Glossary

**Adverse event** Also known as adverse experience, it is any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have to have a causal relationship with this treatment.

**Adverse reaction/effect** In the pre-approval setting when the therapeutic dose(s) may not be established, all noxious and unintended responses to a medicinal product related to any dose should be considered adverse drug reactions.

For marketed medicinal products, it refers to a response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for modification of physiological function.

**Benefit** A potential favorable effect seen to be promoting or enhancing the current state of health, resulting from the treatment using the product.

**Benefit–risk assessment** Also referred to as assessment and known as benefit–risk evaluation, it is the review of scientific data in support of the proposed indication of the product, conducted by a reviewer/assessor.

**Benefit–risk balance** Also known as benefit–risk profile or outcome, it is the expert opinion cumulative of the consideration of the benefits and risks, weighing the relative contribution and the uncertainties of the evidence provided, incorporating the current medical knowledge and experience, and recommending a positive or negative outcome.

**Benefit–risk summary** Part of the Benefit–Risk Template, consists of the conclusions of various aspects of assessment and the final benefit–risk balance.

**Benefit–Risk Summary Template** A product of this research which documents and communicates the assessment findings supporting the benefit–risk balance and decision, extracted from the main Benefit–Risk Template.

**Benefit–Risk Template** A product of this research which documents and communicates the assessment findings supporting the benefit–risk balance and decision; includes the Benefit–Risk Summary and Proforma.
Company/sponsor: Refers to the owner of the product and who initiates the submission.

Comparator: An investigational or marketed product (i.e., active control) used as a reference in a clinical trial.

Effect size: The quantum of difference arising from the comparison between treatment outcomes of the product with the comparator; it contributes to the overall interpretation of effectiveness and clinical relevance.

Investigated product: Also referred to as the product, it is the entity on which the submission of an application for market authorization is based and for which the clinical studies are conducted.

Medicines: Refer to pharmacological products for use in humans with the intention of medical intervention.

Methodology: A tool, concept, or set of principles that guides the assessment of benefits and risks.

Multi-criteria decision analysis (MCDA): A decision analysis technique which disaggregates a complex problem, measures the extent to which the options achieve its objectives, applies weights to the objectives, and finally reassembles these information to contribute to the decision.

Patient-reported outcomes: Observations as part of a study related to the results obtained directly from the patients, which may include patients’ satisfaction, tolerability, symptoms, preferences, quality of life, and interruptions to daily living.

Proforma: Part of the Benefit–Risk Template, consists of various sections providing the details of the basis on benefit–risk balance decisions.

Reviewer: Also known as evaluator or assessor, personnel trained in the scientific evaluation of data and using clinical judgment to provide a recommendation on the benefit–risk balance of the product.

Risk: Also known as harm, an unfavorable effect or adverse reactions/effects on patients’ health, public health, or the environment resulting from exposure to the product.

Scoring: The process of assessing the performance of each option against a relevant criteria by assigning a numerical value.

Seriousness (of adverse event/reaction/effect): A serious adverse event (experience) or reaction is any untoward medical occurrence that at any dose
Results in death,
Is life-threatening (at risk of death at the time of the event),
Requires inpatient hospitalization or prolongation of existing hospitalization,
Results in persistent or significant disability/incapacity, or
Is a congenital anomaly/birth defect.

Severity (of adverse event/reaction/effect): The intensity of a specific adverse event which may or may not be of medical significance or seriousness, which is defined by a set of criteria.

Submission: An application sent for review to the regulatory authorities by the company for the market authorization of the proposed indications of the product.
**Value tree** A methodology used in multi-criteria decision analysis for incorporating and organizing the different criteria in the model structure. It clusters the criteria in a hierarchical way.

**Valuing** An exercise of providing qualitative or quantitative figures (values) reflecting the effect observed from the studies; this assists in the interpretation of effect size and relevance of treatment.

**Weighting** An exercise of expert judgment indicating the relative importance of the available options, commonly done through a logical system of rank assignment (weights).
References

Bolger F, Stranieri A, Wright G, Yearwood J (2011) Does the Delphi process lead to increased accuracy in group-based judgmental forecasts or does it simply induce consensus amongst judgmental forecasters? Technol Forecast Soc Change 78:1671–1680
Centre for Innovation in Regulatory Science (2011) Visualising benefit-risk: the key to developing a framework that informs stakeholder perspective and clarity of decision making. Workshop report. London, UK
Centre for Innovation in Regulatory Science (2012b) Building the benefit-risk toolbox: are there enough common elements across the different methodologies to enable a consensus on a scientifically acceptable framework for making benefit-risk decisions? Workshop report. London, UK

Centre for Innovation in Regulatory Science (2013b) Review – how do agencies ensure the quality of the decision? Workshop report. London, UK
CTSpedia (2012a) Best practices recommendations. Available at: https://www.ctspedia.org/do/view/CTSpedia/BestPractices
CTSpedia (2012b) Graphs that answer common clinical trial safety questions. Available at: https://www.ctspedia.org/do/view/CTSpedia/StatGraphHome
References


References
References


Philippe de Jong J, Putzeist M, Stolk P (2013b) Discussion paper by the Escher project. Towards appropriate levels of evidence. A regulatory science perspective on adaptive approaches to marketing authorization. Nat Rev Drug Discov 12(Supplementary information)


Pope Catherine, Mays Nicholas (1995) Qualitative research: Reaching the parts other methods cannot reach: An introduction to qualitative methods in health and health services research. BMJ 311:42–45


References


US Food and Drug Administration (2013c) Public meeting on HIV patient-focused drug development and HIV cure research. Available at: http://www.fda.gov/ForIndustry/UserFees/PrescriptionDrugUserFee/ucm348598.htm


