Postmarketing Noninterventional Study Evaluating the Risk of Endometrial Cancer in Women Who Have Been Prescribed Imvexxy®

First published: 30/08/2021
Last updated: 02/07/2024

Study | Planned

Administrative details

PURI
https://redirect.ema.europa.eu/resource/43435

EU PAS number
EUPAS41957

Study ID
43435

DARWIN EU® study
No

Study countries
United States

Study description
Vulvar and vaginal atrophy (VVA) is a common condition in postmenopausal women. Low dose vaginal estrogen therapy is recommended for symptomatic women with moderate to severe VVA. Imvexxy is a very low dose vaginal estrogen product approved for the treatment of VVA. This study is being conducted to meet a postmarketing requirement for Imvexxy from the US Food and Drug Administration. The objectives of this study are to: (1) estimate the risk of endometrial cancer in women who have been prescribed Imvexxy, (2) describe the duration and patterns of use of Imvexxy and other vaginal estrogen products, and (3) to estimate the risk of endometrial cancer in women who have been prescribed any

very low dose vaginal estrogen product. This cohort study will be conducted using existing insurance claims data sources in the US, selected after a feasibility assessment. Yearly monitoring reports will provide counts of Imvexxy-exposed patients and person-time in the data sources, starting in 2021. A validation study with medical record review will be implemented to validate an electronic algorithm to identify endometrial cancer (using ICD-10-CM codes, report planned for 2022). The final report will include results of the drug utilization study (Objective 2) and safety study (Objectives 1 and 3), and is planned for 2026. The study outcome is defined clinically as the first endometrial cancer after cohort entry and will be ascertained using the previously validated algorithm. Exposure will be identified in electronic data based on dispensed prescriptions. Safety analyses will compare users of Imvexxy (Objective 1) or of any very low dose vaginal estrogen product (Objective 3) with comparable women who do not use vaginal estrogen products, using regression models. Confounding control will be implemented through propensity-score matching. Results from this study will provide additional information on long-term endometrial safety of low-dose vaginal estrogen products.

Study status
Planned

Research institution and networks

Institutions

RTI Health Solutions (RTI-HS)

France
Spain
Sweden
United Kingdom
United Kingdom (Northern Ireland)
United States
First published: 21/04/2010
Last updated 19/02/2024

Institution | ENCePP partner | Not-for-profit

Optum

Germany
First published: 03/01/2012
Last updated 07/02/2014

Institution

ENCePP partner

Other

CVS Clinical Trial Strategy Minneapolis, Minnesota

Contact details

Study institution contact
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Study contact

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Primary lead investigator
Andrea Margulis
Primary lead investigator

Study timelines

Date when funding contract was signed
Actual:
27/11/2020

Study start date
Planned:
01/07/2018

Date of interim report, if expected
Planned:
31/12/2022

Date of final study report
Planned:
28/02/2026

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

TherapeuticsMD

Regulatory

Was the study required by a regulatory body?
Yes

Is the study required by a Risk Management Plan (RMP)?
Not applicable

Other study registration identification numbers and links

Protocol ID TXV-01 PMR Study Protocol

Methodological aspects

Study type

Study type list

Study type:
Non-interventional study

Scope of the study:
Assessment of risk minimisation measure implementation or effectiveness
Drug utilisation

Main study objective:
1. Evaluate the risk of endometrial cancer in women who have been prescribed Imvexxy 4 ?g or 10 ?g. 2. Determine the duration and patterns of use of Imvexxy and other vaginal estrogen products. 3. To evaluate the risk of endometrial cancer in women who have been prescribed any very low-dose vaginal estrogen product, including Imvexxy.

Study Design

Non-interventional study design
Cohort

Study drug and medical condition

Name of medicine, other
Imvexxy

Medical condition to be studied
Endometrial cancer

Population studied

Age groups
Adults (46 to < 65 years)
Adults (65 to < 75 years)
Adults (75 to < 85 years)
Adults (85 years and over)

Estimated number of subjects
35000

Study design details

Outcomes
The study outcome is endometrial cancer, defined clinically as the first endometrial cancer after cohort entry. A validated electronic algorithm, to be developed as part of the study, will identify provisional cases of endometrial cancer in the administrative data of study cohort members.

Data analysis plan
The drug utilization study will ascertain patterns of use of vaginal estrogen products. Characteristics of women at the beginning of their first therapy episode will be described. The safety study will evaluate the risk of endometrial cancer in women exposed to these products, incidence rates for endometrial cancer will be estimated separately for the exposed and unexposed groups as the number of events per 10,000 person-years. Analyses for Objective 1 will compare the propensity-score matched exposed (Imvexxy) and unexposed groups for their risk for endometrial cancer using Cox regression models with time-varying exposure. Analyses addressing Objective 3 will compare the propensity-score matched exposed (all very-low-dose vaginal estrogen products combined, including Imvexxy) and unexposed groups for their risk for endometrial cancer using Cox regression models with time-varying exposure. Outcomes will be identified using a previously validated algorithm.

Documents

Study publications
Graham S, Constantine G, Margulis AV, Saltus CW, Johannes CB, Kaye JA, Mirkin S…

Data management

Data sources

Data sources (types)
Administrative data (e.g. claims)
Drug dispensing/prescription data

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