

# Post-marketing evaluation of the benefit-risk profile of originator biological drugs and biosimilars in the dermatological, rheumatological, gastroenterological and onco-hematological areas through the establishment of a single multiregional network for the integrated analysis of data from health databases, active surveillance and clinical registers - VALORE project

**First published:** 28/09/2021

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Study

Ongoing

## Administrative details

### PURI

<https://redirect.ema.europa.eu/resource/43960>

### EU PAS number

EUPAS43274

### Study ID

43960

### DARWIN EU® study

No

### Study countries

Italy

## Study description

The nationwide multiregional Italian VALORE project set up a data infrastructure integrating claims data plus clinical registries from 16 Regions with the final aim of conducting post-marketing surveillance of biologics, including biosimilar, in patients with immune-mediated inflammatory diseases.

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## Study status

Ongoing

## Research institution and networks

### Institutions

#### Azienda Ospedaliera Universitaria Integrata Verona

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01/02/2024

Institution

Educational Institution

Hospital/Clinic/Other health care facility

## Contact details

### Study institution contact

Gianluca Trifirò

Study contact

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### Primary lead investigator

Gianluca Trifirò

Primary lead investigator

## Study timelines

### Date when funding contract was signed

Actual:

27/11/2020

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### Study start date

Planned:  
30/09/2021  
Actual:  
30/09/2021

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### **Date of final study report**

Planned:  
30/07/2023

## Sources of funding

- Other

## More details on funding

Italian Medicine Agency

## 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 type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

Safety study (incl. comparative)

**Main study objective:**

To establish a single multi-regional network aiming at set up a data infrastructure integrating claims data plus clinical registries from 16 Regions with the final aim of conducting post-marketing surveillance of biologics, including biosimilar, in patients with immune-mediated inflammatory diseases.

## Study Design

**Non-interventional study design**

Cohort

Case-control

## Study drug and medical condition

**Anatomical Therapeutic Chemical (ATC) code**

(L04AB) Tumor necrosis factor alpha (TNF-alpha) inhibitors

(L04AC) Interleukin inhibitors

(L04AA33) vedolizumab

(L04AA24) abatacept

(L01XC02) rituximab

(L01XC03) trastuzumab

## Population studied

**Age groups**

Preterm newborn infants (0 – 27 days)

Term newborn infants (0 – 27 days)

Infants and toddlers (28 days – 23 months)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

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**

Pregnant women

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**Estimated number of subjects**

160000

## Study design details

## Data analysis plan

Data will be described using frequencies, percentage, mean with standard deviations (or median with interquartile range, where appropriate). Prevalence of use (adjusted for age categories: < 18, 18–44, 45–64, ? 65 years) using a standardized direct method based on the calendar year-specific Italian population), proportion of biosimilar users, pattern of use of biological drugs (i.e. adherence, persistence, switch and swap) will be calculated. Subgroup analysis will be performed in children and adolescents (<18 years old), elderly patients (?65 years old), pregnant women. Moreover, the main indication of use of biological drugs approved for immune-mediated inflammatory diseases will be identified using coding algorithms.

## Documents

### Study publications

[Trifirò G, Isgrò V, Ingrasciotta Y, Ientile V, L'Abbate L, Foti SS, Belleudi V,...](#)

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## Data management

### Data sources

#### Data sources (types)

[Administrative data \(e.g. claims\)](#)

[Disease registry](#)

### 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