Introduction and Objectives

Philipp Morris International (PMI) is developing potential Reduced Risk Tobacco Products (RRTPs) / Reduced Risk Products (RRPs) that present, likely to be present, or have the potential to present less risk of harm to adult smokers who choose to use these products over continuing tobacco smoking. RRP has a range of RRP in various stages of development, scientific assessment and commercialization, such as heat-not-tobacco products and cigarette-continuing products (in development). For example, the Lung Health Study (LHS), initialized by IQOS, is currently available in more than 20 countries and includes over 1.5 million participants. The RRP system continues to evolve and to be updated and its current focus is directed to smoking cessation, harm reduction, and the prevention of respiratory diseases. This program is part of the broader PMI Safety Surveillance program aimed at continuous assessment, to ensure that products are safe. 

Methods

As part of the RRP program assessment (Figure 1), PMI contacts post- and pre-market safety assessments of RRP using a number of processes according to the sources of the safety reports. In combination clinical, AEs are actively monitored as per international Good Clinical Practice (GCP) guidelines and safety surveillance methods, detailed here pharmacoepidemiological, are applied in current behavioral studies. In the latter, the current spontaneous report health problems which they concern be associated with product use. A continuous, possible related safety surveillance methodology is used in markets where PMI actively communicate with consumers. The essential aspect of product safety surveillance is the ability to now identify in a timely manner, any significant associated with RRP safety profile. 

Safety data is collected at the clinical level and is subject to a study-specific safety report. Post-market safety data is iteratively during the year. The findings are submitted in an annual safety report.

Results

In the absence of tobacco-specific standards, PMI proactively implements a Quality Management System to RRP safety surveillance elements from well-established clinical and methodological standards that result in RRP products that are safe for their intended use. The RRP product safety surveillance assessments are conducted through a dedicated safety database, adopting individual cases, performing safety assessment and reporting individual and aggregated regulatory and safety report. Post-market safety data includes AEs and Special Medical Conditions (SMC), such as pregnancy and contraceptive use.

Discussion

As an illustration example of HRP regulatory surveillance, safety findings for THS are presented.

Unrelated AEs from Heat-Not-Cigarette Studies (a-rich in the US)

A total of 408 subjects were enrolled in 8 randomized clinical studies (6 adult-use, consumer studies and 2 parallel group 1 week and 3-month study) assessing 79 RRP. Overall, 57 (22%) subjects had a total of 95 AEs, with 23 THS-related AEs in 18 subjects (nausea and vomiting, diarrhea, dyspepsia, fatigue, chest pain, back pain, dizziness, headache, rash, cough, and earache).

The incidence of the most frequent THS-related AEs was 65/353 (2%) and 3/1211 (0.25%) for all subjects and 1,723 (0.5%) for subjects with medically confirmed THS-related AEs.

Unrelated AEs from Consumer Studies and from Preemption and Baseline Assessment Studies (May 2015 to Jun 2016)

A total of 609 subjects were enrolled in 6 clinical studies (4 adult-use, consumer studies and 2 parallel group 1 week and 3-month study) assessing 79 RRP. Overall, 54 (23%) subjects had a total of 83 AEs, with 23 THS-related AEs in 18 subjects (nausea and vomiting, diarrhea, dyspepsia, fatigue, chest pain, back pain, dizziness, headache, rash, cough, and earache).

The incidence of the most frequent THS-related AEs was 65/353 (2%) and 3/1211 (0.25%) for all subjects and 1,723 (0.5%) for subjects with medically confirmed THS-related AEs.

Unrelated AEs from Preemption and Baseline Assessment Studies (May 2015 to Jun 2016)

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Conclusions

Leveraging standards and methods for safety monitoring and surveillance established for medicinal products for the safety assessment of tobacco products is feasible and has been successfully implemented at PMI. This allows PMI to identify and communicate only risks associated with RRP.

Acknowledgement

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