

A Non-interventional Post-authorisation Safety Study (PASS) as an Effectiveness Check of the Prescriber Checklist for Mycamine® (micafungin)

First published: 29/03/2021

Last updated: 02/07/2024

Study

Finalised

Administrative details

EU PAS number

EUPAS35011

Study ID

50179

DARWIN EU® study

No

Study countries

 France

 Germany

 Greece

 Netherlands

 Poland

 Spain

 Sweden

Study description

The overall goal of this study was to perform an effectiveness evaluation of the updated Prescriber Checklist (PC) for Mycamine among prescribers of Mycamine. The primary objectives of the study were to assess prescribers' knowledge levels of: Potential risk of liver tumours associated with Mycamine, and the restricted indication for Mycamine (because of the potential risk of liver tumours, Mycamine should have only been used if other antifungals were not appropriate).

Study status

Finalised

Research institutions and networks

Institutions

ICON Commercialisation & Outcomes

 Germany

 Ireland

First published: 19/03/2010

Last updated: 05/07/2024

Institution

Non-Pharmaceutical company

ENCePP partner

Contact details

Study institution contact

Clinical Trial Registration Department
clinicaltrialregistration@astellas.com

Study contact

clinicaltrialregistration@astellas.com

Primary lead investigator

Terri Madison

Primary lead investigator

Study timelines

Date when funding contract was signed

Planned: 12/06/2019

Actual: 12/06/2019

Study start date

Planned: 18/05/2021

Actual: 30/06/2021

Date of final study report

Planned: 08/03/2022

Actual: 22/03/2022

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Astellas Pharma Europe B.V.

Study protocol

[9463-PV-0002 Protocol v1.2 - Redacted.pdf](#) (1.12 MB)

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:

Human medicinal product

Study type:

Non-interventional study

Scope of the study:

Assessment of risk minimisation measure implementation or effectiveness

Effectiveness study (incl. comparative)

Safety study (incl. comparative)

Data collection methods:

Combined primary data collection and secondary use of data

Main study objective:

The primary objectives were to assess prescribers' knowledge levels of:

Potential risk of liver tumours associated with Mycamine, and the restricted

indication for Mycamine (because of the potential risk of liver tumours,

Mycamine should have only been used if other antifungals were not

appropriate).

Study Design

Non-interventional study design

Cross-sectional

Other

Non-interventional study design, other

Multi-national, non-interventional study

Population studied

Short description of the study population

A survey of healthcare professionals who have prescribed Mycamine at least once within 12 months prior to the survey, who practice in any of the participating countries including France, Germany, Greece, Netherlands, Poland, Spain and Sweden.

Inclusion Criteria:

1. HCPs must have prescribed Mycamine within 12 months prior to taking the survey.
2. HCPs must provide permission to share their anonymized responses with the EMA or NCAs

Exclusion Criteria

1. HCPs who participated in the cognitive pre-testing of the survey questionnaire to be used for the study.
 2. HCPs who have been direct employees of Astellas, ICON, Syneos, Parexel, GfK, EMA, or an NCA in the participating countries within the past 5 years.
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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)
-

Estimated number of subjects

0

Study design details

Outcomes

-Percentages of HCPs with correct responses to questions regarding: Potential risk of liver tumours associated with Mycamine -Percentages of HCPs with correct responses to questions regarding: the restricted indication for Mycamine (because of the potential risk of liver tumours, Mycamine should have only been used if other antifungals were not appropriate). Percentages of HCPs: -that recall receiving the updated PC -with correct responses to questions regarding:

- o Hepatic precautions for use
- o Precaution for use related to haemolytic anaemia/haemolysis in patients with a history of specific conditions
- o Precaution for use in patients with a history of renal impairment

Data analysis plan

Primary analysis population included HCPs who have completed at least 1 of the primary endpoint survey questions. Descriptive data analyses was conducted for all primary/secondary objectives. Levels of receipt and knowledge was calculated with 95% 2-sided confidence intervals (CI) and was reported overall, by country type (local guideline/standard of care more aligned vs. less aligned with the aRMM regarding restricted indication), and by HCP group. Knowledge related endpoints were analysed by HCP speciality, primary source of information for antifungal treatment selection (ATS), and primary setting/circumstance under which Mycamine is typically prescribed.

Documents

Study results

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)

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

[Other](#)

Data sources (types), other

HCP surveys

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