

# HOW TO MAKE ADVERSE EVENTS LOOK PRETTY

Robert Snijder





# DISPLAY OF ADVERSE EVENTS

TRADITIONAL

# ADVERSE EVENTS OVERVIEW (A FIRST IMPRESSION)

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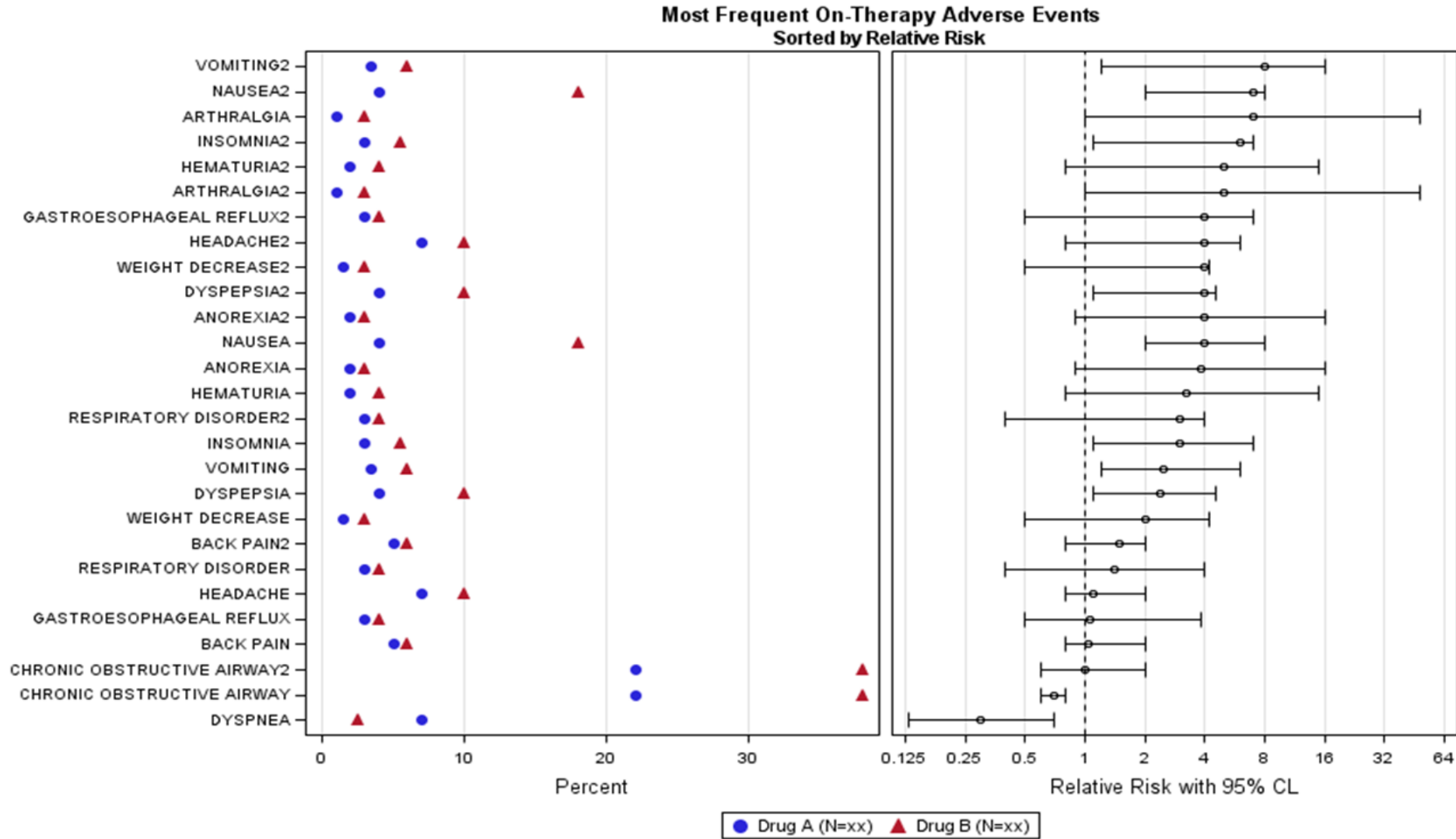
<b>Post Randomization Adverse Event (MedDRA V 13.1)</b>	<b>Treatment A (N=156)</b>	<b>Treatment B (N=157)</b>	<b>Placebo (N=155)</b>
<b>Subjects Experiencing Adverse Events</b>	105 (67.3%)	109 (69.4%)	75 (48.4%)
<b>Subjects Experiencing Serious Adverse Events</b>	20 (12.8%)	13 ( 8.3%)	15 ( 9.7%)
<b>Subjects Experiencing Adverse Events Leading to Permanent Discontinuation of Study/ Study Drug</b>	7 ( 4.5%)	8 ( 5.1%)	3 ( 1.9%)
<b>Death</b>	1 ( 0.6%)	1 ( 0.6%)	2 ( 1.3%)

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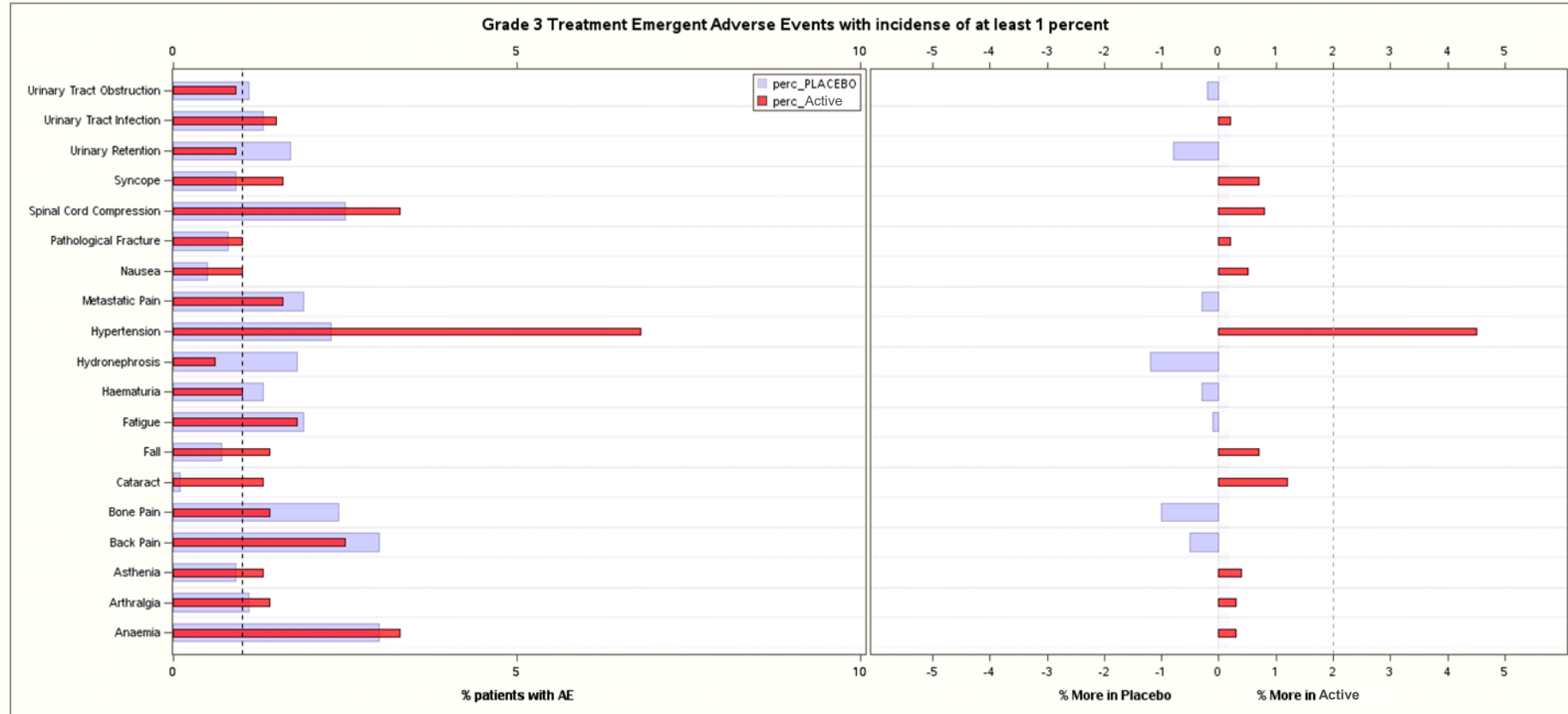
## AND WITH A BIT MORE DETAIL

Post Randomization Adverse Event (MedDRA V 13.1)	Treatment A (N=156)	Treatment B (N=157)	Placebo (N=155)
<b>General disorders and administration site conditions</b>			
Application site erythema	12 ( 7.7%)	14 ( 8.9%)	0
Application site pain	44 (28.2%)	46 (29.3%)	0
<b>Infections and infestations</b>			
Bronchitis	0	8 ( 5.1%)	1 ( 0.6%)
Nasopharyngitis	4 ( 2.6%)	9 ( 5.7%)	8 ( 5.2%)
<b>Investigations</b>			
Blood triglycerides increased	8 ( 5.1%)	3 ( 1.9%)	4 ( 2.6%)
Glycosylated haemoglobin increased	9 ( 5.8%)	5 ( 3.2%)	7 ( 4.5%)
<b>Musculoskeletal and connective tissue disorders</b>			
Arthralgia	8 ( 5.1%)	5 ( 3.2%)	3 ( 1.9%)
Pain in extremity	8 ( 5.1%)	14 ( 8.9%)	3 ( 1.9%)
<b>Nervous system disorders</b>			
Burning sensation	15 ( 9.6%)	15 ( 9.6%)	0
<b>Vascular disorders</b>			
Hypertension	3 ( 1.9%)	10 ( 6.4%)	6 ( 3.9%)

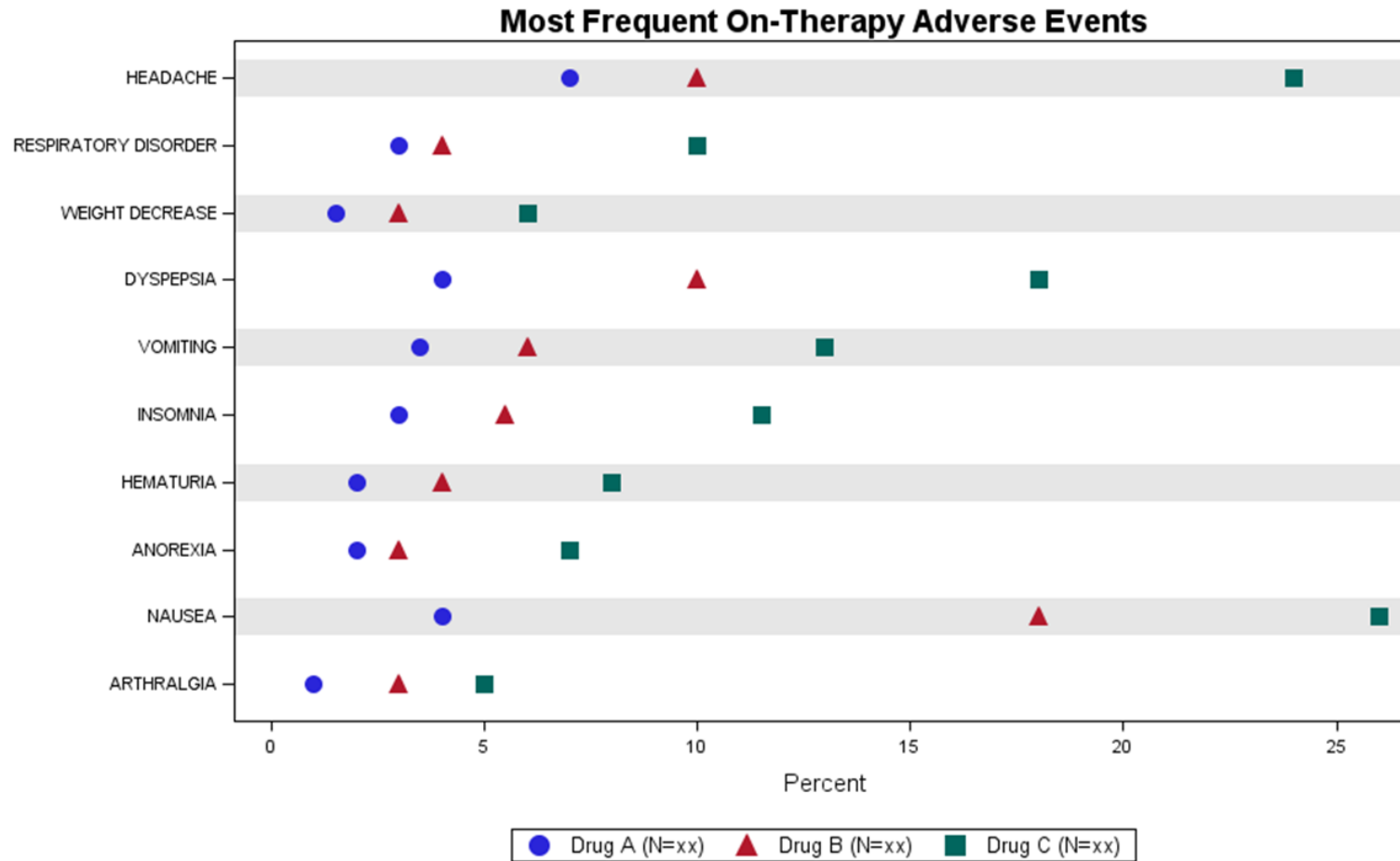
# HEAD TO HEAD COMPARISON – PART 1



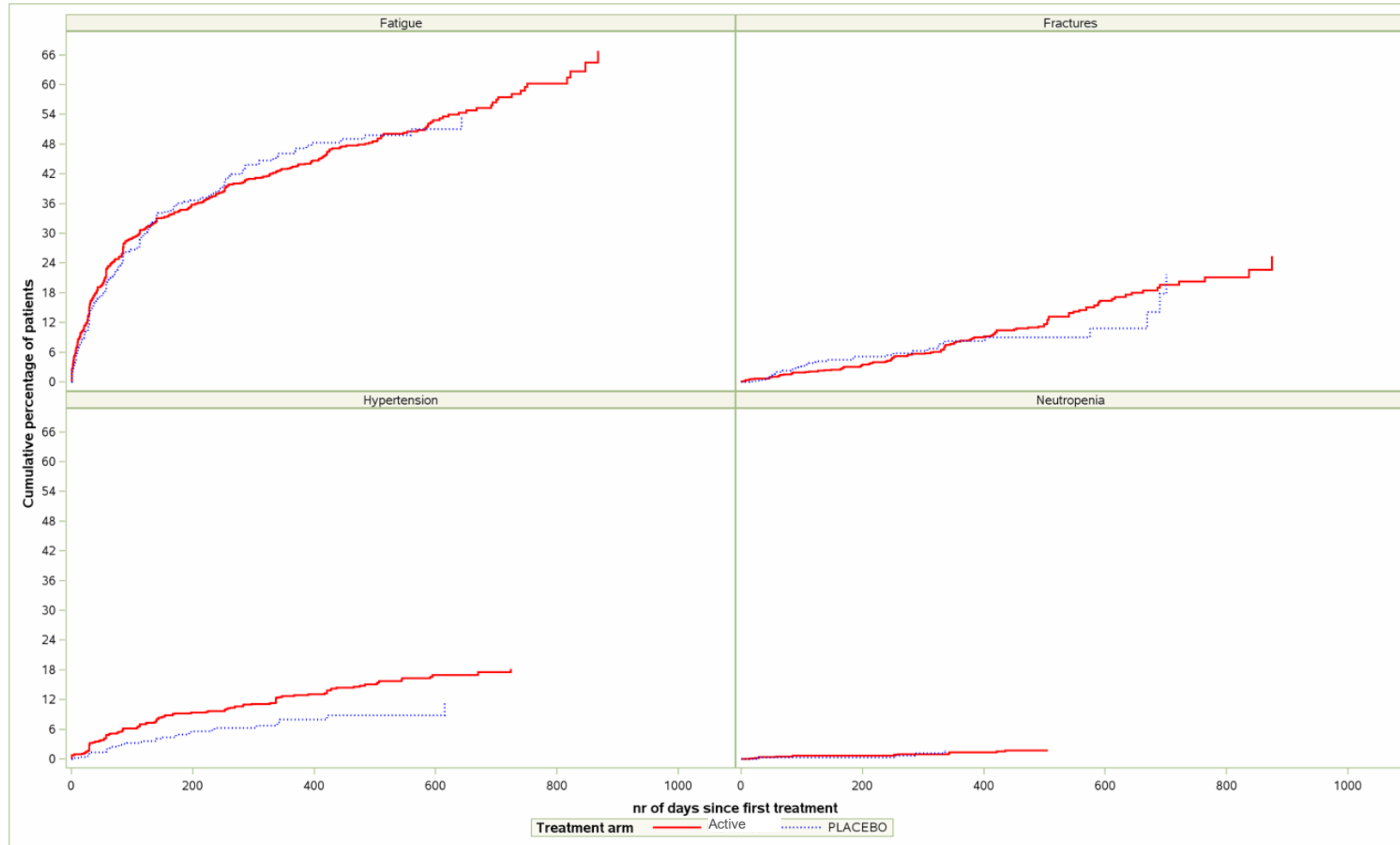
# HEAD TO HEAD COMPARISON – PART 2

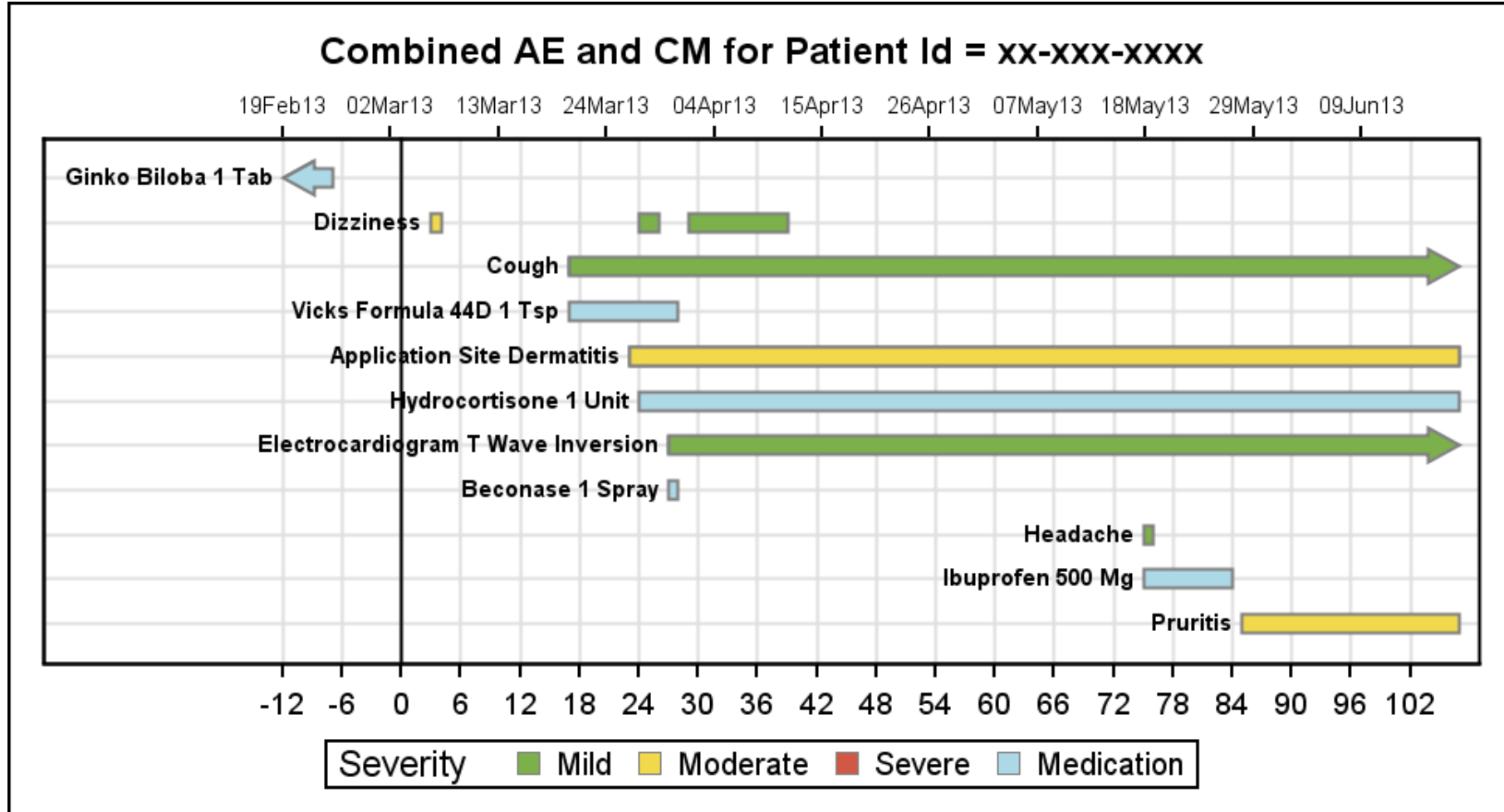


# HEAD TO HEAD COMPARISON - MORE THEN TWO TREATMENTS

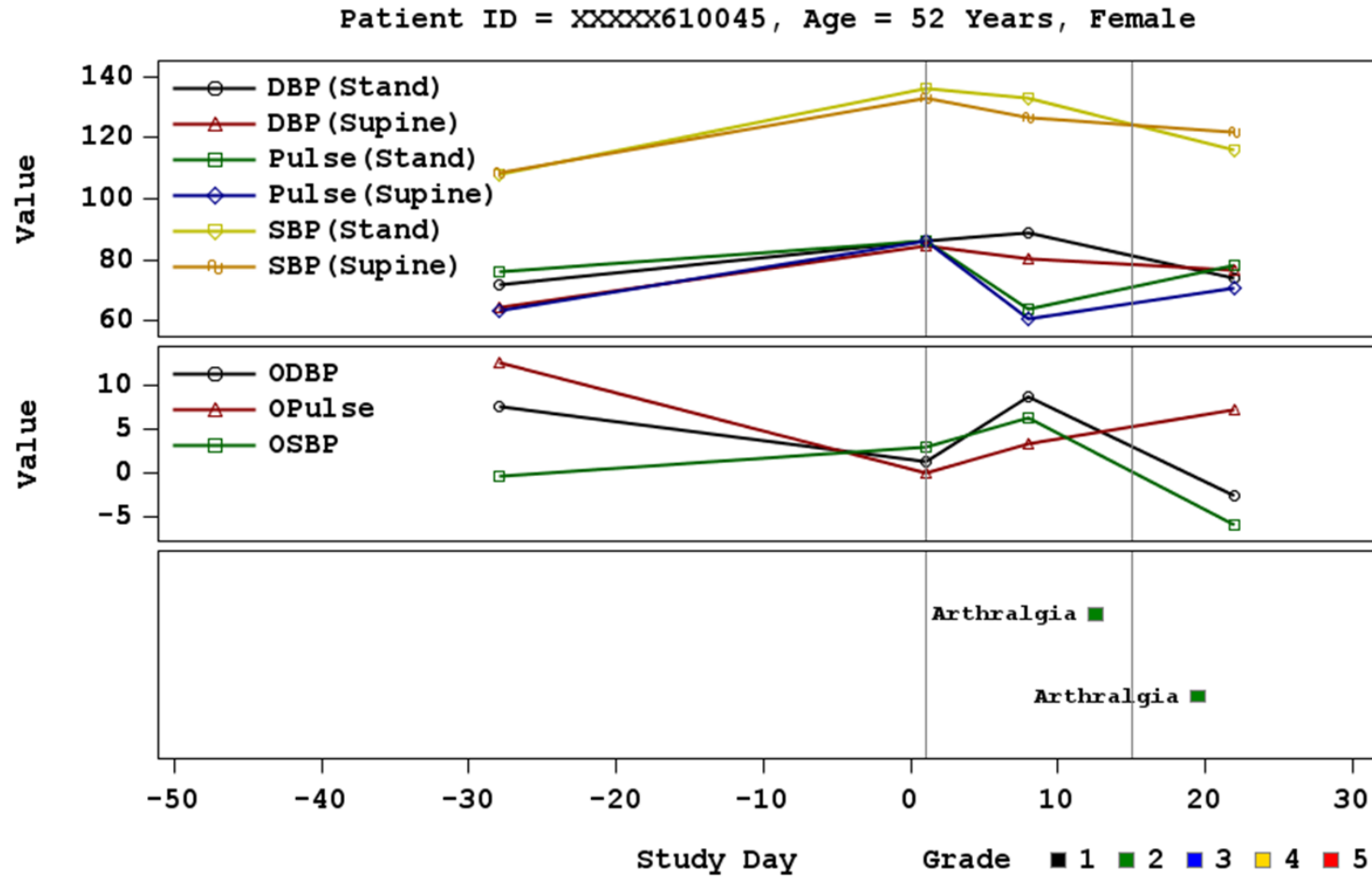


# TIME TO EVENT



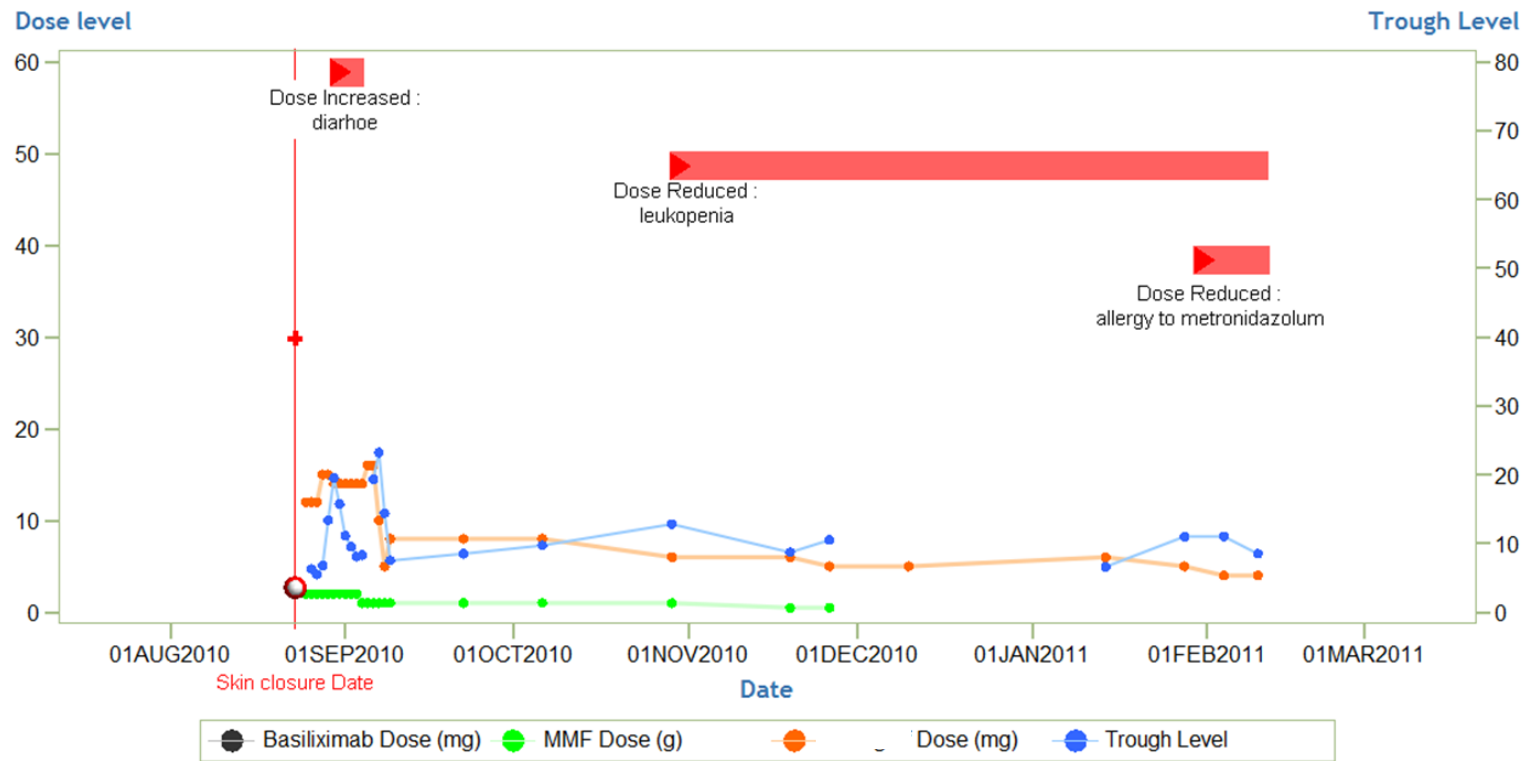


# COMBINING ADVERSE EVENTS WITH LAB DATA



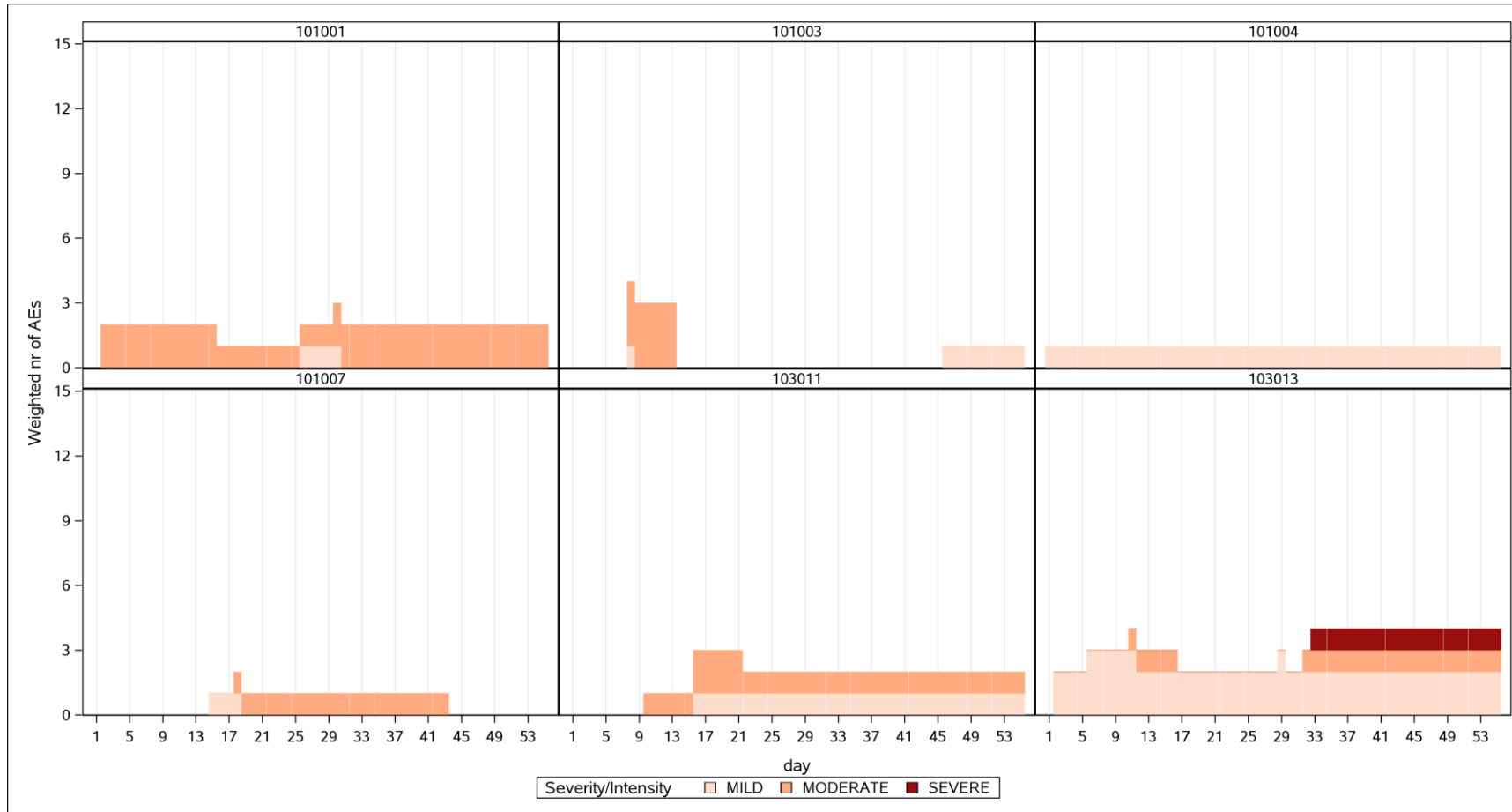
# COMBINING AE'S WITH DOSE LEVELS

Dose level and trough values



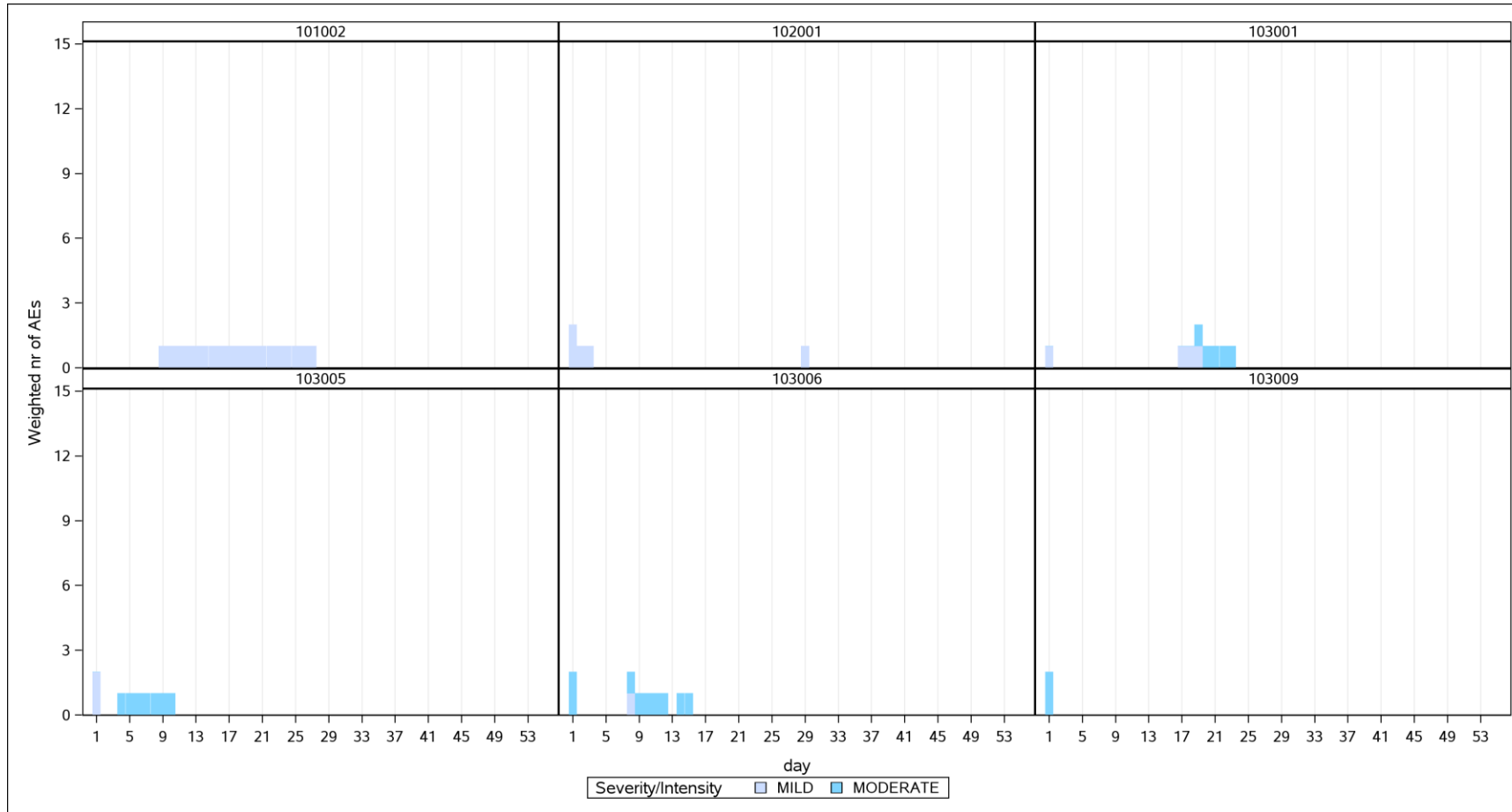
# BURDEN OF THERAPY

# EXAMPLE PATIENTS – TREATMENT A



On each day (day 1 to day 55) the number of AE's present in a single patient are counted, colored by severity

# EXAMPLE PATIENTS – TREATMENT B

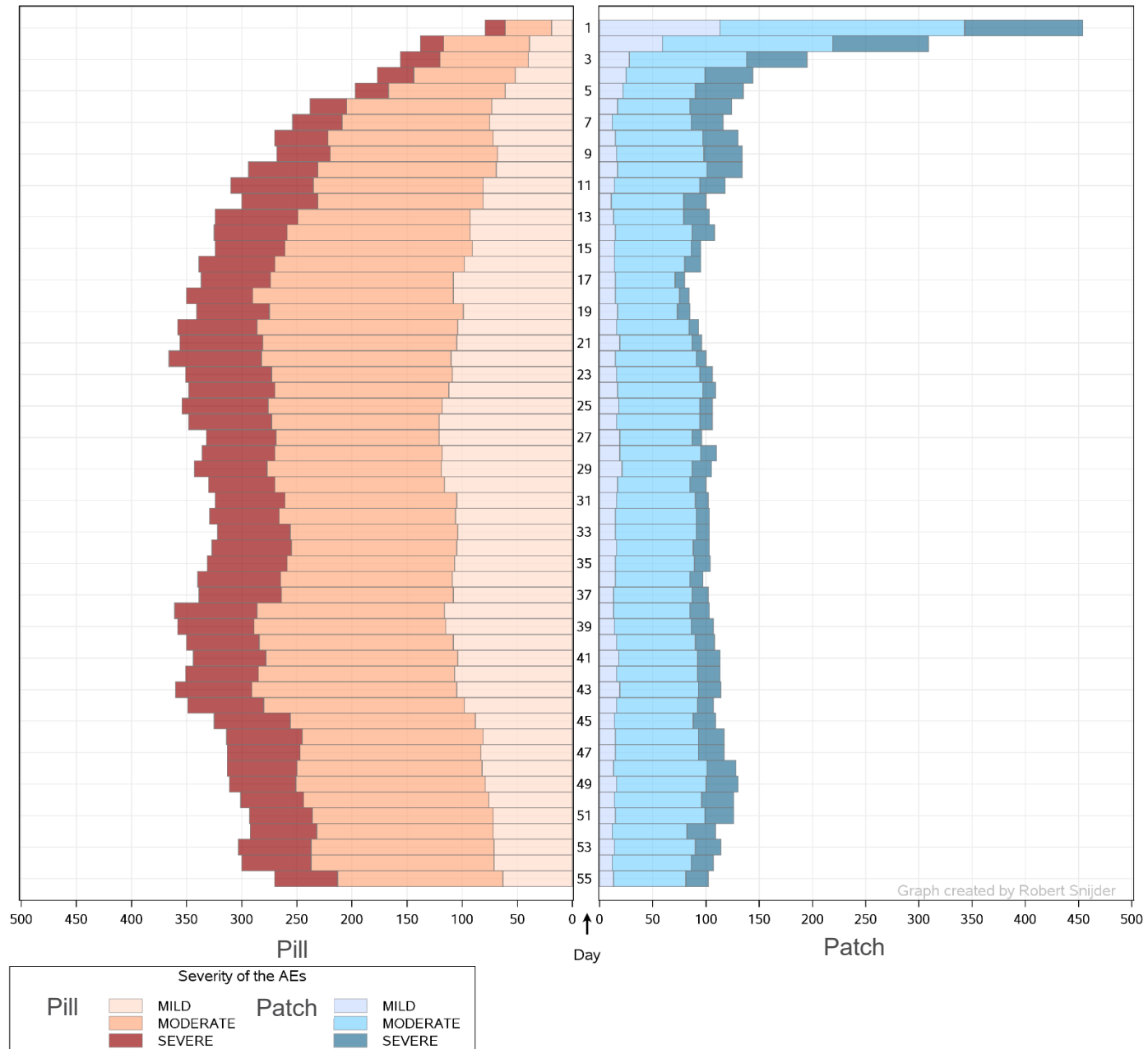


The presence of TEAEs was plotted against study day, such that if a patient reported a TEAE from Days 3 to 5, this TEAE was considered present on Days 3, 4 and 5. If that patient reported TEAEs of differing severity on a single day, the worst severity was taken into account in the analysis.

If an end date was not present in the database, or a TEAE was ongoing, the last study day of the patient was taken as the end day of the TEAE.

In order to visually represent the safety burden experienced by a patient, varied weighting was applied to TEAE severity in each arm in a consistent manner. The presented graph therefore displays the weighted TEAEs per day. For the purposes of example graphs presented in this Presentation, TEAEs that were recorded as mild, moderate, and severe were weighted to represent 1x, 2x, and 3x TEAEs per event per day, respectively.

### Weighted nr of AEs by day and by treatment Weighted by severity



Weight: Mild=1 Moderate=2 Severe=3


Date 11 March 2014

# THINGS FROM THE CRF YOU CAN USE FOR WEIGHTING

## Adverse Event (Collected Throughout study)

Subject:

Page: **Adverse Event**

 Currently viewing line 1 of 1.  
Click here to return to "Complete View".

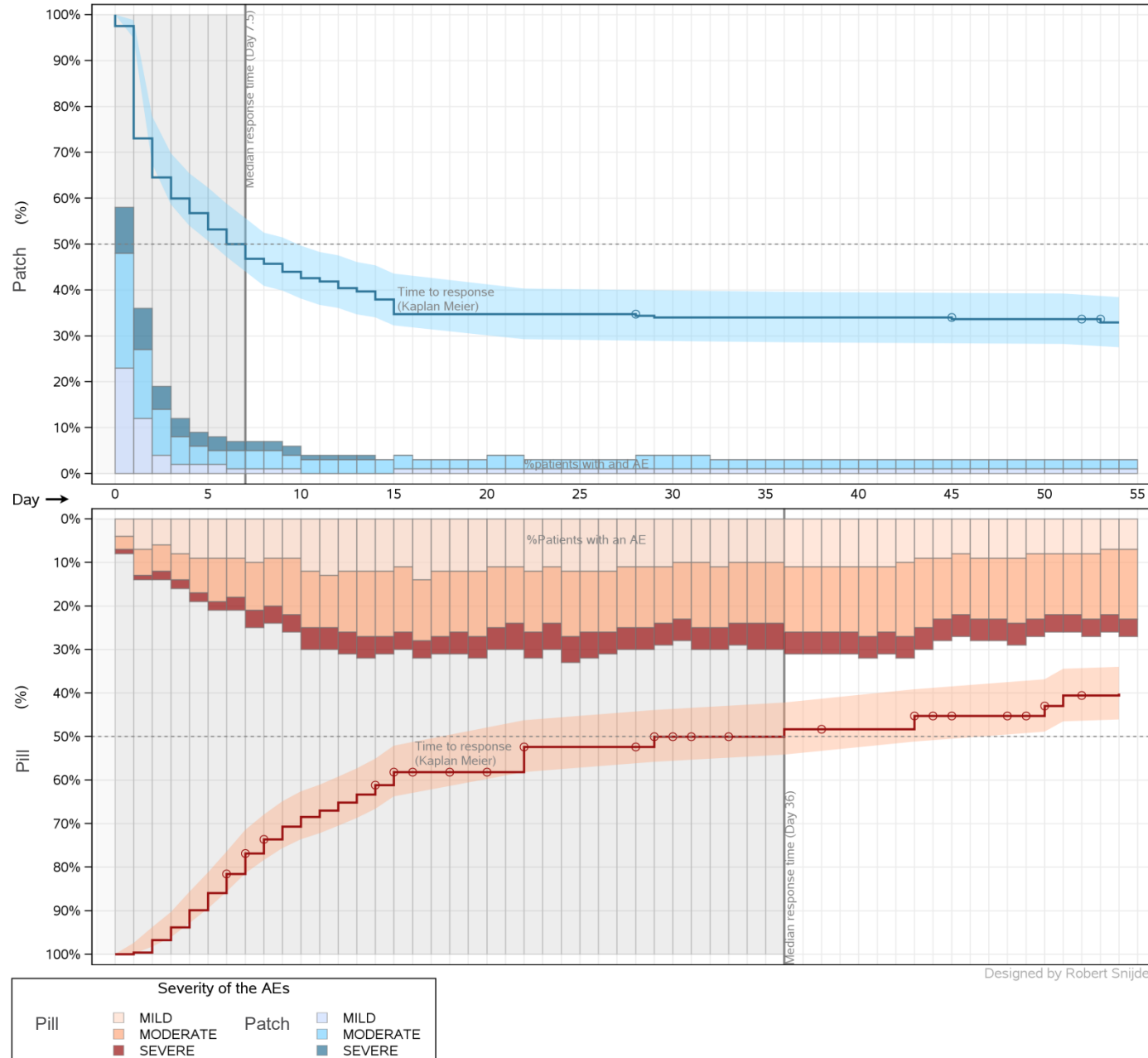
Adverse Event <sup>Ⓜ</sup>	<input type="text"/>
Onset Date (dd/MMM/yyyy) <sup>Ⓜ</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/>
If the onset date is the same day as double blind study drug start date, please select one.	<input type="text"/>
End Date (dd/MMM/yyyy) <sup>Ⓜ</sup>	<input type="text"/> / <input type="text"/> / <input type="text"/>
✓ Outcome <sup>Ⓜ</sup>	<input type="text"/>
✓ Severity <sup>Ⓜ</sup>	<input type="text"/>
✓ Serious AE ? If Seriousness is 'yes', tick all that apply <sup>Ⓜ</sup>	<input type="text"/>
Serious AE number	<input type="text"/>
✓ Death	<input type="checkbox"/>
✓ Requires or prolongs hospitalization	<input type="checkbox"/>
✓ Congenital anomaly	<input type="checkbox"/>
✓ Life-threatening	<input type="checkbox"/>
✓ Persistent or significant disability/incapacity	<input type="checkbox"/>

Other weighting tools might include Utility functions estimated with discrete choice experiments



# COMBINED WITH EFFICACY

Combined graph:  
Time to response and % patients with a RELATED AE per day

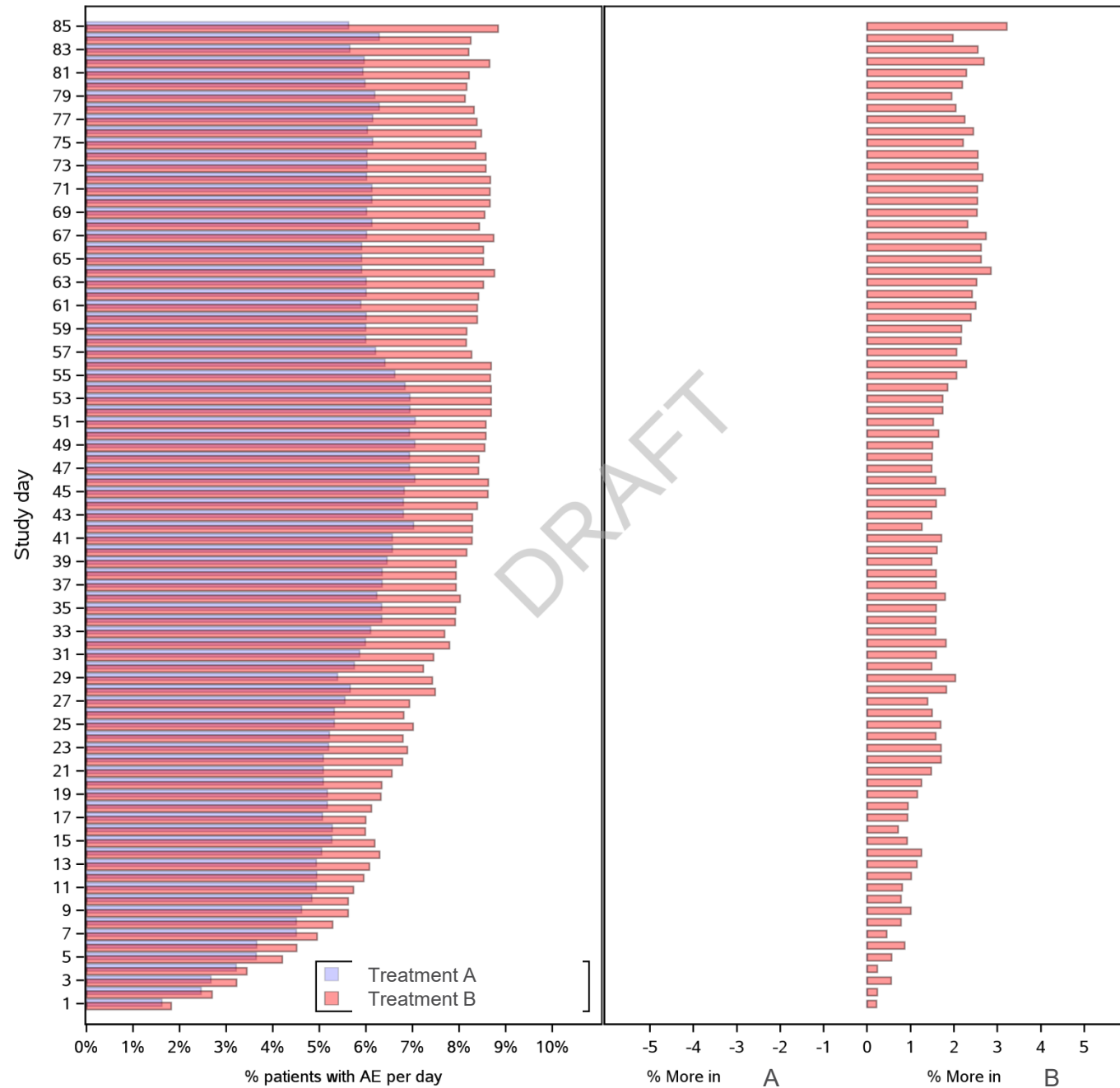


Severity is the worst severity of a patient on a certain day

Date April 2, 2014

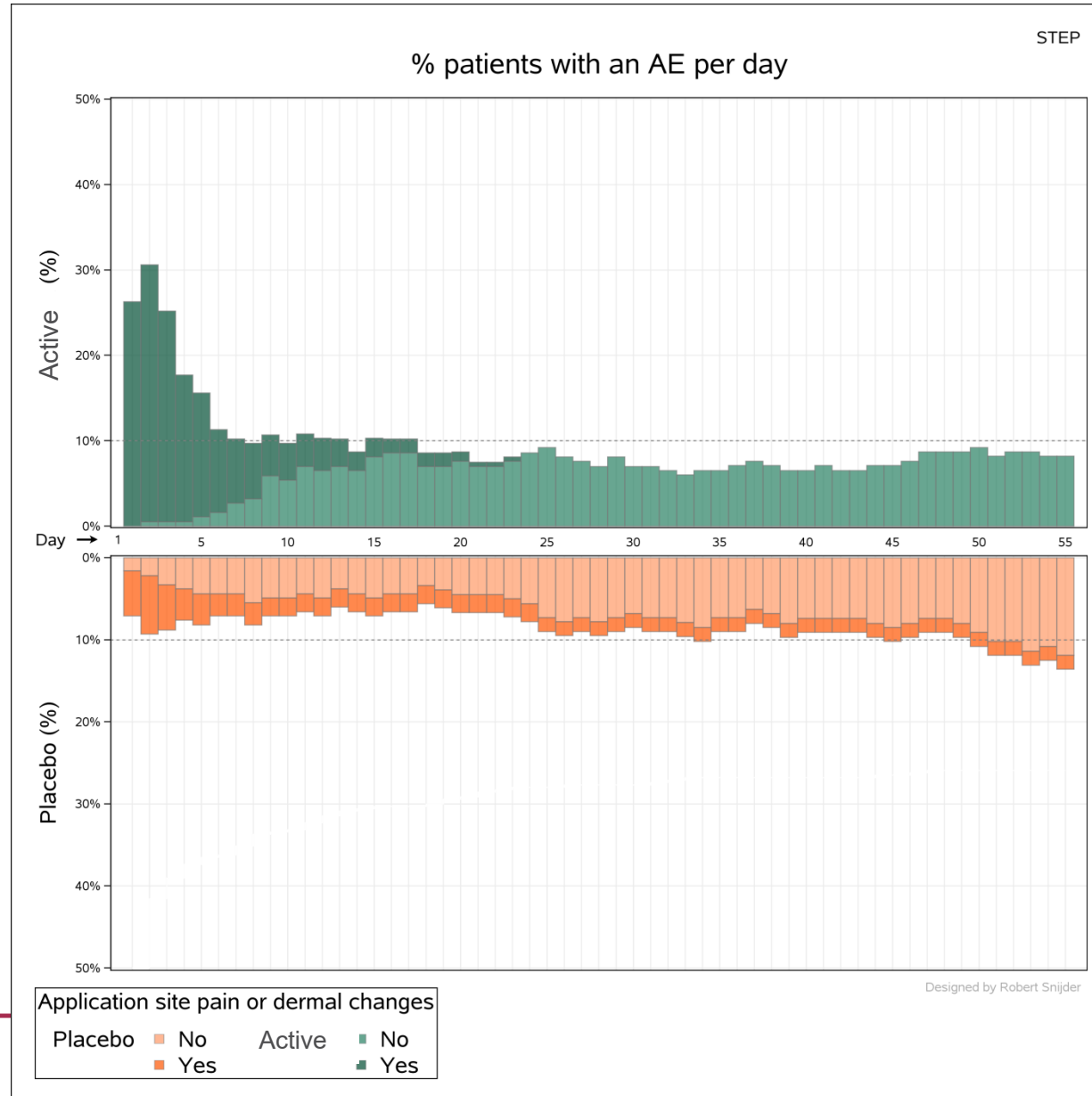


# Difference in percentage of Related Treatment Emergent Adverse Events

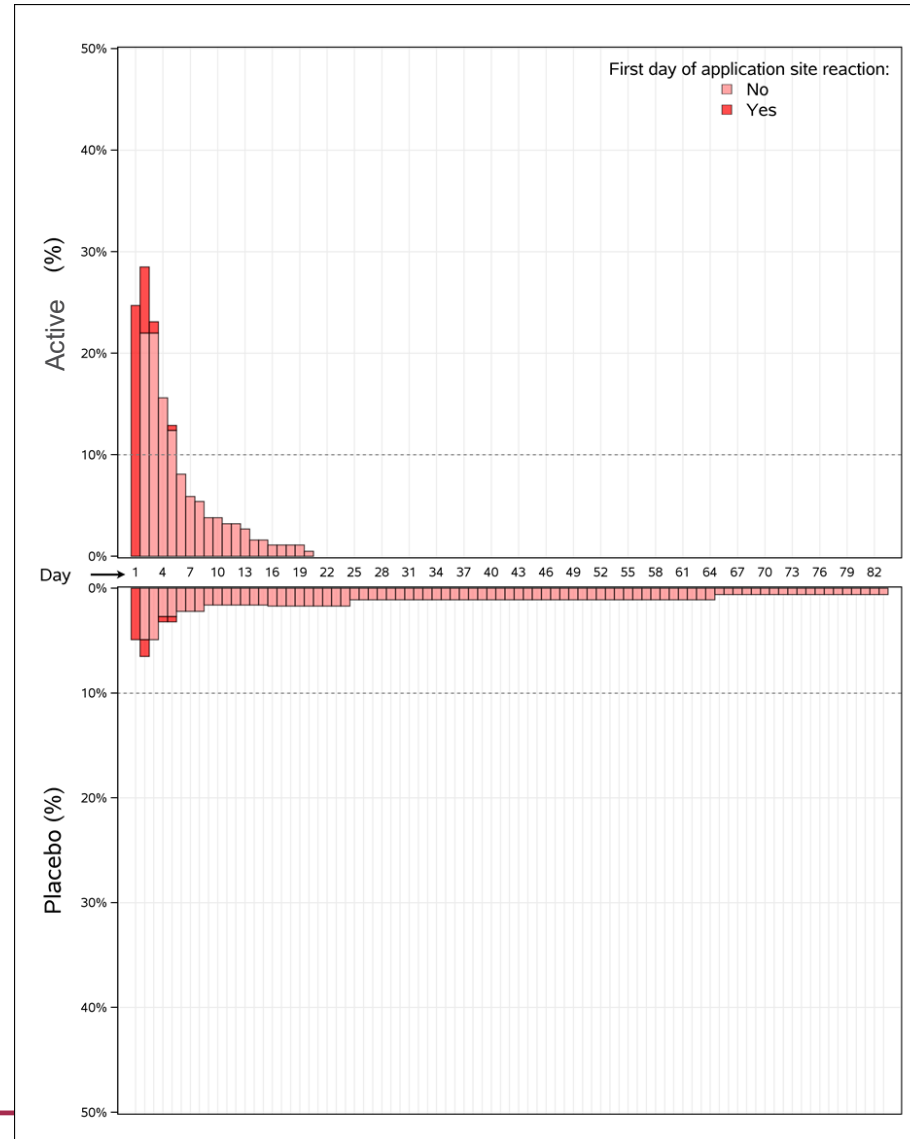


By summing up the burden of each day for each patient, with or without the weighting of events, one can derive an Area Under Curve (AUC) per patient. This will give a burden estimate for each patient (Supplementary Appendix).

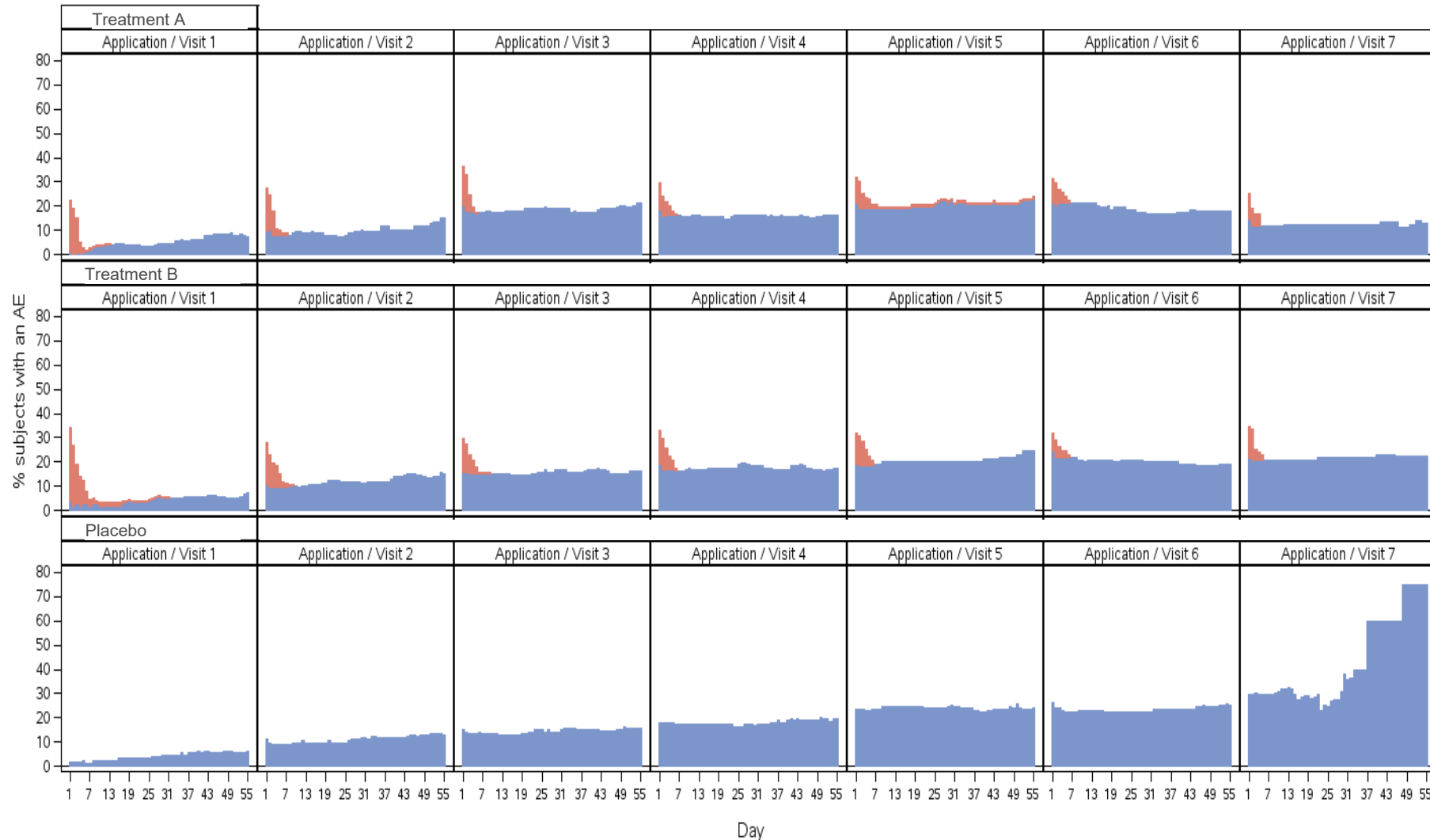
# ADVERSE EVENTS



# DIFFERENT COLORING



# Percentage of Patients with an Adverse Event per Day, multiple periods



# BURDON OF THERAPY PUBLICATION

**Contemporary Clinical Trials Communications**

**Volume 4, 15 December 2016, Pages 186–191**

**A novel standard to evaluate the impact of therapeutic agents on patient safety – The BURDEN OF THERAPY™©\***

**Ayad K. Abdulahad , Robert J. Snijder , Moeen K. Panni , Faysal K. Riaz , Andreas J. Karas**

### **Longitudinal adverse event assessment in oncology clinical trials: the Toxicity over Time (ToxT) analysis of Alliance trials**

*Gita Thanarajasingam, Pamela J Atherton, Paul J Novotny, Charles L Loprinzi, Jeff A Sloan, Axel Grothey*