Electronic supplementary material [ESM])

<u>Title:</u> Adverse drug reactions in children: comparison of reports collected in a pharmacovigilance project versus spontaneously collected ADR reports

Journal: Pediatric drugs

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The analyzed ADRs cover also medication error related ADRs [7, 17]. Due to the extension of the ADR definition in 2012, conditions like overdose, misuse, abuse, medication errors and occupational exposure are now included in the ADR definition. Although, theoretically all such reports retrieved in our analyses should be associated with a suspected ADR, we cannot exclude the presence of reports not being associated with a co-suspected ADR among them (see section 2.5).

	KiDSafe reports (systematically collected reports) n = 845	EudraVigilance reports (spontaneous reports) n = 697
	11 - 043	II – 097
Mean	0.64	0.63
SD	0.25	0.25
IQR	0.45	0.48
Q0	0.22	0.17
Q25	0.45	0.42
Q50	0.61	0.61
Q75	0.90	0.9
Q100	1	1
Range	0.22-1	0.17-1

SD = standard deviation. IQR= interquartile range. Q0= lowest value. Q25=lowest quartile.

Q50=medium quartile. Q75= upper quartile. Q100= highest value. Range = from lowest to highest

value

 Table 2. Primary reporting source.

	KiDSafe reports (systematically collected reports) n = 845	EudraVigilance reports (spontaneous reports) n = 697
	845	609
НСР	(100.0 %)	(87.4 %)
	0	88
non-HCP	(0.0 %)	(12.6 %)

HCP = Healthcare Professionals; non-HCP = non- Healthcare Professionals

	KiDSafe reports (systematically collected	EudraVigilance reports (spontaneous reports)
Seriousness Criterion	reports) n = 845	$n = 692^{a}$
	1	16
Death	0.1 %	2.3 %
	70	95
Life-threatening	8.3 %	13.7 %
	845	692
Hospitalisation	100.0 %	100.0 %
	1	9
Disabling	0.1 %	1.3 %
Congenital	0	11
Anomaly	0.0 %	1.6 %
	149	211
Other	17.6 %	30.5 %

 Table 3. Seriousness criteria. Multiple assignments were possible.

^a This in depth analysis was performed on a later date than the analyses depicted in the main manuscript. The main manuscript refers to 697 reports. However, 5 cases were subsequently deleted from EudraVigilance by the EMA and thus the analyses depicted above refers to n=692 reports.

Table 4.	Age and	sex distri	bution.
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	(s	systematically	fe reports collected repo 843ª	rts)				
Age group	SUM	Female (n= 479, 56.8%)	Male (n= 361, 42.8%)	Not specified (n= 4, 0.5%)	SUM	Female (n= 358, 51.4%)	Male (n= 325, 46.7%)	Not specified (n= 13, 1.9%)
0-1M	6	3	3	0	48	12	32	4
	100.0%	50.0%	50.0%	0.0%	100%	25.0%	66.7%	8.3%
2M-1Y	100	42	58	0	81	41	36	4
	100.0%	42.0%	58.0%	0.0%	99.9%	50.6%	44.4%	4.9%
2-3Y	95	37	57	1	57	24	33	0
	100%	38.9%	60.0%	1.1%	100%	42.1%	57.9%	0.0%
4-6Y	83	36	47	0	56	26	29	1
	100%	43.4%	56.6%	0.0%	100%	46.4%	51.8%	1.8%
7-12Y	157	77	79	1	175	82	92	1
	99.9%	49.0%	50.3%	0.6%	100.1%	46.9%	52.6%	0.6%
13-17Y	402	283	117	2	279	173	103	3
	100%	70.4%	29.1%	0.5%	100%	62.0%	36.9%	1.1%

^a Two reports from the KiDSafe group and one report from the EudraVigilance group were without age information.

Top 10 suspected drug KiDSafe reports (systematically collected re		Top 10 suspected drugs EudraVigilance reports (spontaneous reports)						
n = 845	501(5)		n = 697					
IBUPROFEN	7.5%	63	INSULIN ASPART	6.0%	42			
LEVETIRACETAM	6.6%	56	MITE ALLERGEN EXTRACT	4.4%	31			
INSULIN ASPART	5.7%	48	ALLERGENS	3.6%	25			
VALPROIC ACID	5.6%	47	PALIVIZUMAB	3.6%	25			
METHYLPHENIDATE	4.1%	35	METHYLPHENIDATE	3.0%	21			
OXCARBAZEPINE	3.6%	30	IBUPROFEN	2.6%	18			
LAMOTRIGINE	3.4%	29	VALPROIC ACID	2.4%	17			
PARACETAMOL	3.3%	28	ADALIMUMAB	2.2%	15			
AMOXICILLIN	2.7%	23	CORYLUS AVELLANA	2.2%	15			
INSULIN GLARGINE	2.7%	23	PLANTAGO LANCEOLATA	2.2%	15			

Table 5. Top 10 drugs most frequently reported as suspected.

	0-1M		2M-1Y		2-3Y 4-6Y				7-12Y			13-17Y					
Active Substand (High Level)	e in %	(n = 6)	Active Substance (High Level)	in %	(n = 100)	Active Substance (High Level)	in %	(n = 95)	Active Substance (High Level)	in %	(n = 83)	Active Substance (High Level)	in %	(n = 157)	Active Substance (High Level)	in %	(n = 402)
			LEVETIRACETAM	13	13	VALPROIC ACID	8.4	8	OXCARBA- ZEPINE	13. 3	11	INSULIN ASPART	8.9	14	IBUPROFEN	11.4	46
			AMOXICILLIN	8	8	LEVETIRA- CETAM	6.3		LEVETIR- ACETAM/ VALPROIC ACID	10. 8	9	VALPROIC ACID	8.3	13	INSULIN ASPART	8.2	33
			VALPROIC ACID/ CEFACLOR	6	6	CICLO- SPORIN	5.3	5	SALBU- TAMOL/ SULTIAME	4.8	4	OXCARBAZEPIN E	7.6	12	PARACETAMOL	6.5	26
			CO-TRIMOXAZOLE	4	4	DIMEN- HYDRINATE/ IBUPROFEN	4.2	4	AMOXI- CILLIN/CLOB AZAM	3.6	3	METHYLPHENID ATE	7.0	11	METHYLPHENIDATE	5.7	23
			CEFIXIME.IBUPROFEN. LAMOTRIGINE. PHENO- BARBITAL. PREDNISOLONE. SALBUTAMOL. SULTAMI- CILLIN. TACROLIMUS. TOPIRAMATE	3	3	CEFACLOR. DIMETINDEN. LORAZEPAM. AMOXI-CILLIN	3.2	3	CEFACLOR. CEFUROX- IME.DIAZEP AM.FLUTICA SONE.IBUPR			LEVETIRACETA M	6.4	10	FLUOXETINE	4.7	19
CAFFEIN ERYTHR MYCIN. OPIPRA- MOL. PERME- THRIN. THEO- PHYLLIN ZIDO-)-)-		CEFPODOXIME. CEFU- ROXIME CIPROFLOXACIN. CLOBAZAM. DIMEN- HYDRINATE. FLUTICA- SONE. LITHIUM. METHO- TREXATE. TRAMADOL. VIGABATRIN.	5		FERROUS GLYCINE. CEFUROXIME. ERYTHROMYC IN.ETHOSUXI MIDE.HALOPE RAIDOL.LAMO TRIGINE.MYC OPHENOLATE. PREDNISOLON E.TACROLIMU	5.2	5	OFEN.INSULI N HUMAN.LEV OTHYROXIN E.MIDAZOLA M.MYCOPHE NOLATE.PAR ACETAMOL. SULFAMETH OXAZOLE.VI GABATRIN.V				0.7			<i>/</i>	
VUDINE	16.7	1	XYLOMETAZOLINE	2	2	S.VIGABATRIN	2.1	2	ITAMIN D	2.4	2	IBUPROFEN	5.1	8	LAMOTRIGINE	4.2	17

Table 6. Drugs most frequently reported as suspected per age group within the KiDSafe reports (systematically collected reports; n = 845).

Table 7. Drugs most frequently reported as suspected per age group within the EudraVigilance reports (spontaneous reports; n = 697).

0-1M			2M-1Y			2-3Y			4-6Y			7-12Y			13-17Y		
Active Substance (High Level)	in %	n = 48	Active Substance (High Level)	in %	n = 81	Active Substance (High Level)	in %	n = 57	Active Substance (High Level)	in %	n = 56	Active Substance (High Level)	in %	n = 175	Active Substance (High Level)	in %	n = 279
MISOPROSTOL	12. 5	6	PALIVIZUMAB	29.6	24	NUSINERSEN	12. 3	7	VALPROIC ACID	8.9	5	MITE ALLERGEN EXTRACT	13.7	24	INSULIN ASPART	7.5	21
PAROXETINE	4.2	2	DIMENHYDRINATE	4.9	4	AMOXICILLIN	5.3	3	INSULIN ASPART	7.1	4	ALLERGENS	10.3	18	METHYLPHENIDATE	5.4	15
PIVMECILLINAM	4.2	2	CYTARABINE	3.7	3				IBUPROFEN	5.4	3	INSULIN ASPART	8.0	14	METAMIZOLE	3.9	11
			PREDNISONE	3.7	3				MIDAZOLAM	5.4	3	CORYLUS AVELLANA	5.7	10	ADALIMUMAB	3.6	10
			VINCRISTINE	3.7	3	ASFOTASE			OXCARBAZEPI NE	5.4	3	PLANTAGO LANCEOLATA	5.7	10	DIENOGEST. ETHINYLESTRADIOL	3.2	9
			ADALIMUMAB.			ALFA.			SALBUTAMOL	5.4	3	SECALE CEREALE	5.7	10	IBUPROFEN	2.9	8
55 further		1	ALEMTUZUMAB. ALPROSTADIL. AMOXICILLIN. BLINATUMOMAB.			CANDESAR- TAN. CEFACLOR. CEFUROXIME.	3.5	2	AZACITIDINE.			ALNUS. ALUMINIUM HYDROXIDE.			MYCOPHENOLIC ACID OUETIAPINE	2.9 2.9	
drugs and combinations ^a	2.1		CEFACLOR. CEFIXIME. CEFIXIME. CYCLOPHOSPHAMI DE. FLUDARABINE. INSULIN ASPART. PEGINTERFERON BETA-1A. PHENPROCOUMON. SULTAMICILLIN	2.5	2	ELFUROAIMIL. ECULIZUMAB. IBUPROFEN. INFLIXIMAB. VALPROIC ACID			EVEROLIMUS. FLUTICASONE. HUMAN NORMAL IMMUNO- GLOBULI. LAMOTRIGIN. SULTIAME	3.6	2	ARTEMISIA VULGARIS. BETULA. CORYLUS AVELLANA. PHLEUM PRATENSE. PLANTAGO LANCEOLATA. TRITICUM AESTIVUM and Combinations	5.1	9	ISOTRETINOIN. METOCLOPRAMIDE	2.5	

^aALEMTUZUMAB, AMISULPRIDE, AMITRIPTYLINE, AMPICILLIN, SULBACTAM, ARIPIPRAZOLE, CAFFEINE, CANDESARTAN, CERTOLIZUMAB,

CLOZAPINE, COLECALCIFEROL, CYTARABINE, DAUNORUBICIN, DOXEPIN, DRONABINOL, ESKETAMINE, ETOPOSIDE, GLATIRAMER, INFLIXIMAB,

INSULIN ASPART, INSULIN HUMAN, INTERFERON BETA-1A, KETAMINE, KLEBSIELLA PNEUMONIAE (INACTIVATED), LAMOTRIGINE, LANOLIN, LIDOCAINE, PRILOCAINE, LISINOPRIL, METFORMIN HYDROCHLORIDE (& Combinations), METHYLDOPA, METYRAPONE, NATALIZUMAB, NIFEDIPINE, NITRIC OXIDE, NITROUS OXIDE & OXYGEN, OCTENIDINE DIHYDROCHLORIDE, OPIPRAMOL, OXYCODONE, OXYMETAZOLINE, PALIVIZUMAB, PARACETAMOL, PENTOXYVERINE, PHENOBARBITAL, PHENYLEPHRINE, POTASSIUM (& Combinations), PREGABALIN, PRILOCAINE, PROPOFOL, RIVAROXABAN, SERTRALINE, SILDENAFIL, TRAMADOL, TROPICAMIDE
 Table 8. Reported medical history.

Patient Medical Histo KiDSafe reports (systematically collected		Patient Medical History PT EudraVigilance reports (spontaneous reports)							
n = 729 with medical h	nistory	n = 519 with medical l	nistory						
	18.4	n =		7.1					
Epilepsy ^a	%	134	Type 1 diabetes mellitus	%	n = 37				
	10.3			6.9					
Type 1 diabetes mellitus	%	n = 75	Epilepsy ^a	%	n = 36				
				6.2					
Depression	7.8 %	n = 57	Asthma	%	n = 32				
Attention deficit hyperactivity				6.2					
disorder	6.3 %	n = 46	Premature baby	%	n = 32				
				5.4					
Pyrexia	5.8 %	n = 42	Non-tobacco user	%	n = 28				
				4.4					
Partial seizures	4.9 %	n = 36	Depression	%	n = 23				
			Attention deficit hyperactivity	4.2					
Developmental delay	4.9 %	n = 36	disorder	%	n = 22				
				4.0					
Upper respiratory tract infection	3.4 %	n = 25	Abstains from alcohol	%	n = 21				
				4.0					
Asthma	3.3 %	n = 24	Seasonal allergy	%	n = 21				
				3.5					
Obesity	3.2 %	n = 23	Hypersensitivity	%	n = 18				

^a In addition, the number of reports related to epilepsy was analyzed on HLT-level in both datasets in order to prevent inconsistent epilepsy coding in the spontaneous reports which could have resulted in a lower number of these reports. At the HLT-level, the terms *absence seizures, generalized tonic-clonic seizures, partial complex seizures, partial simple seizures NEC, and seizures and seizure disorders NEC* were included. For the systematically collected reports, the share was 25.4% (185/729), and for the spontaneous reports 6.9% (59/519).