

# Medical Device Surveillance Using “Big Data” Methods

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**Yale SCHOOL OF MEDICINE**

# Background and Objective

- **FDA is actively strengthening national post-market surveillance system**
- **Goal is to understand potential uses, advantages of big data analytic approaches for detecting device-related safety (and effectiveness?) signals**
- **Methods will have wider implications once UDI system is adopted by routinely collected health data systems**

# Project Overview

- **Development of signal detection “use case” that will be undertaken within the Yale BD2K Center**
- **Application of both traditional and “big data” analytic methods**
- **Partnered with ACC-NCDR to utilize Medicare-linked ICD registry, 2006-2010 data on implantations with follow-up data through 2011**

# Why ICDs?

## Advantages

- Many manufacturers, models
- Highly effective therapy
- But not without risks: ~10% experience in-patient complications, ~ 10% per year long-term events

## Disadvantages

- Many manufacturers, models
- No information on leads
- Only claims data for longitudinal events

# Project Research Objectives

- **Utilize big data analytic approaches for signal detection of device-related complications / outcomes after ICD therapy**
- **Compare the big data analytic approaches with traditional analytic approaches for signal detection of device-related complications / outcomes after ICD therapy**

# Which ICDs?

- **Many manufacturers, models**
- **Excluded patients who received any ICD implanted fewer than 20 times**
- **Reviewed and reclassified as needed all other implanted ICDs, ensuring correct designation as single chamber vs. dual chamber vs. CRT**

# Which complications / outcomes?

- **Death**
- **ED visit/hospitalization for an ICD-related adverse event, defined as:**
  - **Events resulting from the implantation, presence, performance, or failure of ICD therapy**
  - **But do not involve re-operation**
- **Inpatient/outpatient visit for ICD site reoperation**

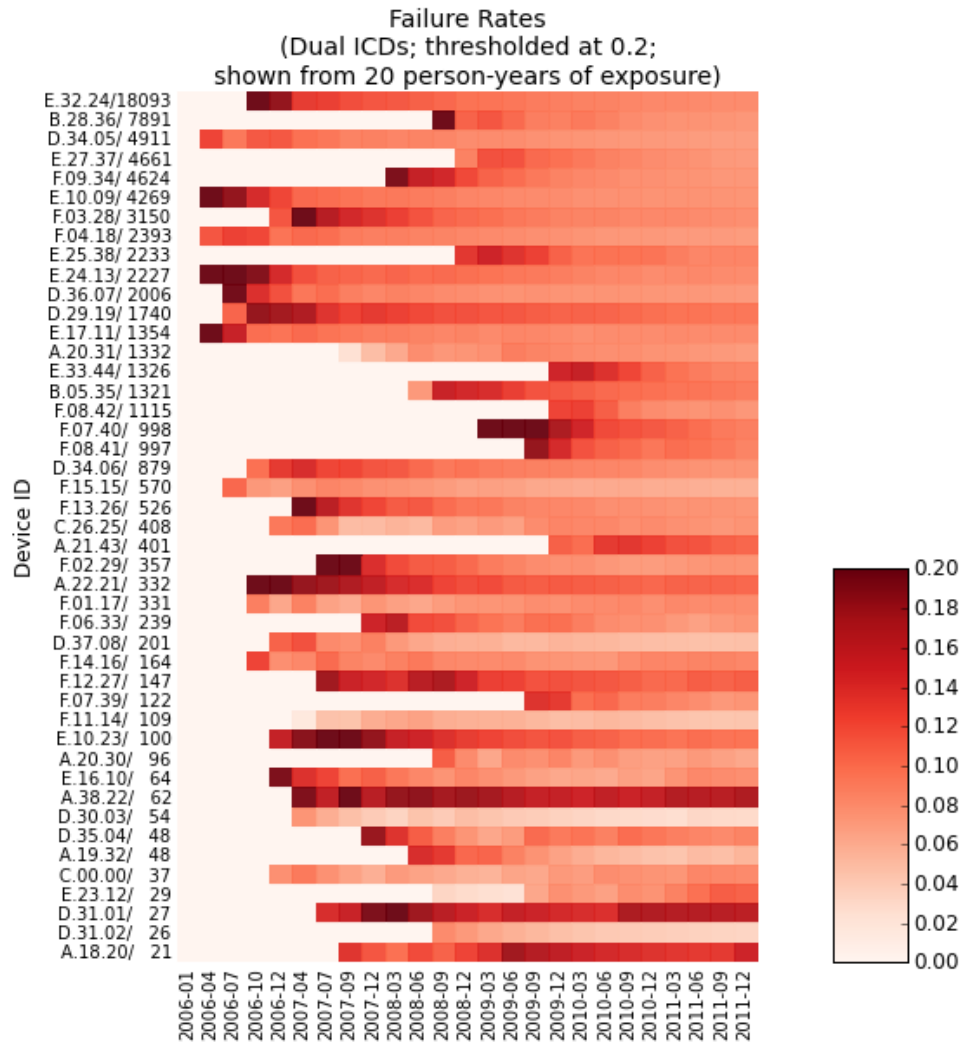
<b>Adverse Event Category</b>	<b>Condition Categories</b>	<b>Time Frame</b>
Device Failure	CC78, 79: Respiratory Failure, CV Shock CC92, 93: Heart Arrhythmia, Other Heart Rhythm	Any
Other Device Effectiveness	CC80: Heart Failure CC81, 82: AMI, Unstable angina	Any
Infections	CC2, 6: Septicemia, Other ID CC85, 86: Heart valve dz, infections	Any
Behavioral	CC55, 58, 59: Depression, Anxiety	Any
Other Device Malfunctions	CC164	Any
Procedural Complications	CC104, 105, 106: Vascular-related	90 days
Procedural Complications	CC114: Pneumothorax-related	90 days
Procedural Complications	CC131: Acute renal failure	90 days
Procedural Complications	CC165: Other surgical related	90 days



# Which Methods?

- **All analyses stratified by ICD-type (single-chamber, dual-chamber, CRT)**
- **Will start with overall analysis to determine whether there is a signal to detect ...**
- **Then will compare and contrast 3 methods**
  - **Traditional time-to-event methods, risk-adjusted for patient and procedural characteristics**
  - **DELTA method, prospective propensity score matching**
  - **Big Data methods**

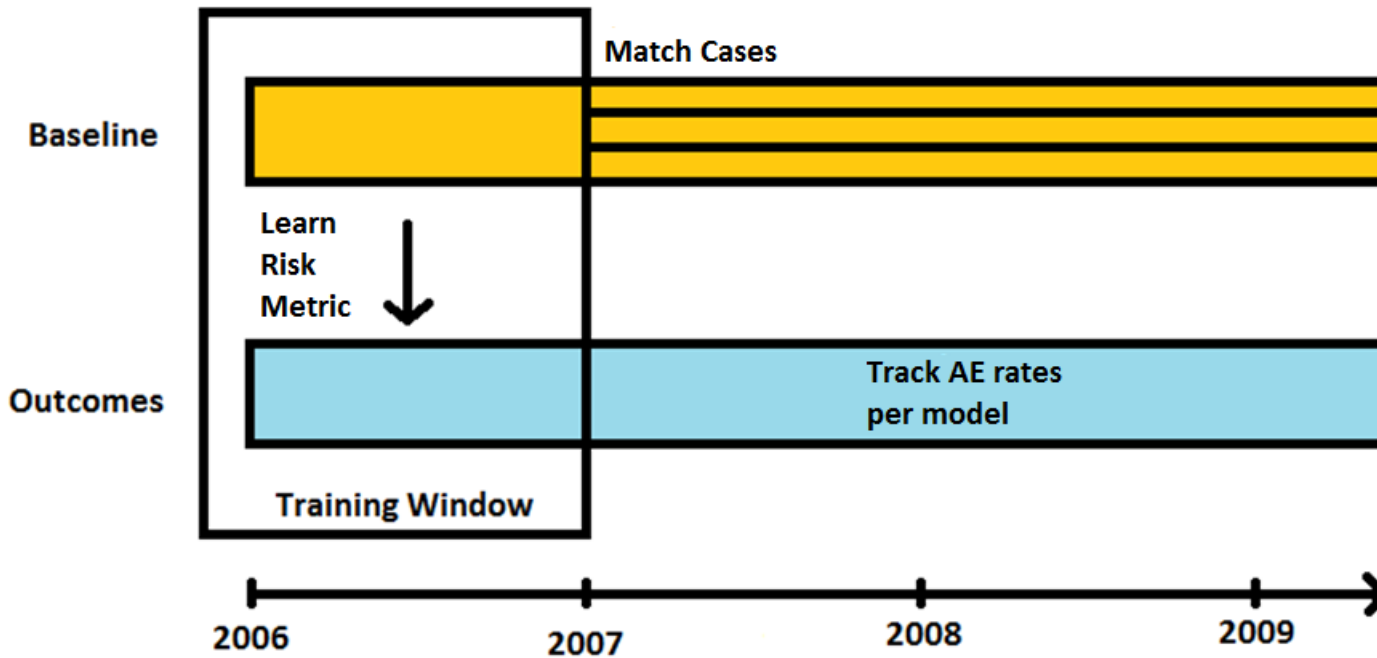
# “Big Data” Approach



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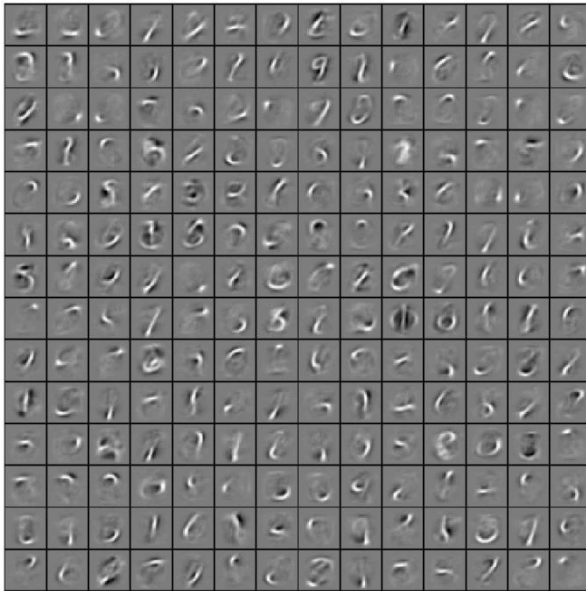
1. *Learn* a metric associated with risk between patients at baseline (implantation) using the diffusion distance between Deep Neural Network meta-features
2. Use a matching algorithm with respect to the risk metric to match cases to controls
3. Test for differences in proportions for adverse events per quarter between cases and controls

# “Big Data” Approach

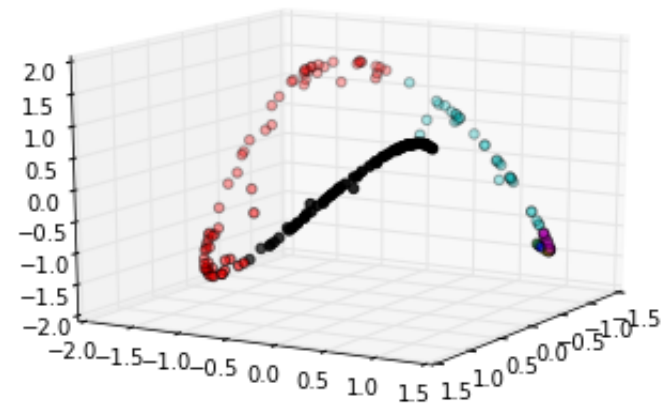


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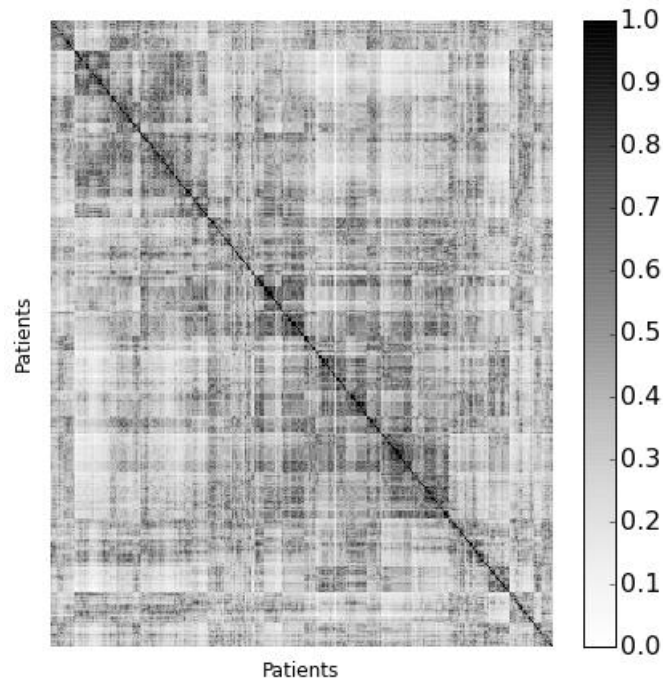


Diffusion Embedding of Devices (Color by Severity)  $t=0.01$



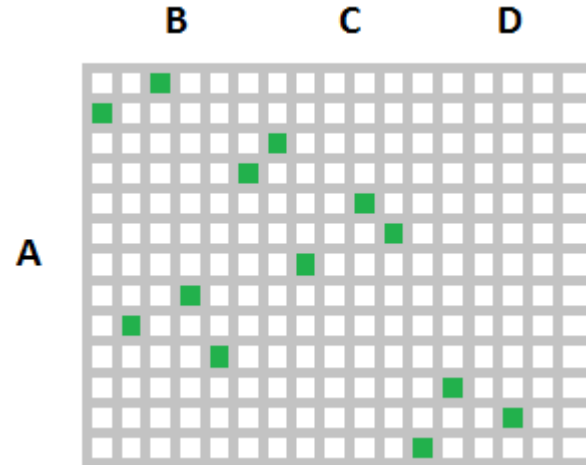
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# Acknowledgements

- **Yale/CORE Team: Harlan Krumholz, Craig Parzynski, Joe Akar, Jim Freeman**
- **Yale/BD2K Team: Shu-Xia Li, Raphy Coifman**
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- **ACC/NCDR: Fred Masoudi and Dick Shaw**





Dual ICD Device Failure Rates by Device  
(shown from 20 person-years of exposure)

