## Mass General Brigham

# An Informatics Roadmap to Facilitate DRESS Epidemiology and Pharmacogenomics Studies

Abigail R. Salem, BA<sup>1</sup>, Suzanne Blackley, MS<sup>1</sup>, Fatima Bassir, MPH<sup>1</sup>, Upeka Samarakoon, PhD, MPH<sup>2</sup>, Elizabeth Phillips, MD<sup>5,6</sup>, Liqin Wang, PhD<sup>1,4</sup>, Kimberly G. Blumenthal, MD, MSc<sup>2,4\*</sup>, Li Zhou, MD, PhD<sup>1,4\*</sup> <sup>1</sup>Division of General Internal Medicine and Primary Care, Department of Medicine, Brigham and Women's Hospital, Boston, MA, USA, <sup>2</sup>Division of Rheumatology, Allergy, and Immunology, Department of Medicine, Massachusetts General Hospital, Boston, MA, USA, <sup>3</sup>Department of Dermatology, Massachusetts General Hospital, Boston, MA, USA, <sup>6</sup>Institute for Immunology and Infectious Diseases, Murdoch University, Murdoch, Western Australia, Australia

#### Background

- Drug reaction with eosinophilia and systemic symptoms (DRESS) affects 1-10 in 10,000 drug exposures<sup>1-3</sup>.
- Though rare, DRESS is a severe drug reaction with great diversity in presentation, which presents challenges for case identification Further challenges include<sup>4</sup>:
- Diagnostic codes lack specificity
- Not available as coded entries in the adverse and allergic reaction modules in the electronic health record (EHR)
- Lack of mandatory reporting to the FDA by clinicians
- Inconsistency and limited data from voluntary reporting

Goal: To develop a roadmap for leveraging large-scale EHR data and informatics technology to improve DRESS case identification and advance understanding of DRESS using epidemiology and pharmacogenomic studies with the following aims:

- Aim 1: Informatics Develop and disseminate informatics methods to identify and validate a DRESS patient cohort using longitudinal EHR data
- Aim 2: Epidemiology Identify risk factors for, and sequelae of, antibiotic-associated DRESS
- Aim 3: Pharmacogenomics Discover HLA and genetic associations form DRESS patients

#### Methods

- Study setting: a multisite and multidisciplinary collaborative study between Mass General Brigham (MGB; formerly Partners HealthCare System) in Boston, MA, and Vanderbilt University Medical Center in Nashville, TN
- Data sources
- EHRs of 11 million patients spanning five decades (1980-2022) at MGB Identify potential DRESS cases using informatics methods
- Natural language processing [NLP] and machine learning [ML] leveraged to identify cases using EHR and claims data
- Focus on three record areas:

4

- · Coded and free text data of the allergy list
- · Coded and free text data on the problem list
- Potentially relevant ICD9/ICD10 codes
- Case validations

50

45

40

35

- Chart review via data collected data in REDCap
- Validate DRESS cases based on certainty of diagnosis as Definite or Probable
  Each case scored independently by two expert reviewers in dermatology
- and/or allergy/immunology
  Confirmed cases must have ALDEN and RegiSCAR scores ≥4
- Epidemiology and Pharmacogenomics Studies

33

- To determine overall DRESS prevalence and clinical presentation
- Nested case-control studies within the full MGB population to examine

#### risk factors for, and sequelae of, DRESS

- Inclusion criteria:
  - Patient currently alive and 18+ at the time of DRESS
  - Patient must have experienced DRESS due to an antibiotic
  - DRESS case must have been validated as Definite or Probable after chart review
- Patients screened for eligibility, and consent to validated questionnaires and interviews on their symptoms and quality of life (QOL) since their DRESS episode
- Collected demographic information to further epidemiological analysis
- Eligible patients also consent to return saliva samples for genetic testing
   Identify candidate HLA and genetic associations from patients with



### Results

- The project is ongoing. These are the results to date as of October 7, 2022
- 366 patients validated with definite or probable DRESS







**Patient Participation** 

20

Completed QOL survey

Returned saliva sample

Participated in qualitative

interview



- Sets example and precedent for:
  - Collaborative studies led by a multidisciplinary research team
     Diverse clinical and research knowledge
  - Developing an informatics roadmap that can utilize large-scale EHR data for phenotyping that will facilitate subsequent epidemiology and pharmacogenomics studies
- Utilizing our informatics methods, we identified 266 more DRESS cases than predicted (100), allowing us to do more robust DRESS studies

### References

Valeyrie-Allanore L, Sassolas B, Roujeau UC. Drug-induced skin, nail and hair disorders. Drug Saf. 2007;30(11):1011-30.
 Hernandez-Salazar A, Rosales SP, Rangel-Frausto S, Criollo E, Archer-Dubon C, Orozco-Topete R. Epidemiology of adverse cutaneous drug reactions. A prospective study in hospitalized patients. Archives of medical research. 2006;37(7):899-902.
 Thong BY, Leong KP, Tang CY, Chng HH. Drug allergy in a general hospital: Results of a novel prospective inpatient reporting system. Ann Allergy Astma Innumol. 2003;90(3):242-7.

4. Davis RL Gallagher MA, Asgari MM, Elde MJ, Margolis DJ, Macy E, Burmester JK, Selvam N, Boscarino JA, Cromwell LF, Feigelson HS, Kuntz JL, Pawloski PA, Penfold RB, Raebel MA, Sridhar G, Wu A, La Grenade LA, Pacanowski MA, Pinheiro SP. Identification of Stevens-Johnson syndrome and toxic epidermal necrolysis in electronic health record databases. Pharmaccepidemiol Drug 5af. 2015;24(7):684-92.

Acknowledgement: This study is funded by NIH/NIAID Grant #: 1R01 AI150295-01A1