Overall, notable differences 73% (46/63) were identified between the two product label formats. The overall difference was driven primarily by the addition of the black box warnings (BBWs) to the EU Summary of Product Characteristics (SmPC) for product labels. Product labels describe a medicinal product based on its chemical, pharmaceutical, and pharmacological properties. Each HA determines the type, format, and extent of efficacy and safety data to incorporate into the product label to best convey this information to healthcare professionals (HCPs).

**Figure 1. Health Authority Insights Obtained from SBA and EPAR Analysis**

- **SBA Insights**
  - Detailed description of each study design (i.e., list of investigators, study population, design assessments, and analysis plan)
  - Medical reviewer discussion and review of data presented
  - Detailed data tables provided in appendices
  - Analysis of entire database of deaths
  - Adverse events to discuss safety profile
  - Integration review of safety databases (e.g.,西西k
  - Integration of severe, serious, unexpected events, and other safety parameters

- **EPAR Insights**
  - Brief, summarized description of study design
  - Results are described but less data tables, figures, and statistical values are provided
  - Results of studies presented in formal manner without discussion or opinion
  - Box warnings, PRISGs, warnings, etc.
  - Factual stating of incidence of adverse events and other data
  - Discussion about interpretation and impact of adverse event incidence unlike the SBA

**Results (continued)**

The primary endpoints were consistent for pivotal trials; however, the level of detail provided about the pivotal endpoint(s) was notably different for five USPIs versus nine (56%) drugs. For adverse events, all drugs (100%) were different for this section because the USPI described safety data as incidence (percentage) of patients reporting reaction in trials for approved indications, whereas the SmPC described safety data in order of frequency from very common to very rare. For black box warnings, all drugs (100%) were different because of the different presentation for severe warning(s). While the SmPC contained the same severe warning(s), it did not highlight the information as prominently as the boxed warning in the USPI. For order of information, all drugs (100%) were notably different.

**Limitations**

Limitations of this study include the small sample size and the use of a standardized, but not validated data collection tool. Therefore, further study with a larger sample size could provide more information about how FDA and EMA choose to present product information labels to healthcare providers. Another limitation is the challenge to compare the product labels at initial approval for both regions because only the USPI provides a launch label. Thus, we compared the most up to date versions of the USPI and SmPC available.

**Conclusions**

The clearest areas (100%) where notable differences were identified between the USPI and SmPC were in adverse events, black box warning, and order of information. The USPI placed importance in identifying the incidence of patients experiencing adverse events in trials numerically by percentage, whereas the SmPC presented the information more generally by frequency (very common to very rare).

The PLR format in the USPI also presented order of information differently by promoting Drug Class that, unlike the SmPC, prominently displayed severe warnings as black box warnings, whereas the SmPC made no distinction between severe warnings and other warnings. The notable differences were consistent in the product labels between the US and EU may influence how HCPs interpret product information in different regions.