

# Safety Evaluation of Adverse Reactions in Diabetes - Comparative studies (SAFEGUARD)

**First published:** 17/09/2012

**Last updated:** 02/07/2024

Study

Finalised

## Administrative details

### EU PAS number

EUPAS2895

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### Study ID

20765

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### DARWIN EU® study

No

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### Study countries

- Germany
- Italy
- Netherlands
- Spain

United Kingdom

United States

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### **Study description**

Safety issues associated with blood glucose lowering drugs are not new, the safety of these treatments has been questioned and highly publicized. It has been reported that some of them increase the risk or modify the prognosis of cancer, cardiovascular (CVD) or pancreatic diseases. The primary objective of the comparative studies in SAFEGUARD is to estimate the risk of myocardial infarction (MI), heart failure (HF), ventricular arrhythmia (VA)/sudden cardiac death (SCD), ischemic stroke (IS), hemorrhagic stroke (HS), acute pancreatitis (AP), pancreatic cancer (PC), bladder cancer (BC) and total mortality (TM) associated with the use of non-insulin blood glucose lowering drugs (NIBGLD), insulins and insulin analogs in subjects with T2DM. Data collected in 9 different electronic health databases from 5 different European countries the USA will be used. Nested case control studies in a cohort of T2DM patients will be conducted to assess the association of NIBGLD, insulins, and insulin analogs with MI, HF, VA/SCD, IS, HS, AP, BC and PC and a dynamic retrospective cohort study to estimate the association with TM. For the estimation of the risk, in the case control studies, cases will be compared with matched controls and adjusted for potential confounders. Conditional logistic regression will be used to calculate the unadjusted and adjusted odds ratios (ORs) with their 95% confidence intervals (CIs) with reference to another active compound. For the cohort studies, hazard ratios and incidence rates (IR) and the relative risk for TM with their 95% CIs will be estimated using Cox-regression. Time varying analyses will be conducted for estimation of the effect of duration of treatment. All analyses will be performed for each database separately and the heterogeneity among databases will be examined (e.g., I<sup>2</sup>). Advanced methodologies, subanalyses and sensitivity analyses will be carried out to deal with methodological issues. (i.e propensity scores, etc).

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## Study status

Finalised

## Research institutions and networks

### Institutions

#### Erasmus Medical Centre Rotterdam

**First published:** 01/02/2024

**Last updated:** 01/02/2024

Institution

#### Novo Nordisk

#### Consorzio Mario Negri Sud (CMNS)

Italy

**First published:** 17/01/2011

**Last updated:** 20/08/2024

Institution

Not-for-profit

#### Health Search, Italian College of General Practicioners

Italy

**First published:** 02/03/2010

**Last updated:** 20/08/2024

**Institution**

Educational Institution

Other

## Leibniz Institute for Prevention Research and Epidemiology - BIPS

Germany

**First published:** 29/03/2010

**Last updated:** 30/03/2026

**Institution**

Not-for-profit

ENCePP partner

## Pharmacy & Pharmacology, University of Bath

United Kingdom

**First published:** 30/04/2010

**Last updated:** 08/04/2019

**Institution**

Outdated

Educational Institution

Hospital/Clinic/Other health care facility

ENCePP partner

## The PHARMO Institute for Drug Outcomes Research (PHARMO Institute)

Netherlands

**First published:** 07/01/2022

**Last updated:** 19/12/2025

**Institution**

**Non-Pharmaceutical company**

**ENCePP partner**

## RTI Health Solutions (RTI-HS)

France

Spain

Sweden

United Kingdom

United Kingdom (Northern Ireland)

United States

**First published:** 21/04/2010

**Last updated:** 13/03/2025

**Institution**

**Not-for-profit**

**ENCePP partner**

## Department of Medical Informatics - Health Data Science, Erasmus Medical Center (ErasmusMC)

Netherlands

**First published:** 03/11/2022

**Last updated:** 02/05/2024

**Institution**

**Educational Institution**

**ENCePP partner**

AEMPS Spain, UNIMIB Italy, BWH United States of America

## Contact details

### Study institution contact

Miriam Sturkenboom [mcjm.sturkenboom@gmail.com](mailto:mcjm.sturkenboom@gmail.com)

**Study contact**

[mcjm.sturkenboom@gmail.com](mailto:mcjm.sturkenboom@gmail.com)

### Primary lead investigator

Miriam Sturkenboom

**Primary lead investigator**

## Study timelines

### Date when funding contract was signed

Planned: 23/08/2011

Actual: 23/08/2011

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**Study start date**

Planned: 20/09/2012

Actual: 20/09/2012

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**Date of final study report**

Planned: 30/09/2015

Actual: 30/09/2015

## Sources of funding

- EU institutional research programme

## More details on funding

Health Area of the European Commission under the VII Framework Programme

## Study protocol

[ENCEPP\\_SDPP\\_2895\\_Finalprotocol.pdf](#) (968.53 KB)

## Regulatory

**Was the study required by a regulatory body?**

Yes

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

### Study type

### Study type list

**Study topic:**

Disease /health condition  
Human medicinal product

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**Study type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

**Data collection methods:**

Secondary use of data

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**Main study objective:**

The main objective of these observational studies is to estimate the risk of myocardial infarction (MI), heart failure (HF), ventricular arrhythmia (VA)/sudden cardiac death (SCD), ischemic stroke (IS), hemorrhagic stroke (HS), acute pancreatitis (AP), pancreatic cancer (PC), bladder cancer (BC) and total mortality (TM) associated with the use of NIBGLD and insulins and insulin analogs.

## Study Design

**Non-interventional study design**

Case-control  
Cohort

## Study drug and medical condition

## **Anatomical Therapeutic Chemical (ATC) code**

(A10) DRUGS USED IN DIABETES

DRUGS USED IN DIABETES

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## **Medical condition to be studied**

Type 2 diabetes mellitus

## **Population studied**

### **Short description of the study population**

All patients in the databases during the study period who have at least 365 consecutive days of valid data with at least one prescription/dispensing of a NIBGLD (ATC: A10B - Annex 1) or insulin or insulin analogues (ATC: A10A - Annex 1) in the study period.

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### **Age groups**

- Adolescents (12 to < 18 years)
  - Children (2 to < 12 years)
  - Infants and toddlers (28 days - 23 months)
  - Term newborn infants (0 - 27 days)
  - Adults (18 to < 46 years)
  - Adults (46 to < 65 years)
  - Adults (65 to < 75 years)
  - Adults (75 to < 85 years)
  - Adults (85 years and over)
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### **Special population of interest**

Other

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## **Special population of interest, other**

Diabetes mellitus patients

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### **Estimated number of subjects**

2200000

## **Study design details**

### **Outcomes**

The primary objective of these observational studies is to estimate the risk of myocardial infarction (MI), heart failure (HF), ventricular arrhythmia (VA)/sudden cardiac death (SCD), ischemic stroke (IS), hemorrhagic stroke (HS), acute pancreatitis (AP), pancreatic cancer (PC), bladder cancer (BC) and total mortality (TM) associated with the use of NIBGLD and insulins and insulin analogs. To assess the background rates of the different events of interest in the population of subjects with T2DM

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### **Data analysis plan**

The incidence rate (IR) and direct standardized incidence rates (SIRs) with the 95% confidence interval (95%CI) of each outcome of interest in each database will be estimated at the population level for harmonization purposes. To assess the risk of the outcomes of interest (MI, HF, VA/SCD, HS, IS, AP, PC and BC), associated with the use of NIBGLD and insulins and insulin analogues, Conditional logistic regression will be used to calculate the unadjusted and adjusted odds ratios (ORs) with their 95% confidence intervals (CIs) with reference to another active compound which will be selected based on drug utilization studies. For the cohort studies, hazard ratios and incidence rates (IR) as well as the relative risk for TM with their 95% CIs will be estimated using Cox-regression analysis. All analyses will at first be performed for each database(DB) separately and the heterogeneity among DBs will be examined

through heterogeneity indexes. Different sensitivity analyses will be performed

## Documents

### Study results

[Safety Evaluation of Adverse Reactions in Diabetes\\_report.pdf](#) (954.98 KB)

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## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

This study has been awarded the ENCePP seal

### Conflicts of interest of investigators

[DoI\\_MStukenboom\\_EMCC.pdf](#) (1.46 MB)

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### Composition of steering group and observers

[ENCEPP\\_SDPP\\_2895\\_Scientific Advisory Board.pdf](#) (77.91 KB)

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### Signed code of conduct

[2012-0013\\_DoC Code of Conduce\\_SDPP-2895.pdf](#) (33.53 KB)

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### Signed code of conduct checklist

[2012-0013\\_Checklist of the CoC\\_SDPP-2895.pdf](#) (1.05 MB)

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## Signed checklist for study protocols

[2012-0013\\_Checklist Study Protocl\\_SDPP-2895.pdf](#) (182 KB)

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## Data sources

### Data source(s)

Clinical Practice Research Datalink

Health Search/IQVIA Health Longitudinal Patient Database

Integrated Primary Care Information (IPCI)

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### Data source(s), other

CPRD, Health Search/CSD LPD, IPCI

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### Data sources (types)

[Administrative healthcare records \(e.g., claims\)](#)

[Drug dispensing/prescription data](#)

[Electronic healthcare records \(EHR\)](#)

## Use of a Common Data Model (CDM)

### CDM mapping

No

## Data quality specifications

### Check conformance

Unknown

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### **Check completeness**

Unknown

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### **Check stability**

Unknown

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### **Check logical consistency**

Unknown

## Data characterisation

### **Data characterisation conducted**

No