EGYPTIAN DRUG AUTHORITY

هيئة الدواء المصرية

IN THIS ISSUE

Prepared by:

Reem Tarek
Maddona Magdy
Toqa Emmadin
Medhat Abd Elkaham
Rania Kamel
Mariam Morkos
Maysa Hussien
Asmaa Shalaby

Designed by:

Reem Tarek

Chief Editor

Walaa Ebrahim

Head of Egyptian Pharmaceutical vigilance centre

Under Supervision of

Dr. Sherin Abdel Gawad

Head of the C.A for Pharmaceutical Care

The Egyptian Pharmaceutical Vigilance center

مركز اليقظة الصيدلية المصري

EPVC Mission

Pharmaceutical Vigilance administration is the way through which the processes for authorizing, regulating, monitoring and evaluating the safety of any pharmaceutical product or medical device take place, in addition to disseminating any safety information for public health programs, healthcare professionals, and the Egyptian citizen.

The Pharmaceutical vigilance administration is an integral part of the Central Administration of Pharmaceutical Care that works on the enhancement of the pharmaceutical services to guarantee safe and effective use of medications in Egypt, under the patronage of the Egyptian Drug Authority.

Newsletter

March 2024

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Safety Notification ! Uterine bleeding in people taking oral anticoagulant therapy

The Regulatory Authority in New Zealand has published the following safety notification:

Key messages

- Inform patients they may experience new or worsened abnormal uterine bleeding when starting and during oral anticoagulant therapy.
- Pre-menopausal patients and those with a history of abnormal uterine bleeding may be at a higher risk of abnormal uterine bleeding with oral anticoagulant use.

Oral anticoagulants

Apixaban, dabigatran, rivaroxaban and warfarin are oral anticoagulant medicines approved in New Zealand. These medicines are used in the prevention and/or treatment of blood clots. Bleeding is a known side effect of oral anticoagulants, resulting from the action of these medicines on the coagulation cascade. Such risks are reflected in the data sheets and consumer medicine information. the person is generally well with no other symptoms.

What is abnormal uterine bleeding?

Abnormal uterine bleeding (AUB) is defined as a variation from the normal menstrual cycle. This may include changes in regularity, frequency, duration and volume of flow. AUB can be caused by structural uterine pathology (such as fibroids or cancer) or nonuterine causes (such as polycystic ovary syndrome or medicines that interfere with blood clotting, such as anticoagulants). Heavy or prolonged uterine bleeding can interfere with daily activities, and in some cases, may lead to iron deficiency with or without anaemia.

Some individuals may be at a higher risk of AUB when taking anticoagulants

The risk of AUB occurring with oral anticoagulant use is higher in pre-menopausal individuals and individuals with a history of AUB. Limited data from randomised clinical trials and observational studies suggests that the uterine bleeding profile may differ across oral anticoagulants. The risk of AUB may be higher with rivaroxaban compared to apixaban and warfarin. There is limited information for dabigatran.

Prescriber Update evaluation for AUB during oral anticoagulant therapy

When starting oral anticoagulant therapy, ask patients about their current and past menstrual bleeding patterns. Prescriber Update 2023; 44(4) December 75 Inform pre-menopausal patients that they may experience new or worsened AUB and post-menopausal patients that unexpected uterine bleeding may occur with oral anticoagulant use. Remind patients to seek medical attention if they experience these symptoms. AUB may develop at any time during therapy. Ask about changes to uterine bleeding patterns during follow-up appointments. If AUB occurs while on anticoagulant therapy, consider possible underlying causes (such as fibroids, endometriosis or cancer).

References:

MedSafe : *(Click Here)*

Safety Notification ! : Glucose meters and test strips: A safe way to use them

FDA had issued a device Safety information entitled "How to Safely Use Glucose Meters and Test Strips for Diabetes".

Background:

Some sellers are selling pre-owned or secondhand test strips to consumers at lower prices than new strips. These unused strips can be advertised in flyers or online, but they may give incorrect results and may not be safe for use with devices.

Safety issue:

Test strip storage must be done correctly for accurate results. Inadequate storage or expired strips can provide results that are not accurate and may even be fatal. Adding, Small quantities of blood may be present in test strip vials that have been opened by another person, raising the possibility of infection. Furthermore, Pre-owned test strip vials could have been tampered with, which might make them dangerous because of possible alterations or cover-ups, and, may not be approved for sale.

Safety Considerations:

1. Purchase brand-new, sealed vials and avoid purchasing used test strips.
2. Use instructions as included with the glucose meters and test strips.
3. To make sure your device is being used appropriately, ask your doctor or nurse to keep an eye on how you use it.
4. make sure that your meter and test strips are working properly, test it on a regular basis using a control solution. following the manufacturer's instructions for optimal testing frequency.
5. Recognize the meanings of the meter's display, such as "LO" or "HI" when the glucose level is beyond the range than the meter can measure.
6. It is crucial to determine the test site that yields the most accurate results, as readings from other body areas may not be as precise. Fingertip readings provide the most accurate results, especially when glucose levels

change quickly, such as after eating or exercise. Use fingertip readings for low blood glucose or normal symptoms.
7. To guarantee correct cleaning and disinfection, always read and adhere to the directions in your glucose meter's handbook.

EDA Recommendations:

- EDA aware patients and health care professionals to follow the recommendations listed above.
- EDA advises you notify any other device malfunctions, faulty readings, or any other issue with your meter or test strips or other problems.
- Report any Incident occurred from this device or any medical device through EDA portals

References:

FDA: *(Click Here)*

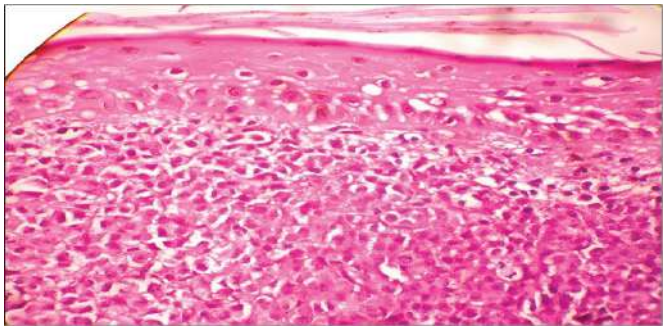
Safety Notification ! : Radiation Recall Phenomenon associated with chemotherapy and certain medications

EPVC received one case concerning a very rare ADR called Radiation Recall Phenomenon

Treatment of cancer involves the widespread use of radiotherapy in conjunction with chemotherapy. Both treatment paradigms are associated with well-described, but not always overlapping, profiles of tolerability. Although giving chemotherapy after radiotherapy can be valuable clinically, it can also induce the phenomenon of radiation recall. [1]

What is "Radiation Recall"?

Radiation recall is an uncommon and unpredictable phenomenon. It is characterized by an acute inflammatory reaction confined to previously irradiated areas that



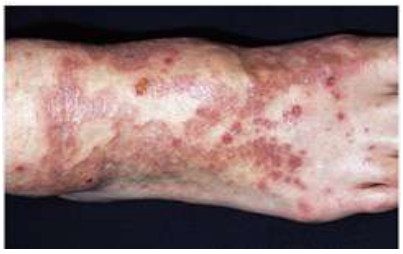
is triggered by the administration of precipitating systemic agents after radiation treatment. [1]

Radiation recall reactions (RRR) are a well-known phenomenon to oncologists. Tissue damage in a prior irradiation portal is 'recalled' after the administration of a drug, historically cytotoxics, or more recently, targeted or immunotherapeutic agents, also some antibiotics, antituberculosis drugs, and simvastatin, even COVID-19 vaccines are a reported cause. [2]

They can occur in a variety of tissues, the commonest being skin, which accounts for two-thirds of reported cases [2]

A diverse range of drugs used in the treatment of cancer has been associated with radiation recall. As most data come from case reports, it is not possible to determine the true incidence, but to date the antineoplastic drugs for which radiation recall reactions have been most commonly reported include the anthracycline doxorubicin, the taxanes docetaxel and paclitaxel, and the antimetabolites gemcitabine and capecitabine. [1]

Diagnosis



Radiation recall is usually diagnosed through evaluation of treatment history, symptoms, and physical examination. Where internal organs are affected, assessment may include radiologic studies. Biopsies are not normally necessary. [1]

Radiation recall is drug-specific for any individual patient; it is not possible to predict which patients will react to which drugs, and rechallenge does not uniformly induce a reaction. [1]

Treatment

Treatment depends on the organ system affected and the severity of the reaction; however, no specific therapies are available. Most instances resolve with optimal symptom management. When the reaction is not severe, it may resolve spontaneously and an approach of close observation is adequate. Supportive medical care may be needed when internal organs are affected, and surgical intervention may be necessary for severe cases. [1]

The precipitating agent should be delayed or withdrawn to allow the skin to heal. It is very rare for radiation recall reactions to resolve whereas treatment with the implicated drug is continued. Topical or systemic corticosteroids or non-steroidal anti-inflammatory drugs are sometimes used to reduce inflammation. However, it is unclear whether administration of corticosteroids speeds resolution compared with the natural course of resolution after drug discontinuation. Antihistamines can also be used for symptomatic relief. [1]

Safety Notification ! : Radiation Recall Phenomenon associated with chemotherapy and certain medications (Continued)

Reactions often resolve within days or 1 to 2 weeks, although sometimes reactions to intravenous drugs may improve within hours, whereas resolution may take over a month for some oral drugs. [1]

Rechallenge with a precipitating drug does not always elicit a reaction. [1]

The risk versus benefit balance and availability of alternative equally effective agents must be considered. When the radiation recall reaction is not severe, some patients may tolerate a reduced dose or even the same dose of the precipitating agent. Premedication with corticosteroids when rechallenging may help prevent the inflammatory response, although the value of this remains unproven. [1]

Radiation recall dermatitis (RRD)

As mentioned earlier, the most reports of radiation recall reactions (RRR) are skin reactions. Radiation recall dermatitis (RRD) is a localized drug-induced inflammatory skin reaction occurring in a previously irradiated site months to years after discontinuation of ionizing radiation exposure.

Numerous pharmacological agents have been implicated as potential RRD triggers, with each trigger drug and risk factors being patient specific and unpredictable. Clinical signs of RRD include erythema, pruritus, pain, desquamation, edema, vesiculation, necrosis, ulceration, and hemorrhage and can arise hours to months after initiation and even discontinuation of triggering medicines.

RRD is a rare phenomenon with a significant impact on cancer patients, whose exact frequency is unknown due to misdiagnosis and underreporting; it has been suggested to be anywhere from 6 to 8.8%

RRD should be considered in patients presenting with skin changes localized to an area of previous radiation therapy; a biopsy is not needed to confirm the diagnosis and is rarely performed. Triggering drugs may be withdrawn or discontinued, depending on patient preference and severity, to allow for complete resolution of symptoms.

RRD's specific causes and physiological pathway remain largely unknown. Thus, clinical familiarity and comprehensive repositories of known RRD triggers are of paramount importance. [3]

A take- home message

Radiation recall, although usually of mild intensity, can be severe and involve internal organs with possible functional consequences. As radiotherapy and chemotherapy are widely used in conjunction to treat cancer, familiarity with radiation recall reactions and their potential complications may aid early diagnosis and appropriate management.

There is still much that needs to be understood about radiation recall, and it is not currently possible to predict which patients will be affected and which drugs they will react to. Furthermore, there are no identifiable characteristics of drugs that cause radiation recall, and thus, it is a possibility that must be kept in mind with use of any drug after radiotherapy, including those from new drug classes. Although it is not yet possible to design treatment regimens to eliminate the risk of radiation recall, it seems likely that risks can be minimized by using the lowest possible dose of radiation and prolonging the interval between completion of radiotherapy and initiation of chemotherapy. [1]

References:

1) ***Radiation Recall with Anticancer Agents*** ***(Click Here)***
2) ***Radiation recall reactions: An oncologic enigma*** ***(Click Here)***
3) ***Radiation recall dermatitis following letrozole administration in patient with a remote history of radiation therapy*** ***(Click Here)***

Egyptian Pharmaceutical Vigilance Center (EPVC) Vigiflow expansion project Trainings for Raising Reporting Awareness

The Egyptian Pharmaceutical Vigilance Center (EPVC) is delighted to continue vigiflow expansion training in collaboration with the Egyptian Health Care Authority (EHA). This training targeted well-matured organisations in the vigiflow entering system, and the focal points received additional two training sessions titled: "Vigiflow and ICSRs common pitfalls & Completeness score and Case quality" as an advanced level to Port Said EHA, Ismailia-EHA, Luxor EHA focal points.

These training sessions will help to improve the quality of cases being entered into the national database. By providing training to the focal points of various organizations, the hope is that data entry on the national database reporting system will be strengthened on an advanced level. This will ultimately lead to better case's data quality and more accurate reporting.

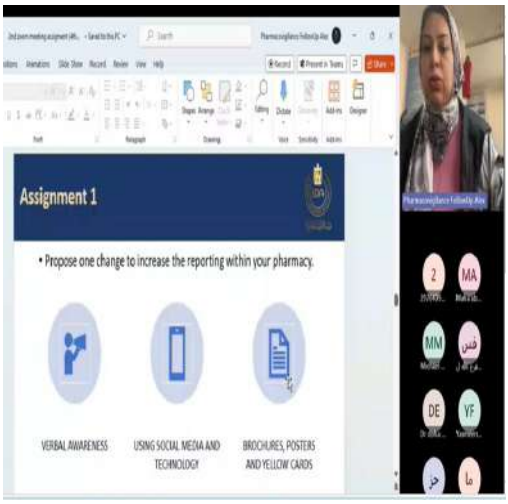
In the midst of these training sessions, EPVC is actively retrieving cases from the national database, revising them, and giving the coordinating organizations constructive criticism. It is anticipated that this approach will lead to a more strong and dependable way of monitoring and controlling pharmaceutical safety threats.

EPVC would like to express its appreciation to Egyptian Healthcare Authority (EHA) organisations (Port Said EHA, Ismailia EHA & Luxor EHA),

We hope they continue to succeed in their endeavors and appreciate their dedication and maturity in moving forward with more advanced stages for case quality as well as their monthly entry cases, which are substantial, in the national database.

"Together for Safe Medicine" Initiative News:

We are happy to announce that we had started the activities of the 4th wave of EPVC initiative "Together for safe medicine". On Thursday 22 February 2024 we started with an introductory online lecture about the initiative, its different stages, the expected outcomes, and pharmacovigilance definition. The attendance is 125 pharmacists all over Egypt , The participants have one week for listening to 13 recorded lectures prepared by EPVC team concerning pharmacovigilance science that were uploaded on the EDA YouTube channel followed by a second online meeting on Wednesday 28 February 2024 in which initiative team answered all questions shared with pharmacists and informed them about the required tasks to apply their assignments and start executive phase which will last for 3 months of applying pharmacovigilance practice and reporting ADRs through community, private and governmental pharmacies all over Egypt by participanting pharmacist.



EPVC Tips

On Pharmacovigilance

Be cautious with OTC drugs; They also may cause ADRs!!

Most OTC medicines are safe to use when the package directions are followed, but they can still carry a risk, even though they do not require a prescription. There is the possibility of side effects, drug interactions, or harm due to excessive doses.

You should inform consumers that they should read the "Drug label " that is found on all OTC products or in the package and follow those instructions and for any questions they have about an OTC medicines, herbal product or dietary supplement, ask their doctor or pharmacist.

Pregnant women should speak with their doctor first before taking any medication, vitamin, or herbal supplement, even if it's an OTC product.

Visit EDA website to find all medicine- related news, updates and alerts Click here

You will find all EPVC Newsletters and DHPCs here

You will also find all alerts regarding counterfeited and falsified products released by Central Administration of Operations here

The Egyptian Pharmaceutical Vigilance center
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One report counts

What is Pharmacovigilance

Pharmacovigilance (PV) is defined as the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug- related problem.

What is the Egyptian Pharmaceutical Vigilance Center?

With the increasing demand for patient's safety which is becoming more stringent, . The Egyptian Pharmaceutical Vigilance Center was established to be responsible for the safety monitoring of the pharmaceutical products throughout its lifecycle and it is the regulatory authority regarding Pharmacovigilance and its applications .

EPVC monitors the safety of all types of pharmaceutical products, including human medicines, biological products, supplements, cosmetics, veterinary medicines, medical devices, Biocides and pesticides

A call for reporting

Please remember that you can report safety information of medicines to EPVC

Communication information

The Egyptian Drug Authority (EDA)
Pharmaceutical Care Administration
The Egyptian Pharmaceutical Vigilance Center (EPVC)

The Egyptian Pharmaceutical Vigilance center
مركز اليقظة الصيدلية المصري

Address: 21 Abd El Aziz AlSoud Street. El-Manial, Cairo, Egypt, PO Box: 11451
Hotline: 15301
Fax: +202 – 23610497
Email: pv.followup@edaegypt.gov.eg
Reporting link: www.edaegypt.gov.eg
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