Machine learning to predict safety signals using molecular similarity and disproportionate reporting rates

Authors: Lucy Quirant^{1, 2}, Annette Rudolph¹, Rachel Cavill², Eva-Lisa Meldau¹

¹ Uppsala Monitoring Centre, Sweden

² Maastricht University, The Netherlands

Data

864 comparison drugs were chosen applying in- and exclusion criteria, such as molecular size, chemical information availability, and presence in VigiBase.

864

comparison drugs

317

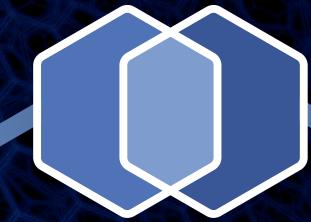
test drugs are a subset with a label change

2177 adverse

events

Background

Disproportionality analysis, a way to quantify unexpectedness, is the standard approach in statistical signal detection. To improve signal detection, information can be leveraged from similar drugs. By using safety profiles of chemically similar drugs, the aim is to find signals earlier as chemical similarity gives additional support resulting in less case safety reports being required to detect signals. Furthermore, leveraging chemical similarity may propose a mechanism of action for the

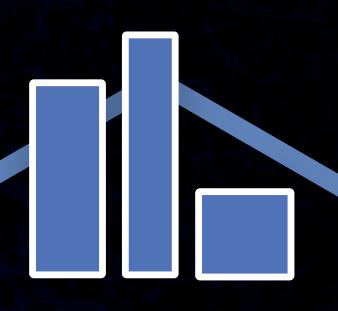


Chemical similarity between test and comparison drugs

Methods



Presence of the adverse event in the label of the comparison drug



Disproportionality
of test drug and
adverse event

Results

To find the best configuration of features, four experiments with different subsets of the features were performed.

	Methods				F1	Precision	Recall
Baseline: no random forest, only disproportionality feature over fixed threshold					0.41	0.84	0.26
Random forest with chemical similarity and comparator label information					0.66	0.66	0.68
Random forest with disproportionality feature					0.64	0.64	0.66
Random forest with all features					0.74	0.72	0.76



Random forest machine
learning model uses
these features to make a
prediction whether test
drug and adverse event
are a label change

Yes

No

Conclusion

Best performances are achieved when chemical information and disproportionality are used together, showing that chemical information could support timely signal detection.

Acknowledgments:

The authors are indebted to the national centres who make up the WHO Programme for International Drug Monitoring and contribute reports to VigiBase. However, the opinions and conclusions of this study are not necessarily those of the various centres nor of WHO.

Uppsala Monitoring Centre (UMC)
Box 1051, SE-751 40 Uppsala, Sweden
+46 18 65 60 60, www.who-umc.org

