



PROTECT



Pharmacoepidemiological Research on Outcomes of Therapeutics by a European Consortium

VISUALISING BENEFITS AND RISKS: CONCEPTS AND IDEAS

IMI-PROTECT Symposium

Benefit-Risk Integration and Representation Workshop

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Disclaimer

“The processes described and conclusions drawn from the work presented herein relate solely to the testing of methodologies and representations for the evaluation of benefit and risk of medicines.

This report neither replaces nor is intended to replace or comment on any regulatory decisions made by national regulatory agencies, nor the European Medicines Agency.”

Many research on visualisations



Lack of use in formal B-R assessment

<http://www.fda.gov/downloads/AboutFDA/CentersOfices/CDER/ucm118818.pdf>



Graphics and other formats



Verbal Labels Can Triple Perceived Risk in Clinical Trials

The purpose of this study was to assess whether the use of verbal descriptors, such as "common" and "rare" affects people's perceptions of the risks involved in clinical trials as well as their likelihood of entering into the trial. Participants were required to imagine that they had a serious skin condition and being asked if they would take part in a clinical trial for a new drug. They

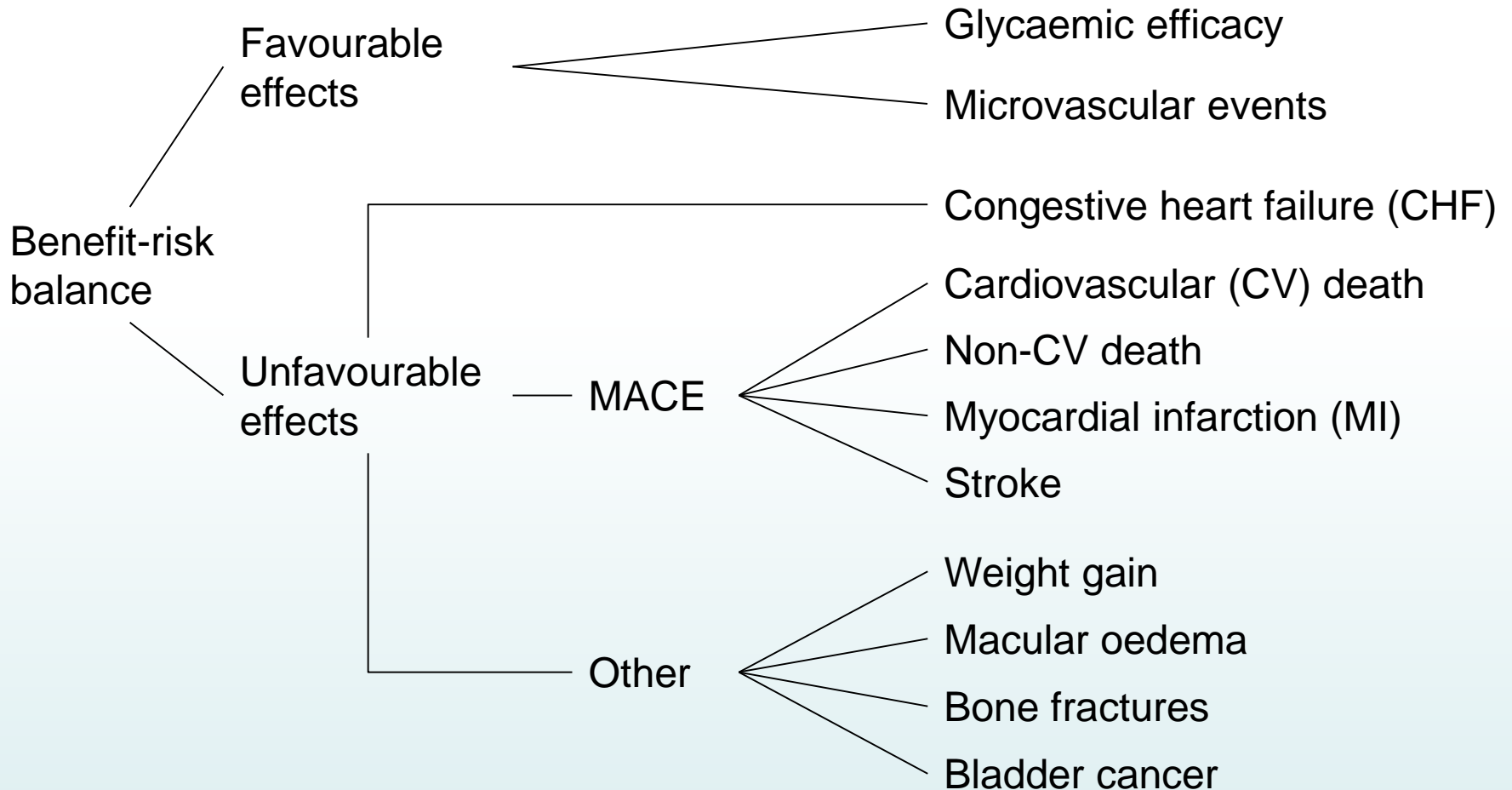
but labels alone or verbal labels with associated numerical values. The results showed that those given just the verbal descriptors were significantly less satisfied with the information, perceived risk to be higher (by a factor of three) and benefit to health to be lower, and indicated that they would be significantly less likely to enter the trial. We recommend that patients are informed

<http://intl-dij.sagepub.com/content/40/3/249.refs>



| | | Treatment A | Treatment B |
|--------------------------------|---|------------------|-----------------|
| Benefits (higher is better) | Physician's view on HDL Cholesterol levels | Mild improvement | No change |
| | Number of people who experience a 10% weight loss | 10 out of 1000 | 450 out of 1000 |
| Risks (lower is better) | Number of people who experience psychiatric conditions | 100 out of 1000 | 1 out of 1000 |
| | Number of people who experience cardiovascular conditions | 1 out of 1000 | 100 out of 1000 |
| | Number of people who experience gastrointestinal conditions | 1 out of 1000 | None |

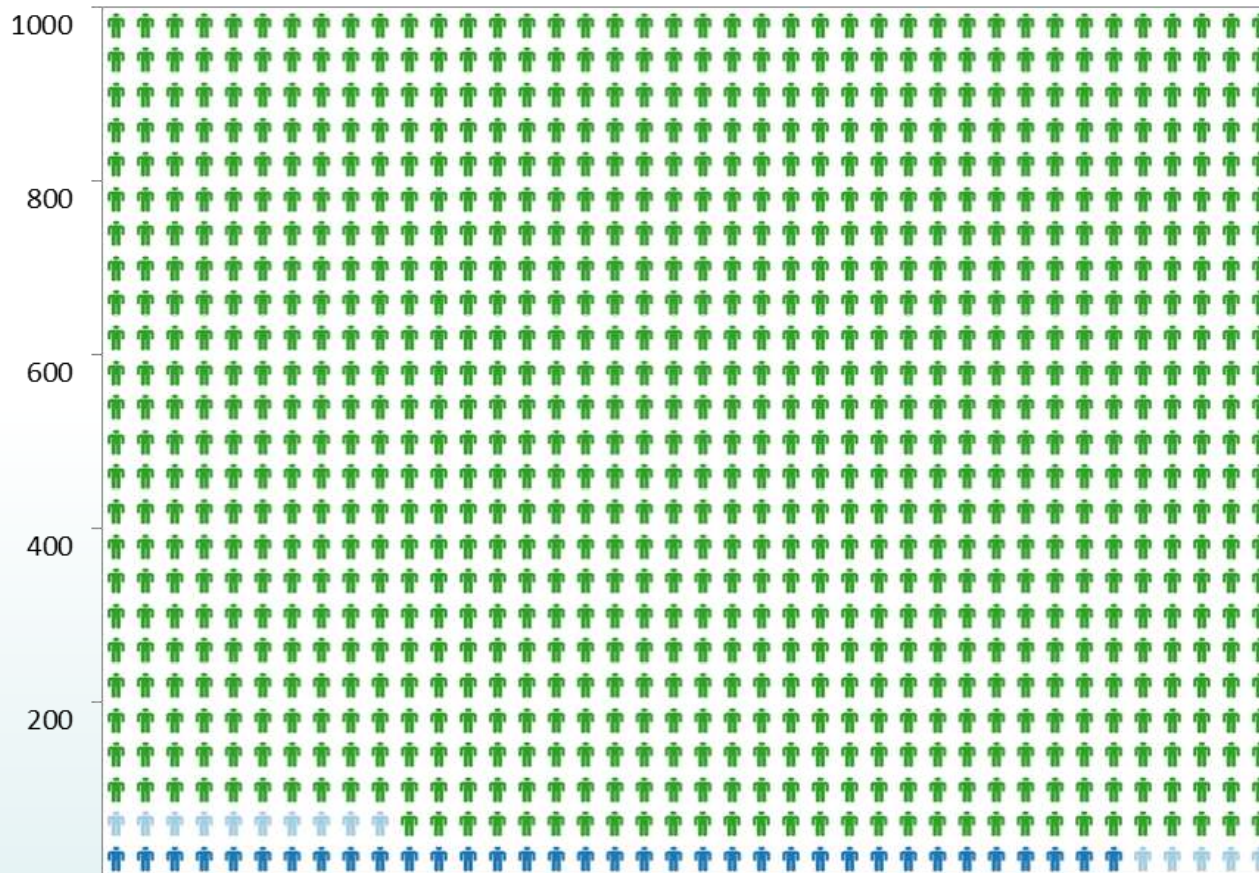
Tree diagram – a value tree



Effects table

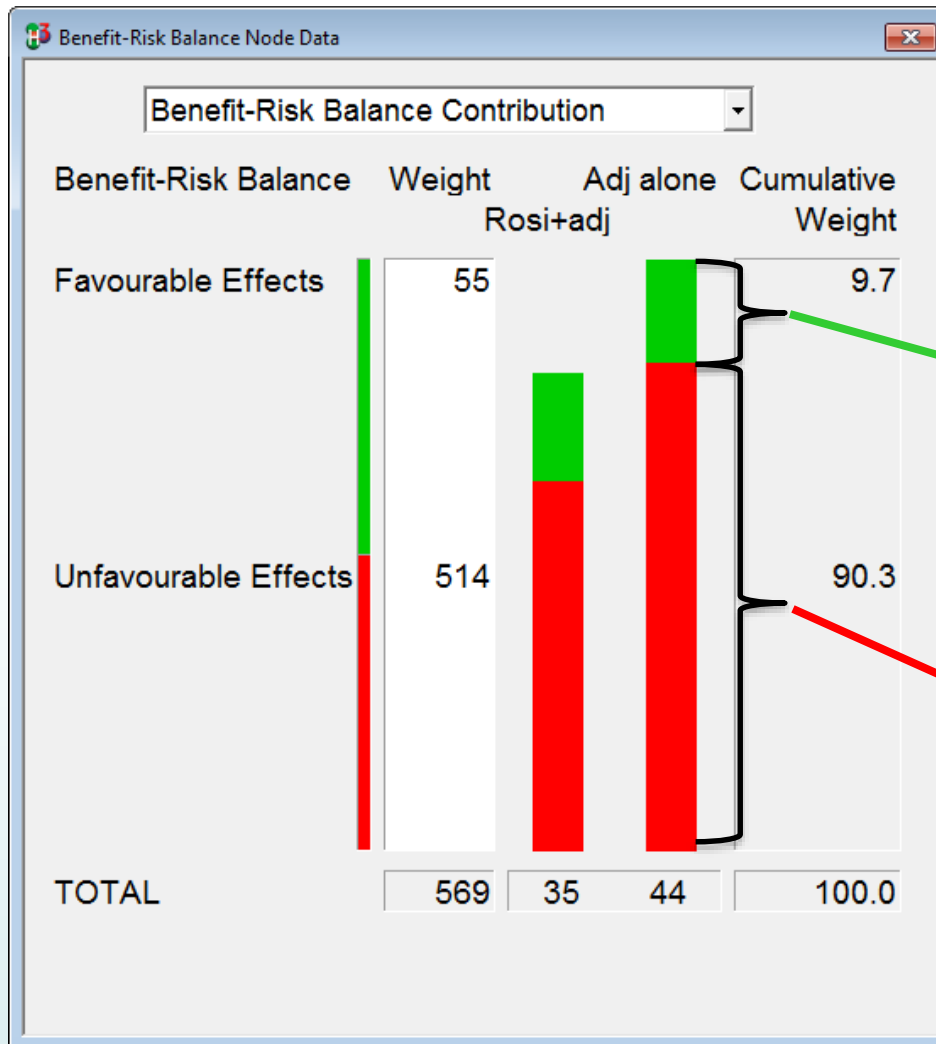
| | Name | Description | Fixed Upper | Fixed Lower | Unit | Rosi + adjunct | Adjunct only | |
|----------------------|-----------------------|---|---|-------------|-------|----------------|--------------|------|
| Favourable effects | Glycaemic efficacy | (A surrogate marker of the quality of glucose regulation.) Mean change from baseline in the proportion of Hb in which A1c is greater than 48 mmol/ml. | 5.00 | -5.00 | % | -1.18 | 0.06 | |
| | Micro-vascular events | Incidence of new cases of microvascular events compared to baseline (Retinopathy requiring photocoagulation, vitreous haemorrhage, & fatal or non-fatal renal failure.) | 20.00 | 0.00 | % | 2.70 | 3.50 | |
| Unfavourable Effects | CHF | Proportion of patients experiencing congestive heart failure during the study period. | 4.00 | 0.00 | % | 3.69 | 1.89 | |
| | MACE | CV death | The proportion of patients who died from any cardiovascular event including stroke. | 4.00 | 0.00 | % | 2.70 | 3.19 |
| | | Non-CV death | The proportion of patients who died from any non-cardiovascular event including stroke. | 4.00 | 0.00 | % | 2.97 | 3.86 |
| | | MI | Proportion of patients who experience a non-fatal heart attack. | 5.00 | 0.00 | % | 3.33 | 3.01 |
| | | Stroke | Proportion of patients who experience a non-fatal ischemia stroke. | 5.00 | 0.00 | % | 1.94 | 2.83 |
| | | Weight gain | Mean change from baseline in weight gain at 1 yr. | 10.00 | -5.00 | Kg | 3.80 | 0 |
| | Other | Macular oedema | Proportion of patients who experience macular oedema. | 1.00 | 0.00 | % | 1.27 | 0.23 |
| | | Bone fractures | Proportion of patients experiencing bone fractures. | 3 | 0 | % | 8.33 | 5.3 |
| Bladder cancer | | Proportion of patients contracting bladder cancer. | 1.00 | 0.00 | % | 0.27 | 0.22 | |

Pictogram



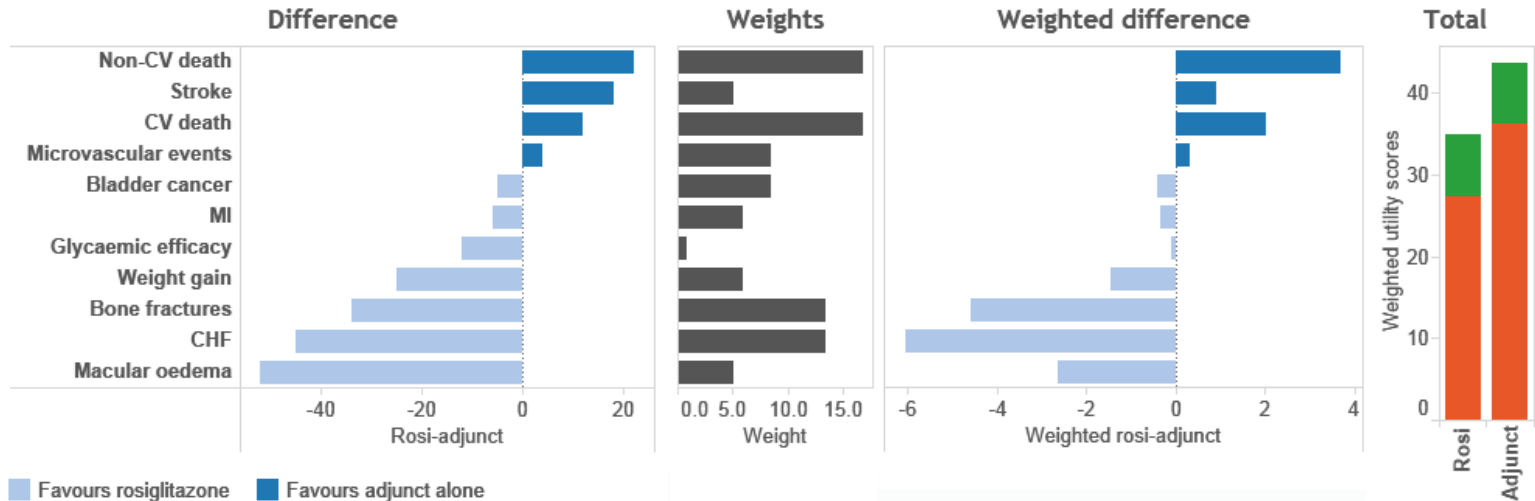
- ♣ Patients who will die from any-cause over a course of one year whether they take warfarin or not
- ♣ Patients who will be saved from dying by any-cause over a course of 1 year by taking warfarin
- ♣ Patients who will not die from any-cause over a course of one year whether they take warfarin or not

Stacked bar graph





Interactive visual display



Green bar: Benefit
Orange bar: Safety

Drag sliders to assign weights on criteria

Non-CV death

50

CV death

50

Stroke

15

Microvascular events

25

Glycaemic efficacy

2.5

Myocardial infarction

17.5

Bladder cancer

25

Weight gain

17.5

Macular oedema

15

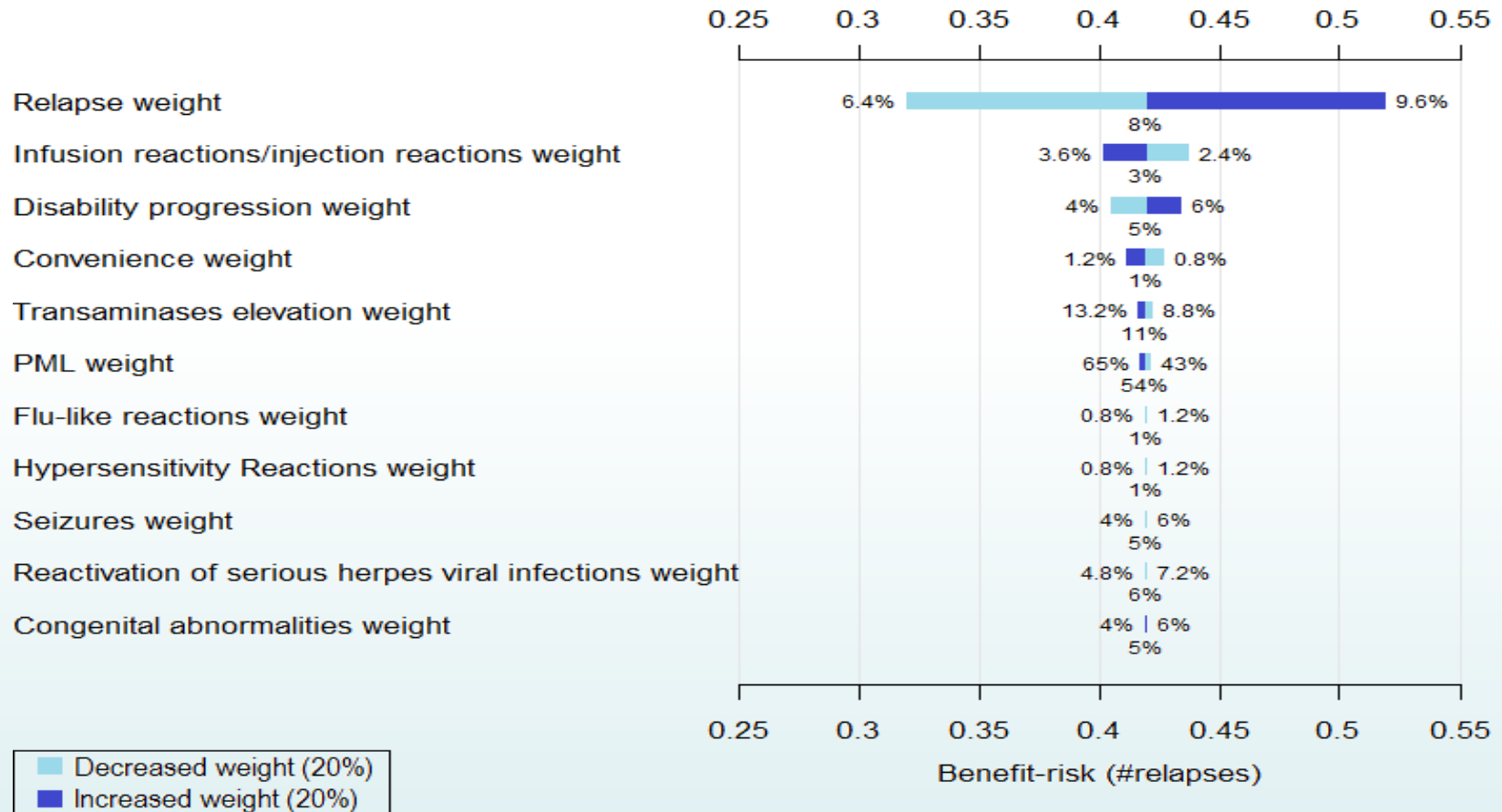
Bone fractures

40

CHF

40

Tornado-diagram



Remarks on visual representation

- No one visual type fits all
- Different visual types carry information differently
- Different user may prefer different visual representation – cannot always generalise
 - Visual type preference study shows preference towards tables and bar graphs
 - Understanding and/or preferences may still be affected by the actual information being displayed
- Visual representation formats should be tested with the intended audience before actual use

ACKNOWLEDGEMENT

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