

# A Non-Interventional Multi-Database Post-Authorisation Study to Assess Pregnancy-Related Safety Data from Women with Severe Asthma Exposed to Tezepelumab (TREATY)

**First published:** 29/05/2024

**Last updated:** 29/05/2024

Study

Ongoing

## Administrative details

### PURI

<https://redirect.ema.europa.eu/resource/1000000176>

### EU PAS number

EUPAS1000000176

### Study ID

1000000176

### DARWIN EU® study

No

### Study countries

Denmark

France

Sweden

United States

### Study description

This study is an observational cohort study utilising secondary data from multiple data sources from Denmark, France, Sweden, and the United States of America (USA). The study will describe and compare the following outcomes in pregnancies and offspring from women with severe asthma exposed to tezepelumab and women with severe asthma

unexposed to tezepelumab, treated with SOC for severe asthma (with or without other biologics) during pregnancy: MCM and mCM, foetal death (composite of miscarriage, stillbirth, and ectopic pregnancy), individual adverse pregnancy outcomes (ectopic pregnancy, miscarriage, stillbirth, TOP, and pre-eclampsia), and individual adverse birth outcomes (EC-section, PTB, SGA, and LBW). The unit of analysis is individual pregnancies in women with severe asthma (i.e., each woman may contribute multiple pregnancies to the study).

### Study status

Ongoing

## Research institution and networks

### Institutions

#### Global Database Studies (GloDaSt), IQVIA

Czechia

Finland

Germany

Slovakia

Spain

**First published:** 17/01/2011

Last updated 16/02/2024

Institution

ENCePP partner

Other

## Contact details

### Study institution contact

Sylwia Damaszke

Study contact

[PAS\\_registrations@iqvia.com](mailto:PAS_registrations@iqvia.com)

### Primary lead investigator

Peter Egger

Primary lead investigator

## Study timelines

### **Date when funding contract was signed**

Planned:

19/12/2022

Actual:

28/02/2023

---

### **Study start date**

Planned:

24/01/2024

Actual:

24/01/2024

---

### **Data analysis start date**

Planned:

30/06/2027

---

### **Date of interim report, if expected**

Planned:

30/03/2028

---

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

Planned:

31/03/2034

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

ASTRAZENECA PHARMACEUTICALS LP

## Study protocol

[D5180R00010 PASS Protocol v3.0\\_Redacted.pdf](#)(2.29 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:**

Safety study (incl. comparative)

**Data collection methods:**

Secondary data collection

---

**Study design:**

The study will apply a non-interventional, longitudinal, population-based, cohort design using multiple secondary data sources. The study will describe and compare outcomes in pregnancies and offspring of women with severe asthma treated with SOC with vs without exposure to tezepelumab in pregnancy.

**Main study objective:**

To estimate the risk and relative risk of major congenital malformations in live and non-live offspring, and termination of pregnancy for foetal anomaly (TOPFA) among women with severe asthma treated with SOC with vs without exposure to tezepelumab during first trimester of pregnancy.

## Study Design

**Non-interventional study design**

Cohort

## Study drug and medical condition

**Name of medicine**

TEZSPIRE 210 mg - Solution for injection

---

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

TEZEPELUMAB

---

**Anatomical Therapeutic Chemical (ATC) code**

(R03DX11) tezepelumab

---

**Medical condition to be studied**

Asthma

---

**Additional medical condition(s)**

Severe Asthma

---

## Population studied

**Short description of the study population**

The source population comprises of women with asthma and at least one pregnancy record during the study period. Pregnancies are identified using maternal medical records related to pregnancy, including pregnancy loss, antenatal visits, deliveries and other EoP events. Inclusion and exclusion criteria will be applied to each pregnancy to create the study population consisting of pregnancies in women with severe asthma during pregnancy, from which the exposed and unexposed cohorts will be identified.

Inclusion criteria: 1) start of pregnancy available as recorded or calculated based on gestational age information at pregnancy record, 2) continuous database enrollment at least 12 months prior to pregnancy, 3) severe asthma overlapping with pregnancy (based on treatment algorithm for asthma severity as specified in GINA guidelines)

Exclusion criteria: 1) pregnancies following IVF treatment, 2) multiples, 3) foetal chromosomal abnormalities, pregnancies with exposure to other known teratogens, 4) maternal MCM diagnosed prior to current pregnancy and not in relation to previous pregnancies.

---

**Age groups**

In utero

Neonate

Preterm newborn infants (0 – 27 days)

Term newborn infants (0 – 27 days)

Infants and toddlers (28 days – 23 months)

Adults (18 to < 46 years)

---

## Special population of interest

Pregnant women

---

## Estimated number of subjects

441

# Study design details

## Setting

A total of four large longitudinal patient-level data sources have been selected for this study, representing four countries: Denmark, France, Sweden, and USA.

The included data sources are:

1. Danish National Health and Socioeconomic Registries (Denmark)
  2. French National Health Data System (SNDS) (France)
  3. Swedish National Health Registries (Sweden)
  4. Carelon (USA)
- 

## Comparators

Pregnancy and infant outcomes in pregnancies among women exposed to tezepelumab in addition to standard of care (SOC) will be compared to women exposed to SOC but unexposed to tezepelumab during pregnancy. A sensitivity analysis will compare to SOC excluding all other biologics.

---

## Outcomes

Major and minor congenital malformations, foetal death (individual and composite of miscarriage, stillbirth and ectopic pregnancy), termination of pregnancy, pre-eclampsia, emergency c-section, preterm birth, small for gestational age, low birth weight.

---

## Data analysis plan

A full description of the analytical approach will be developed and described in the SAP. Details on data derivations, category definitions, analyses, handling of missing data, and presentation of the study results will be provided in SAP. SAP will be finalised prior to the conduct of the study analyses. All study results will be presented separately for each country in the study reports, as appropriate when data become available. The final study report will include all descriptive, comparative, exploratory and sensitivity analyses as well as the meta-analysis for all the data sources.

## Data management

## Data sources

**Data source(s)**

Système National des Données de Santé (French national health system main database)

---

**Data source(s), other**

Denmark (National Registries/National Health and Socioeconomic Registries), Sweden (National Registers), and United States (Carelon).

---

**Data sources (types)**

[Non-interventional study](#)

## Use of a Common Data Model (CDM)

**CDM mapping**

Yes

**CDM Mappings****CDM name**

ConcepTION CDM

---

**CDM website**

<https://www.imi-conception.eu/>

---

**CDM release frequency**

6 months

## Data quality specifications

**Check conformance**

Unknown

---

**Check completeness**

Unknown

---

**Check stability**

Unknown

---

**Check logical consistency**

Unknown

## Data characterisation

**Data characterisation conducted**

No