

### PMDA Pediatric Drugs Working Group

- One of the projects across multi-offices in PMDA
- Established in November 2011



**International Collaborations:** FDA, European Medicines Agency, Health Canada, TGA

**External Communications:** Discuss pediatric issues with domestic stakeholders

**Internal Communications with Review Teams:** Analyze and identify pediatric issues raised in past reviews and consultations

**Members from Offices of New Drug, Office of Safety, Office of Regulatory Science, etc.**

September 20 10, 2017

### GRIP Global Research in Paediatrics Network of Excellence

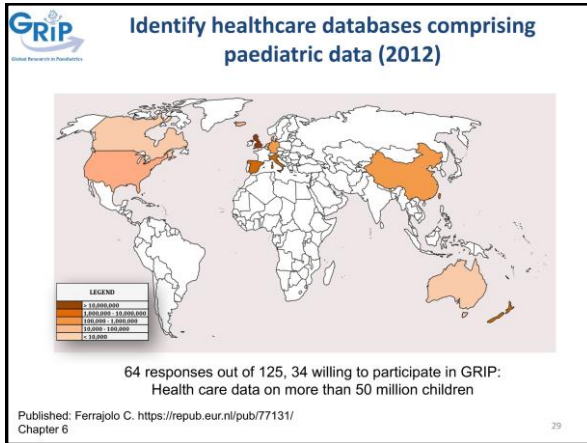
Overview: What is GRIP? Training and education, Epidemiological and post-marketing studies, Tools for interoperability, Paediatric clinical studies, Paediatric formulations, Drug development in neonates

GRIP was created to address the lack of appropriate testing and information on paediatric drugs. GRIP partners are working to reduce the current fragmentation of the efforts to study and develop the use of medicine in children.

News and Events: 2017-06-04 First GRIP meeting - Paris, 6-7 June 2017

Newsletter: The GRIP Newsletter offers insight on GRIP's activities and results, a chance to get to know GRIP members better, and all the updates on the world of paediatric clinical pharmacology.

Focus: GRIP Webinars, Meet the expert in Paediatric Formulation series



## Key Concepts: FDA/EMA Partnerships

- Pediatric Cluster
  - PMDA, HealthCanada, EMA, FDA
  - Common approaches
  - Safety signal and responses
- Monthly Pharmacovigilance Calls (EMA/FDA)

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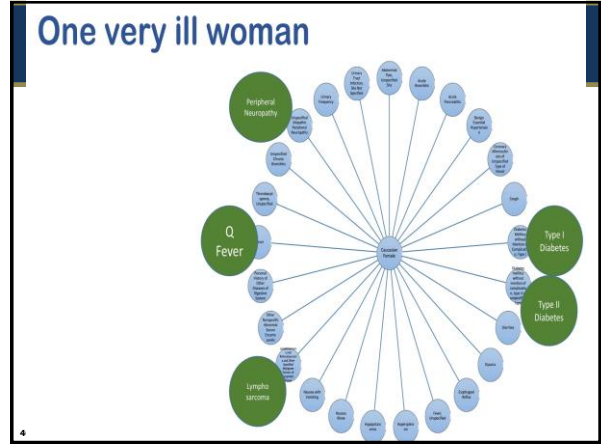
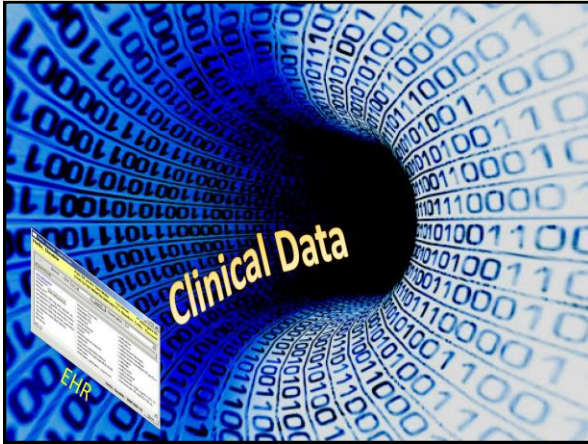
## Key Concepts: Partnerships

- How to bring the right people together
  - Note

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## Challenges and Caveats

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**Google Maps: GIS layers**  
Organized by Geographical Positioning

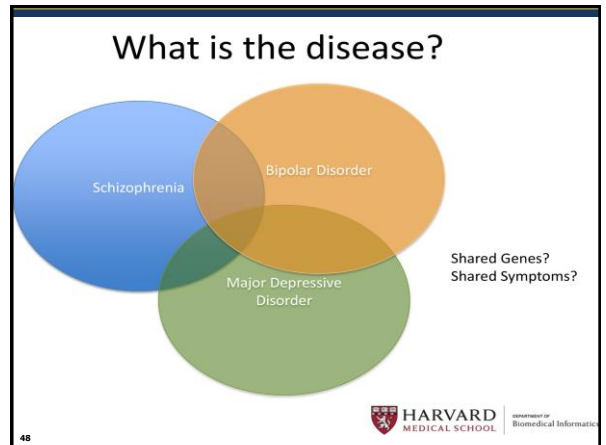
- Transportation
- Land Use
- Census Tracts
- Structures
- Postal Codes
- Raster Imagery

**Information Commons**  
Organized Around Individual Patients

- Exposome
- Signs and Symptoms
- Genome
- Epigenome
- Microbiome
- Other Types of Patient Data
- Individual Patients

Toward Precision Medicine: Building a Knowledge Network for Biomedical Research and a New Taxonomy of Disease  
Report from National academy of science, USA, 2011

HARVARD MEDICAL SCHOOL Department of Biomedical Informatics



Exposure/stage	Outcome/stage	Interval
Penicillin/infancy	anaphylaxis/infancy	20 <i>minutes</i>
SSRIs/pregnancy	bipolar disorder/adulthood	20 <i>years</i>

Concerns about confounding?

Penicillin/anaphylaxis: Interval is too short to be affected by most factors other than exposure

SSRIs/bipolar disorder: Across 20 years and many stages of pediatric development, the number of potential confounders is daunting.



## Biases and Causality Leakage

- Site/specialty effects:
  - Example: obgyns prescribe prozac
- Causality leakage:



(Examples: mortality prediction from pneumonia, ICU)

## Key Concepts: Challenges

- Limitations in phenotypes
  - Note
  - Note
- Heterogeneity in pediatric drug response
  - Note
  - Note

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From your perspective, what barriers do you see in using “Big Data” to support you (or your organization’s) work?

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## Ethics and Regulatory Issues

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## Key Concepts: Ethics/Regulatory

- How actionable are results - regulatory
  - Depends on certainty of data
    - Future state – need standards on certainty, precision
    - Benefit:Risk Considerations
  - CURES – Real World Evidence
- How actionable are results – clinical
  - Depends on certainty of data
  - Guided by regulatory (off-label)
  - Available ≠ Accessible

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## Key Concepts: Ethics/Regulatory

- Changes in clinical and regulatory processes
  - Note
  - Note
- “Big Data” serve regulatory processes
  - Note
  - Note

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## Key Concepts: Ethics/Regulatory

- Adjustments that can be made
  - Recognize importance of trust
  - Where data reside is key
  - Advocate for appropriate ethics oversight

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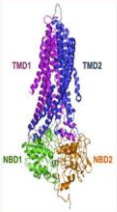
## Next Steps/Future State

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### Genomic Based Mechanism of Action

- Cystic fibrosis is caused by one of nearly 2000 mutations.
- CF drug, ivacaftor which targets G551D mutation in the *CFTR* gene (4% of CF population).
- Delivers increases in FEV<sub>1</sub> ~10%.

Indication gradually expanded to covers further mutations



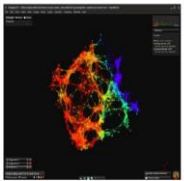
The future

Challenge of determining the level of evidence required to extend indications when further mutations are identified.

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### Looking to the Future

Visualization of the topology of complex data from the U-BIOPRED consortium of adult severe asthma cohorts



Cohorts are generated following the integration of multiple biomarkers

- How are the individual components validated?
- How reproducible are the cohorts?
- How is data weighted within the algorithms to define the cohorts?
- How do you identify the stability of the cohorts over time?
- Are the cohorts translatable to a defined patient population?

Aim: how do we generate certainty for regulatory decision making?

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## Implications for Effective, Safe AIs

Regulation	Research/Tech
<ul style="list-style-type: none"> <li>• Identify scenarios that matter.</li> <li>• Require that data relevant to those scenarios are collected.</li> <li>• Seek explanation, but not transparency.</li> </ul>	<ul style="list-style-type: none"> <li>• Design systems to provide explanation.</li> <li>• Determine how to extract information relevant to scenarios (including proxies).</li> </ul>





### Utility: During Drug Development Life Cycle

- Provide evidence to support acceptability of efficacy extrapolation for a given indication
- Support proof of concept
- Inform need for juvenile toxicity studies
- Identify settings for opportunistic PK studies
- Identify trends in short- and long-term product safety

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### Utility: Overall Product Safety

- Identify previously unrecognized, unlabeled serious ARs
- Capture product safety
  - Broader population (e.g. wider age range, more comorbidities, variable disease severity, variety of concomitant drug use)
  - When co-prescribed with other drugs
  - With off-label use
  - With accidental exposures
  - Related to excipient content

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### Utility: Capturing Long-Term Safety

- Identify trends in safety of products
  - Taken chronically during childhood or over a lifetime
  - Taken for shorter duration but during critical stages of development
- Detect ARs
  - Reversible versus permanent
  - Manifest months to years after product exposure

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What are the most important next steps?

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