Post-marketing safety analyses for multiple marketed products in collaboration with the D:A:D study (206247)

First published: 21/04/2017

Last updated: 27/05/2024

Study Finalised

Administrative details

EU PAS number

EUPAS18709

Study ID

42149

DARWIN EU® study

No

Study countries

- [ ] Argentina
- [ ] Australia
- [ ] Austria
- [ ] Belarus

- [ ] Belgium
- [ ] Croatia
- [ ] Czechia
- [ ] Denmark
- [ ] Estonia
- [ ] Finland
- [ ] France
- [ ] Germany
- [ ] Greece
- [ ] Hungary
- [ ] Ireland
- [ ] Israel
- [ ] Italy
- [ ] Latvia
- [ ] Lithuania
- [ ] Luxembourg
- [ ] Netherlands
- [ ] Norway
- [ ] Poland
- [ ] Portugal
- [ ] Romania
- [ ] Russian Federation
- [ ] Serbia
- [ ] Slovakia
- [ ] Spain
- [ ] Sweden
- [ ] Switzerland
- [ ] Ukraine
- [ ] United Kingdom
- [ ] United States

Study status

Finalised

Research institutions and networks

Institutions

ViiV Healthcare

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Institution

Contact details

Study institution contact

GSK Clinical Disclosure Advisor GSK Clinical Disclosure Advisor Pharma.CDR@gsk.com

Study contact

Pharma.CDR@gsk.com

Primary lead investigator

GSK Clinical Disclosure Advisor GSK Clinical Disclosure Advisor

Primary lead investigator

Study timelines

Date when funding contract was signed
Planned: 07/04/2017

Actual: 05/04/2017

Study start date
Planned: 28/04/2017

Actual: 27/04/2017

Data analysis start date
Planned: 28/04/2017

Actual: 27/04/2017

Date of final study report
Planned: 15/08/2017

Actual: 26/10/2017

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

ViiV Healthcare

Study protocol

viiv-206247-protocol-redact.pdf(128.97 KB)

Regulatory

Was the study required by a regulatory body?

No

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

Study type:

Non-interventional study

Scope of the study:

Other

Safety study (incl. comparative)

If ‘other’, further details on the scope of the study

Retrospective analysis of prospectively collected data

Data collection methods:

Secondary use of data

Main study objective:

To describe any safety issues that arise among hepatically-impaired individuals exposed to abacavir (ABC) containing products or fosamprenavir, to determine the risk of carcinogenicity following exposure to ABC containing products and lamivudine/zidovudine, and to determine the risk of hepatotoxicity and ischaemic cardiac events following exposure to maraviroc and fosamprenavir.

Study Design

Non-interventional study design

Cohort

Other

Non-interventional study design, other

Retrospective analysis of prospectively collected data from the D:A:D study

Study drug and medical condition

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

ABACAVIR

FOSAMPRENAVIR

LAMIVUDINE

MARAVIROC

ZIDOVUDINE

Medical condition to be studied

HIV infection

Population studied

Short description of the study population

All D:A:D participants who have evidence of co-infection with hepatitis B virus (HBV)/ hepatitis C virus (HCV) and/or chronic liver enzyme elevations (CLEEs) at the time of initiating one of the three treatments/combinations will be included. D:A:D collects data on alanine transaminase (ALT), AST, total bilirubin, platelet counts, albumin, creatinine, and haemoglobin and a host of other laboratory testing. Participants from cohorts that do not provide information on ALT levels will be excluded and CLEEs will be defined as in the recent D:A:D paper by Kovari et al. (1). The study population will therefore be split into three groups at the time of initiation of each treatment/combination: (i) those with HCV and/or HBV infection and no CLEE; (ii) those with no HCV and/or HBV but with CLEE; and (iii) those with HCV and/or HBV and CLEE. Due to the estimated small number of study participants with chronic hepatic impairment and/or CLEE, and the possibility that the antiretroviral drugs may themselves induce hepatic impairment or liver enzyme elevation, the groups will be defined at the time of first exposure to the treatment/combination and will not be updated if an individual's status changes (e.g. if his/her ALT levels fall or if the individual subsequently becomes co-infected with HCV/HBV). Participants whose first ALT level in the dataset post-dates the start of the treatment/combination will be excluded. Where possible, dosing levels will be captured for the hepatically-impaired individuals for the relevant products.

Aim 2: All D:A:D participants without a prior cancer at D:A:D study enrolment who are enrolled from cohorts that provide data on cancer incidence will be included. Individuals who have died or are lost-to-follow-up before the cohort-specific baseline date for cancer analyses (2004 onwards) will be excluded.

Aims 3 and 4: All D:A:D participants without liver impairment (hepatotoxicity includes end-stage liver disease (ESLD), hepatocellular carcinoma (HCC), and CLEE) or without a prior myocardial infarction (MI) at D:A:D study entry. Analyses of liver impairment will additionally exclude those from cohorts that

do not provide data on ALT levels.

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)

Special population of interest

Immunocompromised

Estimated number of subjects

0

Study design details

Outcomes

Safety events, cancer events, hepatotoxicity and ischaemic cardiac events

Data analysis plan

Descriptive statistics will be used to summarize event rates as the numbers are expected to be small. If the number of events is sufficient, Poisson regression can be performed to calculate relative rates for different exposure categories.

Documents

Study results

viiv-206247-clinical-study-report-redact.pdf(8.05 MB)

Data management

Data sources

Data sources (types)

Other

Data sources (types), other

D:A:D Study

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

No