

INTRODUCTION

Medications are ubiquitous; however, medications can yield negative results. An adverse drug event (ADE) is any negative patient reaction during the duration of their drug intake, regardless of whether there is a proven cause-and-effect relationship. An adverse drug reaction (ADR), a subset of ADE in which the patient imbibes the prescribed quantity of a particular drug, is a preventable case in which abuse or other such variables of the drug is not involved. (Schatz, Weber 2015) A 1994 study predicted ADR caused 106,000 deaths annually (J, B, PN 1988). Proper reporting can help researchers identify potential causes of ADEs, allowing for greater ability to treat ADR and ADE, saving lives and money.

RESEARCH METHODOLOGIES

Content analysis of the FDA's resources in reference to data published by other Quantitative data regarding the quantity of ADE cases reported supplemented b ie FDA collects data rough MedWatch qualitative data

escriptive statistics

nslated FDA data in

urrent system of ADI

eporting, and its ability

to aid researchers in

reducing ADE.

splayed in the FDA Adverse Events Reportin System (FAERS) Put Dashboard and th Quarterly Files.

- 1. Content Analysis of FAERS
- Reports
- 2. Generation of Graphs 3. Evaluate quality of FAERS and ability of FAERS to reduce
 - ADE using graphs and descriptive statistics

Adverse Event a reaction is attributed to a drug

MedWatch ADE reported to MedWatch, FDA alerted

Step 2

DATA AND FINDINGS

	Number of Reports of ADE								
,		Domestic (United States) Reports							
Year	Total Cases	Serious Cases	Death		Total Ca	ises	Serious		Death
2017	1815738	1071193	164252		125	5936 4367		786	81563
2016	1691978	974418	1	142139	118	9162	4130)53	70102
2015	1727558	953991	1	148779	129	0154	4468	302	7870
2014	1204050	807683	807683 1		828069		376213		6215
2013	1074617	707415	707415		717861		299251		57615
2012	933122	656979	1	17532	631141		295313		64711
2011	782107	573888	573888 9		524773		269964		50634
2010	672497	472643	472643		458020		217882		44736
2009	490045	375897		63926	309397		166624		33294
2008	439169	320383		49765	288009		147356		24649
2007	363171	273834		36878 235305		130517		17294	
2006	335633	267766		37373	3 226468		138992		21139
2005	321840	259612		40079 217484		133863		23904	
2004	272825	204260	34757		185713		98480		20658
2003	225247	181835		34954		9983	85870		22708
2002	184892	162494		27935	11	4012	769	920	16463
2001	203230	170079		23779	13	3854	904	483	12142
2000	199822	158122		19341	14	2442	931	115	9629
	Total Repo	rts Serious R	eports	Death	Reports	(Perc	erious entage of l Reports)	1.1	Death ercentage of tal Reports)
Domestic (Tota Reports)	NU4947633	10579082 4971610			789673 46.99472034% 7		7.	464475651%	
International (Total Reports		0598 84	134750		1491711	56.8	3564773%	10	0.05155587%

Can Current Adverse Drug Event (ADE) Reporting Systems Help to Reduce ADE?

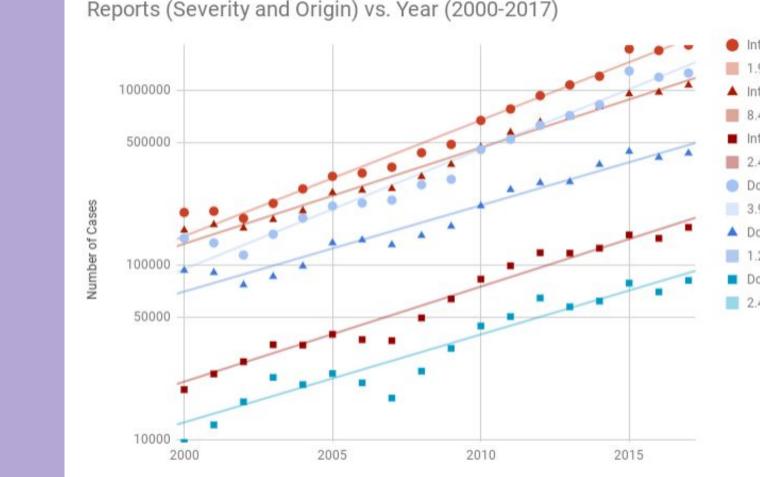
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Domestic ADE reports (IADE report data), 2017)

Step 3

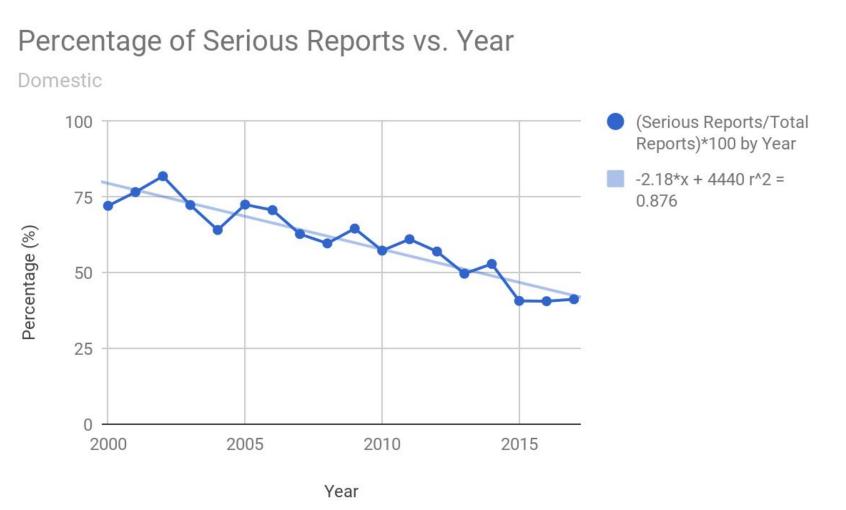
FDA Adverse **Event Reporting** System (FAERS) Data available in FAERS





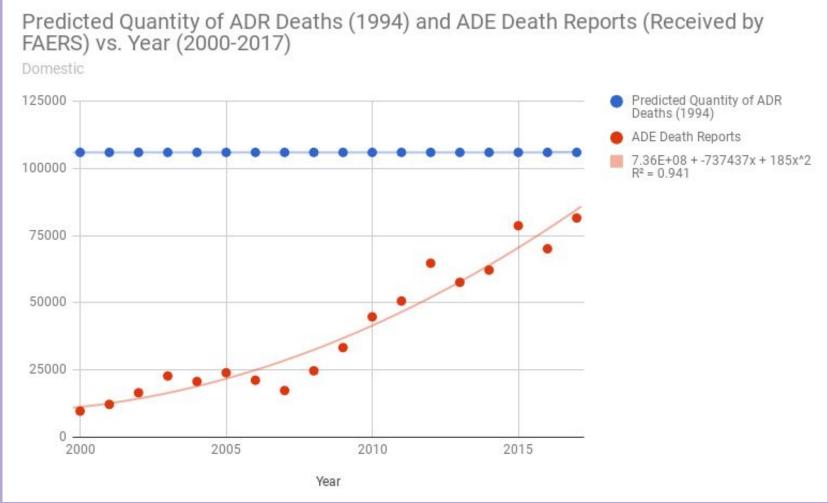
- i. The number of reports has increased exponentially from **2000 to 2017**. As people imbibe more medications or health care professionals become more able to identify ADEs, more ADEs are reported.

ii. The quantity of serious reports, depending on filter, can be less subject to the fluctuations than the total number of reports. . Greater severity of symptoms would likely increase the ability to correctly diagnose patients with an ADE. iii. A high percentage of reports comes from the United States. Figure 2: Serious vs. Non-Serious ([ADE report data] 1968-2017)



- iv. The percentage of total reports that are serious or fatal has decreased by approximately 2.18% each year.
- v. More conclusions may be drawn from the graph once the number of total reports begins to follow a logistic pattern, which it will have to do eventually.

Figure 3: FAERS Death Reports Collected vs. Predictions of ADR Deaths ([ADE report data] 1968-2017), (J, B, PN 1988)



vi. Currently, the FAERS Public Dashboard data does not successfully reflect the quantity of deaths in the United **States**, indicating either the reporting system or the prediction is likely inaccurate.

CONCLUSIONS, IMPLICATIONS, AND NEXT STEPS Conclusions and Implications:

As of now, the FAERS data provides inconclusive data and therefore is not an effective resource for the identification of cause of the drug reaction, especially as a system to identify potential drugs to test for genetic involvement in the ADE case.

- There are duplicate reports due to the mandated reporting of manufacturers in addition to healthcare personnel and consumers.
- Data does not reflect predicted trends.
- This may indicate...

- a changing definition of an ADE

Next Steps:

- Potential changes that could be made to improve the quality of the FDA's current reporting s
- a. Inclusion of **quantity** on each medication
- b. System to verify report
- c. Separate ADE and AD reporting systems
- d. Genetic information of patients i. Could be inferred through
- e. Media campaign to encourage increased reporting to the FDA and **communication** between reporters to reduce double reporting.

ACKNOWLEDGEMENTS / REFERENCES

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*****Works Cited:**

[ADE report data] [Table]. (n.d.). Retrieved from FDA Adverse Events Reporting System database. practice (pp. 5-26). Retrieved September 24, 2017, from https://www.accp.com/docs/bookstore/psap/2015B2.SampleChapter.pdf https://www.ncbi.nlm.nih.gov/pubmed/9555760 (Excerpted from Incidence of adverse drug reactions in hospitalized patients: A meta-analysis of prospective studies, JAMA, 279(15), 1200-1205, 1988)

Schatz, S., & Weber, R. (n.d.). Adverse drug reactions. In CNS/Pharmacy J, L., B, P., & PN, C. (n.d.). Abstract. In *PubMed.gov*. Retrieved from





There is a rise in the number of total and serious reports

- an increasing ability to detect and identify ADEs

- an increasing willingness to diagnose or report

This increase when coupled with the decrease in percentage of serious reports indicates improvement in willingness to report.

suid de ma	ade to improve	the quanty of the							
system									
of people	What are SNPs?								
rts R	DNA strand: TACGTTCTAATGATC MRNA complementary strand: AUGCAAGAUUACUAG Protein Sequence:	DNA strand with MERCE TACGTTCGAATGATC MRNA complementary strand with MERCE AUGCAAGCUUACUAG Protein Sequence:							
	Methionine Giutamine Aspartic Acid Tyrosine	Methionine Giutamine ALANINE Tyrosine							

OR Increased Prote Wild Type (Normal) Alle alternative information Normal Metaboli Poor Metabolize Pharmacogenomics uses genetic variation to tailor the treatment to the patient, and thus have emerged as a method to reduce ADR, especially when they occur in drug metabolizing enzymes.