# Long-term real-world safety of ozanimod – A postauthorisation safety study (PASS) in patients diagnosed with ulcerative colitis

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## Administrative details

#### **PURI**

https://redirect.ema.europa.eu/resource/1000000034

#### **EU PAS number**

EUPAS1000000034

#### Study ID

100000034

#### **DARWIN EU® study**

No

#### **Study countries**

Denmark

France

Germany

Netherlands

Norway

**United Kingdom** 

#### Study description

This post-authorization safety study (PASS) will collect data in participants diagnosed with ulcerative colitis initiating therapy with ozanimod or advanced therapies. Data will be collected from different databases and registries in European countries and in the UK

## Study status

Ongoing

## Research institution and networks

## Institutions



## **Networks**



## Contact details

Study institution contact

# Transparency and Disclosure Lead

Study contact

ctt.group@bms.com

**Primary lead investigator** 

**Christopher Bond** 

Primary lead investigator

# Study timelines

Date when funding contract was signed

Actual:

25/08/2022

Study start date

Actual:

01/01/2023

Data analysis start date

Planned:

31/03/2033

Date of interim report, if expected

Planned:

30/09/2026

Date of final study report

Planned:

31/12/2033

# Sources of funding

• Pharmaceutical company and other private sector

# More details on funding

Bristol-Myers Squibb (BMS) 100%

# Study protocol

## Regulatory

Was the study required by a regulatory body?

No

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

EU RMP category 3 (required)

# Other study registration identification numbers and links

IM047-1037

# Methodological aspects

# Study type list

#### Study type:

Non-interventional study

#### Scope of the study:

Other

If 'other', further details on the scope of the study

Evaluate real world safety

#### Data collection methods:

Secondary data collection

#### Main study objective:

To evaluate the risk of developing adverse events of interest in a real-world European population of adults with moderately to severely active ulcerative colitis (UC) in ozanimod-exposed participants versus those treated with advanced therapy.

## Study Design

## Study drug and medical condition

#### Name of medicine

Zeposia

#### **Anatomical Therapeutic Chemical (ATC) code**

(L04AA38) ozanimod

#### Additional medical condition(s)

Ulcerative colitis

# Population studied

#### Age groups

Adults (18 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

### Estimated number of subjects

7500

# Study design details

#### **Outcomes**

- To evaluate the risk of developing malignancies, serious opportunistic infections (SOIs), major adverse cardiovascular events (MACE), venous thromboembolism, including pulmonary embolism (VTE) and severe liver injury in ozanimod-exposed participants versus those treated with advanced therapy
- To evaluate the risk of developing outcomes of interest by subgroups (age, disease history, previous outcome history) in ozanimod-exposed participants versus those treated with advanced therapy
- Frequency, baseline and clinical characteristics of participants experiencing [Macular oedema, Posterior reversible encephalopathy syndrome (PRES), Progressive multifocal leukoencephalopathy (PML)] in ozanimod-exposed participants and those treated with advanced therapy

- To evaluate the risk of macular oedema, PRES and PML in ozanimod-exposed participants versus those treated with advanced therapy
- To evaluate the risk of cancer, by subtype??Solid tumors excluding non-melanoma skin cancer (NMSC), NMSC, Colorectal cancer, Advanced colonic neoplasia, ie, composite endpoint including colorectal cancer and high-grade dysplasia, Lymphoma] in ozanimod-exposed participants versus those treated with advanced therapy
- To evaluate the risk of Major Adverse Cardiovascular Events (MACE) [Acute nonfatal myocardial infarction, Acute nonfatal stroke, Cardiovascular (CV) mortality] in ozanimod-exposed participants versus those treated with advanced therapy

#### Data analysis plan

Data management will be conducted by each data source independently. Analyses will be executed independently by each data source provider. The unit of observation will be the treatment episode. Clinical and demographic variables will be reported by treatment cohorts before and after the application of Inverse probability of treatment weighting (IPTW). Crude incidence rates (IRs) and 95% CIs will be calculated for each outcome by treatment cohort, before and after IPTW. Hazard ratios and associated 95% CIs will be estimated using the Cox proportional hazards model. For secondary analyses incidence rates, time-to-event and HRs will be computed before and after IPTW with their corresponding 95% CI. Aggregated results including summary estimates resulting from the main analysis of the primary objective of each data source will be pooled for meta-analysis.

## Data management

## Data sources

#### Data source(s)

German Pharmacoepidemiological Research Database
Danish registries (access/analysis)
PHARMO Data Network
Norwegian Health Registers
Clinical Practice Research Datalink
Système National des Données de Santé (French national health system main database)

Data source(s), other

Scottish Prescribing Information System

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