Additional Pharmacovigilance Study to Evaluate the Risks of Major Hemorrhage With the Administration of IMBRUVICA® (ibrutinib)

First published: 12/02/2019

Last updated: 02/07/2024

Study Finalised

Administrative details

EU PAS number

EUPAS27376

Study ID

27377

DARWIN EU® study

No

Study countries

United States

Study description

HaemorrhageSince for technical reasons haemorrhage is not in the MedDRA PT for selection and no more than 10 MedDRA Lower Level Terms (LLTs) can be selected, the most important terms from the available list of terms are provided (broader terms (PT or HLT) in that field,Cerebral, Subdural, and Subarachnoid hemorrhage

Study status

Finalised

Research institutions and networks

Institutions

NA, retrospective database analysis

Contact details

Study institution contact

Maria Cleveland-Jones RA-RNDUS-ClnclTrlsEU@its.jnj.com

Study contact

RA-RNDUS-ClnclTrlsEU@its.jnj.com

Primary lead investigator

Maria Cleveland-Jones

Primary lead investigator

Study timelines

Date when funding contract was signed
Planned: 28/01/2016

Actual: 28/01/2016

Study start date
Planned: 25/02/2009

Actual: 03/10/2008

Date of final study report
Planned: 12/12/2018

Actual: 13/12/2018

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Janssen Research & Development

Regulatory

Was the study required by a regulatory body?

Yes

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

EU RMP category 3 (required)

Methodological aspects

Study type

Study type list

Study topic:

Disease /health condition

Human medicinal product

Study type:

Non-interventional study

Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

Data collection methods:

Secondary use of data

Main study objective:

Primary objective: to characterize the risks of major hemorrhage associated with ibrutinibtherapy in various patient populations from all completed clinical trials and postmarketingsources. Secondary objective: To evaluate the risks of major hemorrhagic events and theirpotential association with the concomitant use of anti-platelet and/or anticoagulant drugs.

Study Design

Non-interventional study design

Cohort

Other

Non-interventional study design, other

Case-series, Retrospective analysis of clinical trials data (cohort study) and post-marketing safety data (case series).

Study drug and medical condition

Study drug International non-proprietary name (INN) or common name

IBRUTINIB

Anatomical Therapeutic Chemical (ATC) code

(L01XE27) ibrutinib

ibrutinib

Medical condition to be studied

Subarachnoid haemorrhage

Subdural haemorrhage

Cerebral haemorrhage

Population studied

Short description of the study population

Patients treated with ibrutinib therapy.

Age groups

- 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)

Estimated number of subjects

2.838

Study design details

Outcomes

major hemorrhage(MH) incidence. Clinical studies:MH defined as G3+ non-serious AEs,SAEs, or any-grade CNS hemorrhage terms that mapped to MedDRA v 21.0 'Haemorrhageterms (excluding laboratory terms)' sub-SMQ. GSD: MH defined as any SAE terms thatmapped to MedDRA v21.0 SMQ of 'Haemorrhages', incl sub-SMQs of 'Haemorrhagelaboratory terms' and 'Haemorrhage terms (excluding laboratory terms)'. The relative risk (RR) of MH associated with concomitant use of antiplatelet (AP) and/oranticoagulant (AC) was evaluated with both the crude incidence and AC and/or APexposure-adjusted incidence rates (EAIRs).

Data analysis plan

Demographics and baseline characteristics were summarized using descriptive statistics.Major hemorrhage incidence was summarized by system organ class, preferred term, and maximum NCI-CTCAE toxicity grade. Exposure-adjusted incidence rate (per subject, per preferred term, per system organ class, and on a global level) was calculated usingpatient-months as denominator. Cox-regression analysis was used to perform univariate and multivariate analysis of risk factors including baseline characteristics and time-dependent variables for developing major hemorrhage. All analyses were performed for Total Ibrutinib Pool and Randomized Controlled Trial Pool separately.

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.

Data sources

Data sources (types)

Other

Data sources (types), other

Ibrutinib clinical trials database, Ibrutinib Global Safety Database

Use of a Common Data Model (CDM)

CDM mapping

No

Data quality specifications

Check conformance

Unknown

Check completeness

Unknown

Check stability

Unknown

Check logical consistency

Unknown

Data characterisation

Data characterisation conducted

Unknown