HAUTE AUTORITÉ DE SANTÉ

Real World Data and decision-making procedures

Facing the Challenges: Equity, Sustainability and Access
29th-30th November 2018, WHO/INFARMED Conference

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Outlines

1. **Challenges with Real World Data (RWD)**
2. **How to deal with?**
   - HAS experience of RWD
   - EUnetHTA initiatives

Current context for HTA

1. **RCTs, the gold standard**
2. **But,**
   - RCTs do not answer all HTA questions
   - MA increasingly granted on limited data
3. **Increasing uncertainty situations**
4. **Use of real world data to complement /enrich evidence?**

RWD and RWE, what are we talking about?

1. **Real world data (RWD)**
   - Data regarding the effects of health interventions (e.g., safety, effectiveness, resource use, etc.) that are not collected in the context of controlled RCTs
   - Observational (non RCTs) or administrative data that provides information on the routine use delivery of health care and the health status of the target population.
   - Pragmatic studies
2. **Real world evidence (RWE)**
   - Evidence derived from the analysis of real world data.

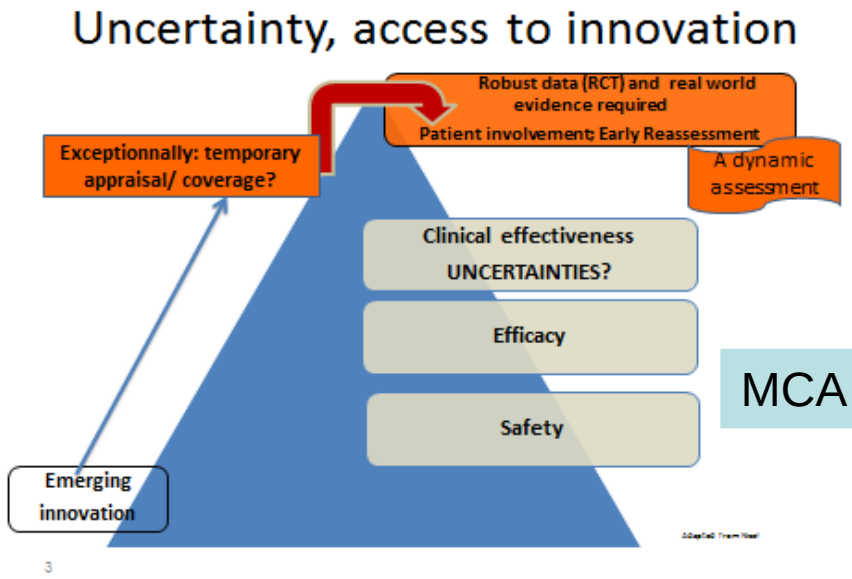
Use of real world data

Objectives of RWD	Impact
Safety Monitoring	Regulatory and HTA assessment
Relative **Effectiveness/Cost-Effectiveness** in real life setting	Regulatory and HTA assessment
Conditions of use	HTA assessment
Monitoring **Drug Financing Mechanism** - Financial condition of usage - Performance based payment	P&R Decision
Sharing experiences/practices for **optimization** of patient management	Clinical practice recommendations/guidelines

Potential use of RWE

NEW:

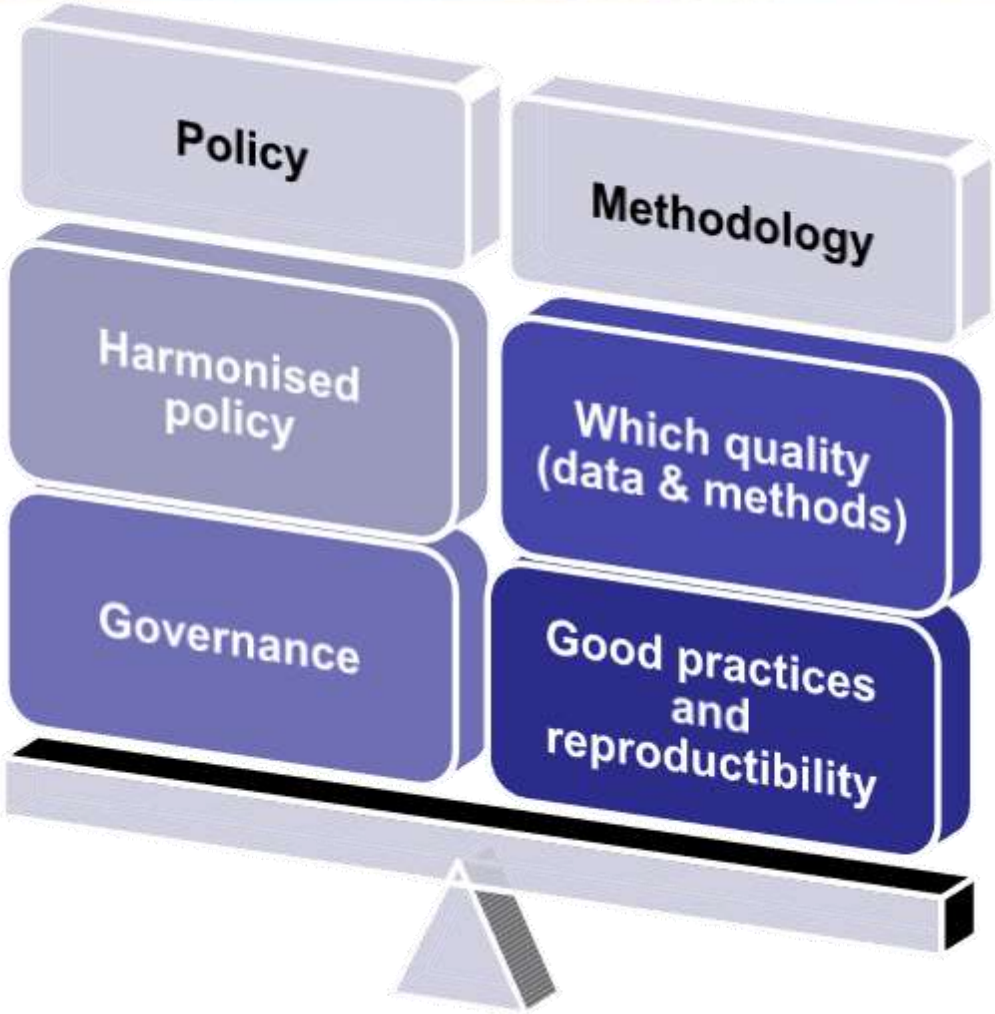
- Absence of RCT: Indirect comparison
- Supplement specific populations
- Uncertainty management
- Reassessment



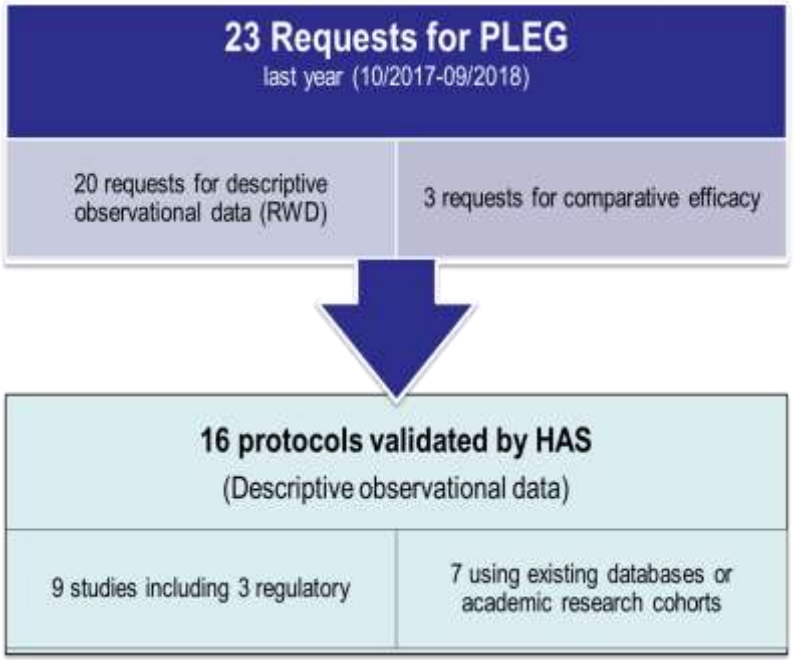
Challenges

1. **Lower evidence :**
   - safety and efficacy?
   - added clinical value?
2. **Quality of data and confidence**
3. **Transferability**
4. **For which HTA questions RWE is acceptable?**
5. **When and how to use RWE?**
6. **How to assess?**

What to do?


Policy
Methodology
Harmonised policy
Which quality (data & methods)
Governance
Good practices and reproductibility

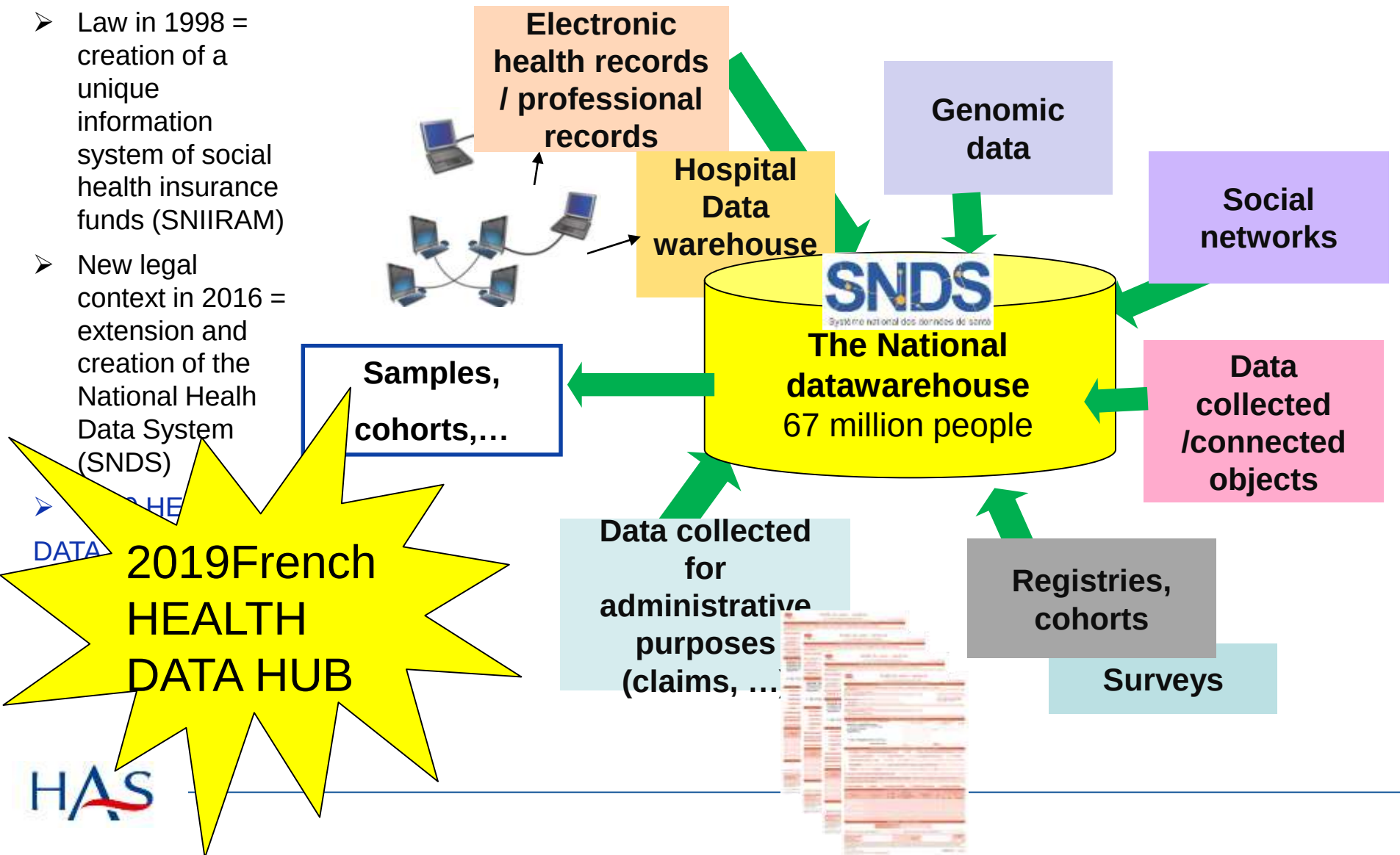
Post Launch Evidence Generation , HAS experience so far



1. **RCTs gold standard; RWD to complement**
2. **Requests for PLEG 10% of new drugs assessment**
   - Conditions of use, effectiveness, long term safety, place in clinical strategy
   - Increasing role of academic cohorts/registries and data from social security database
   - Validation of protocols by HAS
3. **Context of Uncertainty**

The National Health Data System (2018) in France: SNDS

- Law in 1998 = creation of a unique information system of social health insurance funds (SNIIRAM)
- New legal context in 2016 = extension and creation of the National Healh Data System (SNDS)
- [illegible] HE
DATA



2019French HEALTH DATA HUB

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Generation of good quality RWE is part of EUnetHTA Objectives

The main objective of WP5 is to help to generate, all along the technology lifecycle, optimal and robust evidence for different stakeholders, bringing benefits for patient access and public health.

► **Strand A: Early Dialogues**

Opportunity to seek advice for PLEG

► **Strand B: Tools and pilots for Post-Launch evidence generation (PLEG)**

→ Guidelines

→ Standards Tool supporting the quality of Registries (REQueST)

→ Product specific pilots arising from assessment

→ Registry qualification advice

Available EUnetHTA tools for PLEG

Technology **selection** for AEG

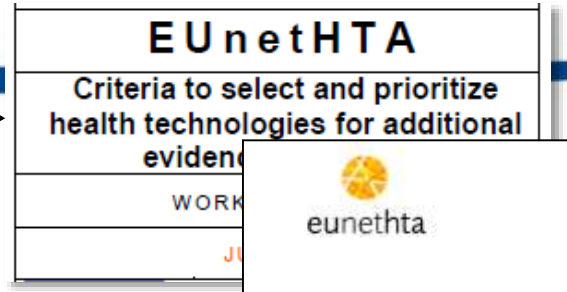
Definition of the **research question**

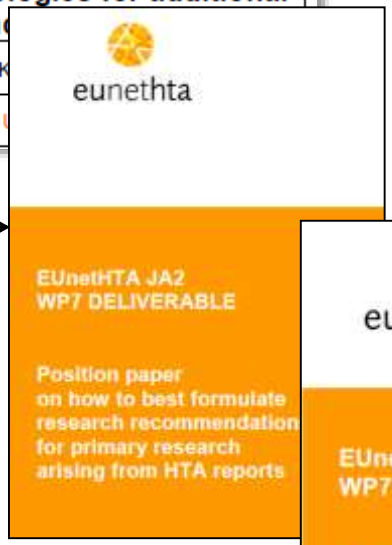
Choice of data **sources** and **methodology**

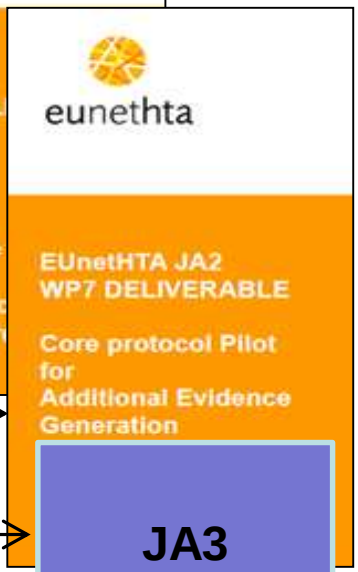
Core **protocol** template

Pilot templates and documents

Quality of registries







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JA3 deliverable

EUnetHTA Tool for Registry qualification:
Registry Evaluation and Quality Standards Tool (REQueST)

Objectives of REQueST

- **Adapt existing quality standards for registries into a practical tool to assess registry quality**
- **Build upon the work of PARENT Joint action**

Highlights thus far

- **First draft of REQueST**

ISPOR POSTER; Gimenez E et al nov 2018

- **Vision paper on the sustainable availability of REQueST**

Next steps

- **Public consultation (mid 2019)**
- **Final version (September 2019)**

*** Registries =** An organized system that collects, analyses, and disseminates the data and information on a group of people defined by a particular disease, condition, exposure or health-related service, and that serves a predetermined scientific, clinical or/and public health(policy) purpose.

EUnetHTA PLEG pilots

Product specific pilots arising from HTA

- **Two ongoing pilots, one planned:**
  - Orphan drug,
    Start: April 2018.
    7 countries.
  - Breast cancer,
    Start: May 2018.
  - Expected end (both pilots) mid-2019.
  - Medical device, Upcoming.

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Disease/registry specific collaborative pilots

- Registry qualification exercise
- Participation to **EMA registry initiative**
- Two pilots carried out

Participation to EMA Registry initiatives

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Qualification of novel methodologies for medicine development

Share

The European Medicines Agency offers scientific advice to support the qualification of innovative development methods for a specific intended use in the context of research and development into pharmaceuticals.

The advice is given by the Committee for Medicinal Products for Human Use (CHMP) on the basis of recommendations by the Scientific Advice Working Party (SAWP). This qualification process leads to a CHMP **qualification opinion** or CHMP **qualification advice**.

Multiple sclerosis workshop - Registries initiative

Share

Date: 07/07/2017

Location: European Medicines Agency, London, UK

The EMA's initiative for patient registries explores ways of expanding the use of patient registries in the benefit-risk evaluation of medicines within the European Economic Area. The participants of the workshop on Multiple sclerosis registries included representatives from the European MS Platform (EMSP) and its EUReMS group, the "Big MS Data" group, national MS registries, marketing authorisation holders, health technology assessment and reimbursement bodies, patients, national competent authorities, and the EMA. The workshop objectives were to agree on implementable recommendations on the core data elements to be collected in registries, protocols, consents, governance and registry interoperability and on the actions needed from the stakeholder groups to advance registry use in supporting regulatory benefit-risk evaluations.

Agenda – CAR T-cell therapy Registries Workshop

9 February 2018, 08:30 to 16:30 UK time

Welcome room: 2/A

Group-work will take place in rooms: 2/C, 2/D, 2/E

Co-Chairs: June Raine, Martina Schüssler-Lenz and Tomas Salmonson.

Main Objectives of the Workshop:

- To facilitate the long-term follow up of CAR-T cell products in a real world setting and enable the generation of meaningful efficacy and safety data using haemato-oncological registries
- To agree on implementable recommendations on core data elements to be collected, patient consent, governance, quality assurance and registry interoperability.
- To agree on recommendations to optimise collaboration among registry holders, MAHs/MAAs and regulators

- **EUnetHTA Participation to two Disease Registry Qualifications**
- **Qualification advice covering both Quality aspects and registry data set**

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EMA-EUnetHTA three-year work plan 2017-2020

Activity	Expected outcomes
Early Dialogue / Scientific Advice	
Design and implement a single, common, European procedure for Parallel Consultation (previously known as parallel scientific advice/early dialogue)	A single process that reflects the evidence generation needs of both regulators and HTABs Milestones for launch of single platform for parallel consultation and process reviews Communication with stakeholders at each critical design change
Facilitate learning and understanding of evidence needs	Mutual observership in scientific advice / early dialogue
"Late dialogues" / peri-licensing advice	
Gaining experience with peri-licensing advice on post-licensing data generation plans with a focus on specific products (e.g., ATMPs) or regulatory processes or tools (e.g., CMA, Adaptive Pathways, or PRIME)	Provision of parallel consultation on requirements for post-authorisation data collection plans (including registries)
Optimise utilisation of post-licensing evidence generation for decision making	Collaboration in requirements for data collection and analysis of real world data including registries

Multiple on going initiatives … collaboration to be developed!

Original Report

Good Practices for Real-World Data Studies of Treatment and/or Comparative Effectiveness: Recommendations from the Joint ISPOR-ISPE Special Task Force on Real-World Evidence in Health Care Decision Making

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ABSTRACT

Purpose: Real-world evidence (RWE) includes data from retrospective or prospective observational studies and observational registries and provides insights beyond those addressed by randomized controlled trials. RWE studies aim to improve health care decision making. **Methods:** The International Society for Pharmacoeconomics and Outcomes Research (ISPOR) and the International Society for Pharmacoepidemiology (ISPE) created a task force to make recommendations regarding good procedural practices that would enhance decision makers' confidence in evidence derived from RWD studies. Peer review by ISPOR/ISPE members and task force participants provided a consensus-building iterative process for the topics and framing of recommendations. **Results:** The ISPOR/ISPE Task Force recommendations cover seven topics such as study registration, replicability, and stakeholder involvement in RWE studies. These recommendations, in concert with earlier recommendations about study methodology, provide a trustworthy foundation for the expanded use of RWE in health care decision making. **Conclusion:** The focus of these recommendations is good procedural practices for studies that test a specific hypothesis in a specific population. We recognize that some of the recommendations in this report may not be widely adopted without appropriate incentives from decision makers, journal editors, and other key stakeholders.

Keywords: comparative effectiveness, decision making, guidelines, pharmacoepidemiology, real-world data, treatment effectiveness.

REPEAT

Reproducible Evidence: Practices to Enhance and Achieve Transparency

www.repeatinitiative.org

EUROPEAN MEDICINES AGENCY

SCIENCE MEDICINES HEALTH

5 November 2018
EMA/763513/2018

Discussion paper:

Use of patient disease registries for regulatory purposes – methodological and operational considerations

The Cross-Committee Task Force on Patient Registries

A new paradigm for HTA bodies

1. Need for RWD and RWE is now a reality
2. HTA to stay as robust as today
3. Still challenges and concerns to be solved
4. Call for Organization and Collaboration
5. International level

THANKS for your attention!

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