



# Disclaimer

I have no conflict of interests

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# Outline

- 01 — Evolving landscape of EU RWE guidance
- 02 — Updates: RWE-related activities at EMA, DARWIN EU<sup>®</sup>, EHDS
- 03 — Key messages



# Current landscape of EU RWE guidance



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22 October 2021  
EMA/426390/2021  
Committee for Human Medicinal Products (CHMP)

Guideline on registry-based studies

Oct. 2021



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HMA  
Heads of Medicines Agencies

16 December 2021  
EMA/447502/2021

European Medicines Regulatory Network Data Standardisation Strategy

Dec. 2021

Methodology Working Party (MWP)

International collaborations (ICMRA, ICH)



EMA  
EUROPEAN MEDICINES AGENCY



EMA Agencies

31 May 2022  
EMA/563896/2022

List of metadata for Real World Data catalogues

May 2022



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30 September 2022  
Data Analytics and Methods Task Force  
European Medicines Agency

Data Quality Framework for EU medicines regulation


Consultations in 2022

Start of public consultation	10 October
End of consultation	18 November

Comments should be provided using this [template](#). The completed comments form should be sent to [dataqualityframework@ema.europa.eu](mailto:dataqualityframework@ema.europa.eu)



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1 September 2022  
EMA/787647/2022  
European Medicines Agency

Good Practice Guide for the use of the Metadata Catalogue of Real-World Data Sources  
V 1.0

Start of public consultation	27 September 2022
End of consultation	16 November 2022

Comments should be provided using this [template](#). The completed comments form should be sent to [metadata@ema.europa.eu](mailto:metadata@ema.europa.eu)

June 2022  
Revision 11: July 2023



European Network of Centres for Pharmacoepidemiology and Pharmacovigilance

The European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP) Guide on Methodological Standards in Pharmacoepidemiology (Revision 10)



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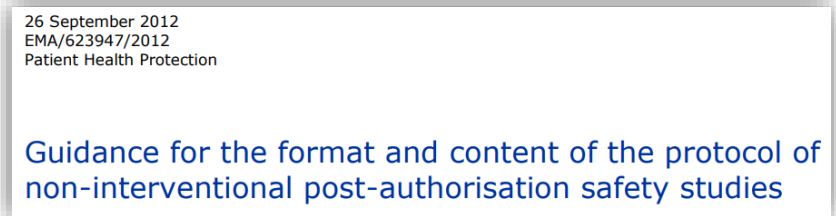
9 October 2017  
EMA/813938/2011 Rev 3\*

Guideline on good pharmacovigilance practices (GVP) Module VIII – Post-authorisation safety studies (Rev 3)

Revision ongoing

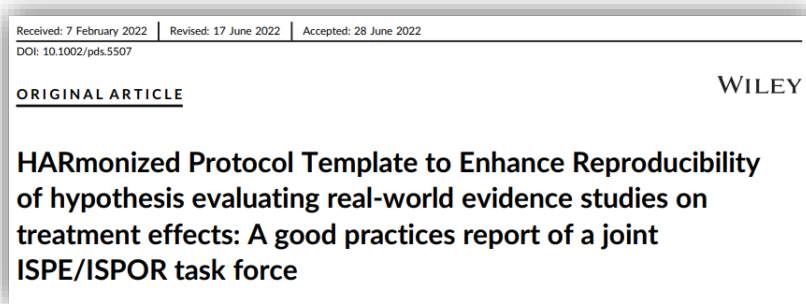
# GVP Module VIII revision

- Triggered by entry into force in Jan 2022 of the **new EC Clinical Trial Regulation**
- Ongoing work
  - adapt **definitions**
  - **align** with new/updated **guidelines** (e.g., registry-based studies) and international standards (e.g., HARPER)
  - integrate appendix I and addendum
  - integrate **experience** of PASS assessors
  - amend **templates** for format and content of PASS protocol and report
- **Public consultation** end 2023 or early 2024



# HARPER in the EU regulatory context

- Tool to promote **transparency, reproducibility** and **harmonisation** of NIS protocols by academics, companies and regulators
- Facilitates **design of high-quality protocols** and **assessment** by companies and regulators
- Compatible with legal format and content of GVP VIII, **can be applied to PASS protocols**
- Provides **structure for evaluation of suitability of RWD sources** for a given research question based on the forthcoming **EMA metadata catalogue** for data sources
- Used a **template for generic protocols** for DARWIN EU® studies



Wang SV et al. Value Health. 2022;25(10):1663-1672

# Methodology Working Party

- Established by **CHMP** to leverage expertise in key areas: **RWE**, biostats, modelling/simulation, PK, PGx
  - **Product-related** support to EMA Committees and SA Working Party
  - Engagement with **stakeholders** (regulators, trade associations, patient/HCP organisations)
  - Preparation, review, update of **guidelines**/concept papers, **training** and workshops for assessors
- **EU experts** nominated by CHMP, 3-year **work plan**
- Info on mandate and procedures to become soon available



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15 December 2022  
EMA/CHMP/58124/2023  
Human Medicines Division

**Consolidated 3-year work plan for the Methodology Working Party (MWP)**

**Chairperson:** Kit Roes  
**Vice chair:** Kristin Karlsson

Work plan period: May 2022 – December 2024 (with a first review point after one year)

# International collaborations



- [HMA/EMA Big Data initiative](#) in EU, US [RWE framework](#), [Health Products and Food Branch Notice](#) in Canada
  - Challenges remain (e.g., RWD/RWE definitions, data governance...)
  - Opportunities from COVID-19: new collaborations, effective sharing of data, knowledge and experience
- Call from stakeholders for international **convergence** and where possible, harmonisation
- Building on ICMRA COVID-19 collaborations for observational studies → workshop in June 2022 to **identify areas for international collaboration**



Health  
Canada







- July 2022: [ICMRA statement](#) on international collaboration to enable RWE for regulatory decision-making
- 4 focus areas for regulatory cooperation:
  - **Terminology** harmonisation
  - Regulatory convergence on RWD and RWE **guidance** and best practice
  - Readiness to address **public health** challenges and emerging health threats
  - **Transparency**
- Concluded that to progress, existing fora should be leveraged, notably ICH



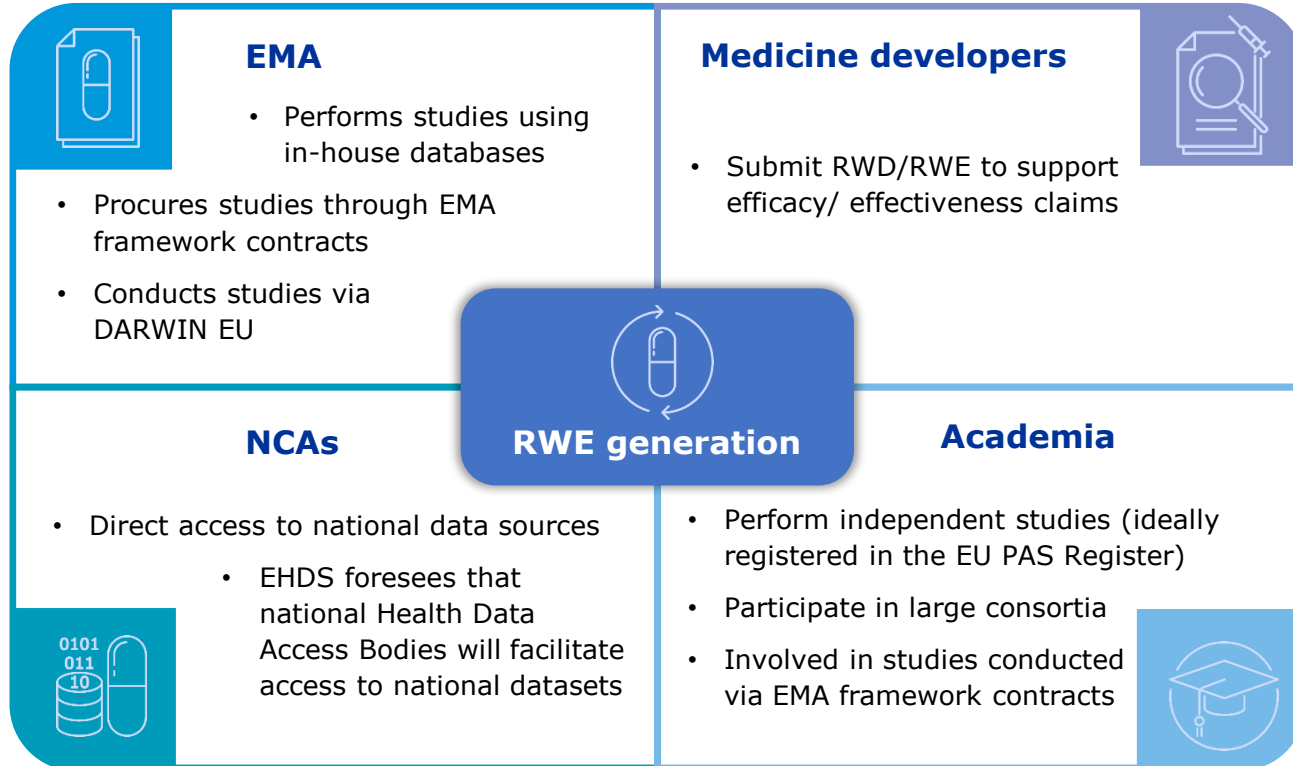
- **ICH Reflection Paper** to engage ICH on convergence of terminology and format of protocols/reports, and inform assessment of RWD/RWE for regulatory purposes
- Impact: higher quality RWE that can substantively contribute to body of evidence supporting benefit/risk decision-making  
(status: under consultation by ICH MC)
- Complementary to **ICH M14** “*General principles on planning and designing pharmacoepidemiological studies that utilize RWD for safety assessment of a medicine*” (target early 2025)

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# Who delivers RWE in the EU?



# Three main areas where RWD analyses support decision-making

## 1 Support the planning and validity

Design and feasibility of planned studies

Representativeness and validity of completed studies

## 2 Understand the clinical context

Disease epidemiology

Clinical management

Drug utilisation

## 3 Investigate associations and impact

Effectiveness and safety studies

Impact of regulatory actions





# High level timelines



## 2021

- Selection of the Coordination Centre provider

## 2022/2023

- Coordination centre set-up, incl. operational processes and governance
- Establish connectivity with EHDS and existing Data Permit Authorities
- First catalogue of standard data analyses available
- Start recruiting and onboarding data partners
- Start running pilot studies to support EMA committees

## 2024

- DARWIN EU® to be operational and routinely supporting the scientific evaluation work of EMA's committees and NCAs by delivering studies and maintaining data sources

## 2025/2026

- DARWIN EU® to be fully operational and yearly evolves to meet the needs from the EU regulatory network
- Full integration with the European Health Data space (EHDS)

Onboarding of data sources: 10 each year from 2022 to 2025 (total of **40+**)

# Data Partners – Phase I

**UK**

1. Clinical Practice Research Datalink (CPRD GOLD)

**Belgium**

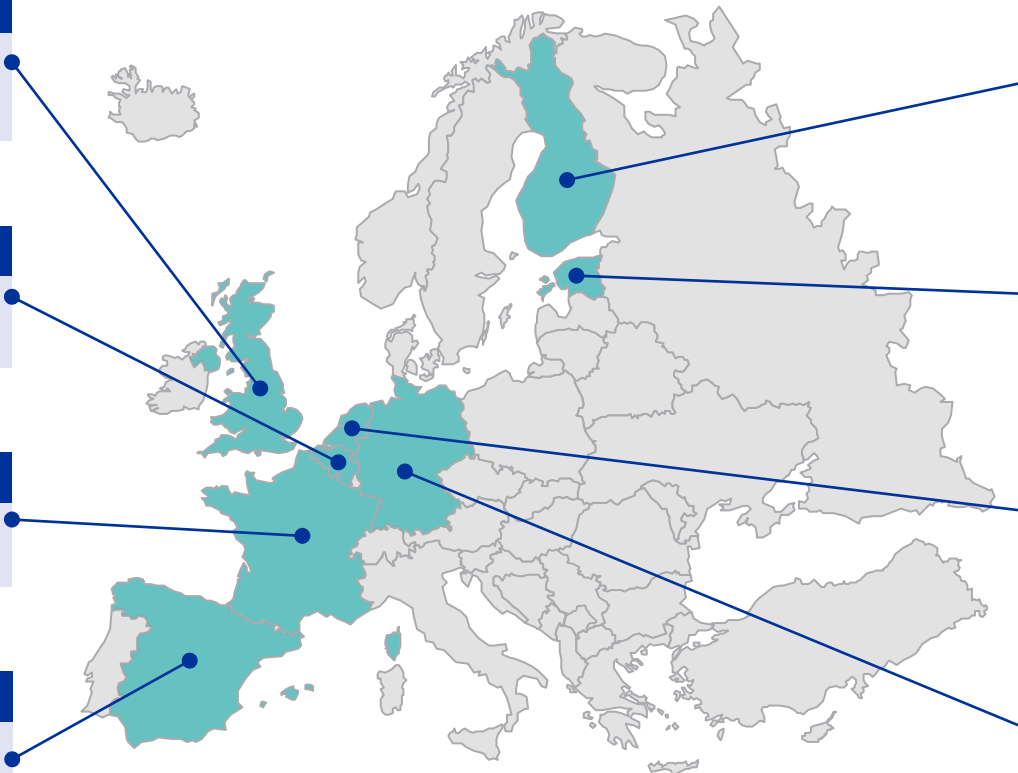
2. IQVIA Belgium Longitudinal Patient Data

**France**

3. Bordeaux University Hospital

**Spain**

4. IDIAPJGol
5. Parc Salut Mar Barcelona, Hospital del Mar (IMIM)



**Finland**

6. Auria Clinical Informatics at Hospital District of Southwest Finland (HDSF)

**Estonia**

7. University of Tartu (Biobank)

**Netherlands**

8. Integrated Primary Care Information
9. Netherlands Comprehensive Cancer Organisation

**Germany**

10. IQVIA Germany Disease Analyser

~26 million active patients

# Types of analyses/studies delivered

## Category of observational analyses and studies

## Description



### Routine repeated analyses

#### Routine analyses based on a generic study protocol

- Periodical estimation of drug utilisation
- Safety monitoring of a medicinal product
- Estimation of the incidence of a series of adverse events



### Off-the-shelf studies

#### Studies for which a generic protocol is adapted to a research question

- Estimate the prevalence, incidence or characteristics of exposures
- Health outcomes
- Describe population characteristics



### Complex Studies

#### Studies requiring development or customisation of specific study designs, protocols and Statistical Analysis Plans (SAPs), with extensive collection or extraction of data

- Etiological study measuring the strength and determinants of an association between an exposure and the occurrence of a health outcome considering sources of bias, potential confounding factors and effect modifiers



### Very Complex Studies

#### Studies which cannot rely only on electronic health care databases, or which would require complex methodological work

- Studies where it may be necessary to combine a diagnosis code with other data such as results of laboratory investigations, or studies requiring additional data collection



# Studies/use cases - Phase I

Type	Studies	Data Partners	EMA committee	EU PAS Register #
Off the Shelf	<b>Population level epidemiology</b> study on prevalence of <b>rare blood cancers</b> from 2010.	NL, ES, UK, BE, DE	e.g., COMP	<a href="#">EUPAS50800</a>
Off the Shelf	Patient level <b>drug utilization</b> study of <b>valproate-containing medicinal products</b> in women of childbearing potential from 2010	NL, ES, UK, BE, DE, FI	PRAC	<a href="#">EUPAS50789</a>
Off the Shelf	Patient level <b>drug utilisation</b> study of <b>antibiotics</b> on the Watch list of the WHO AWaRe classification, 2010-2021	NL, FR, ES, DE, UK	PRAC – CHMP AMR strategy CMDh EMA V-Div (→ECDC)	<a href="#">EUPAS103381</a>
Complex	Background all-cause <b>mortality rates in patients with severe asthma ≥12 years old</b>	NL, ES x2, UK, EE	CHMP PRAC	

# What next?

- Prioritisation, selection, **onboarding** of next 10 DAPs, open call for of interest
- Prioritisation and initiation of **studies** in Phase II
- Data Protection Impact Assessment update

**By 2025, ~150 studies/year**

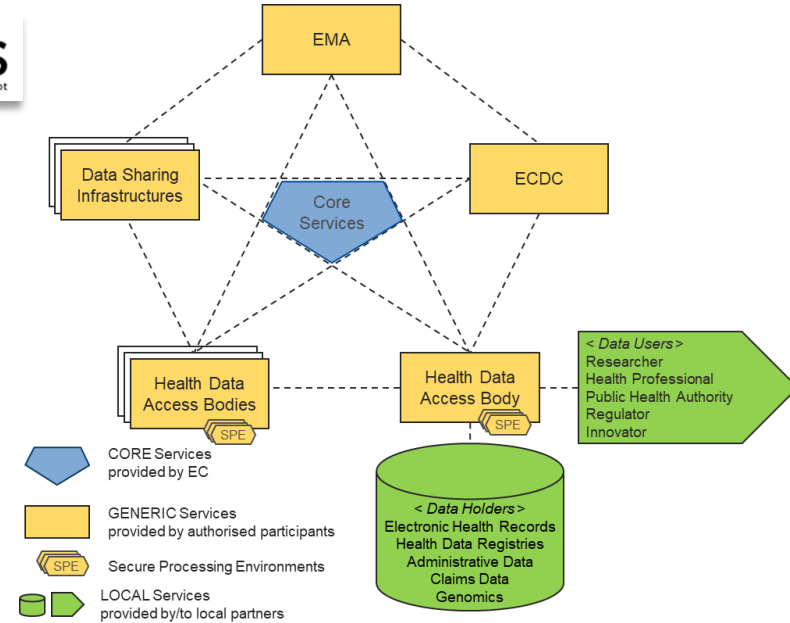
- How to capture and generate analyses of **Patient Experience Data** (PED) - e.g., PROs may be held and analysed in DARWIN EU®
- Patient representatives involved in BDSG/ DARWIN discussions
- Work on Big Data and PED closely coordinated at EMA

- Publication of **RWE experience report** to evaluate opportunities & challenges of all RWE (from DARWIN, in-house data sources, and framework contracts) provided by EMA to support committees Sept. 2021-Feb. 2023 (report mid 2023)

# European Health Data Space



- EC proposed legislation to enable **effective use of health data** in the EU
- Primary use of health data for care (MyHealth@EU) and re-use (**HealthData@EU**: new **infrastructure** connecting data access bodies and data sharing infrastructures)
- Several health data access bodies established, or in the process, across MS
- Pilot phase: 5 **use cases** to inform HealthData@EU (legal, governance, infrastructure, data quality, capacity, digitalization) → reports in Q3 2024
- Integration of DARWIN EU® will be tested **DARWIN as pathfinder/node**



**Natural history of coagulopathy (blood clotting) related events in COVID-19 patients and risk factors**

Led by



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EMA use case:  
Research teams and data nodes from Finland, France, Denmark and Croatia

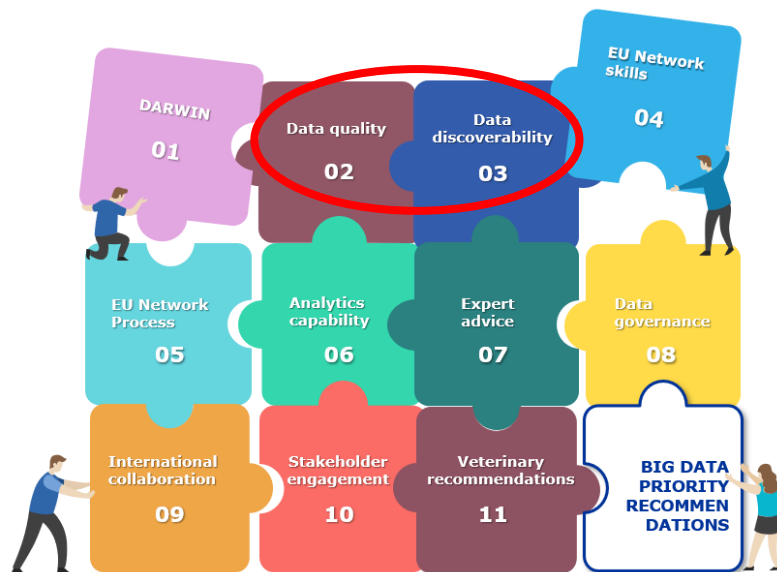
# Some other updates...

Expected in **Q1 2023**:

- Publication of the final **Data Quality Framework** (following public consultation)
  - Publication of the final **Good Practice Guide** on use of real-world metadata (following public consultation)
- supports go-live by early 2024 of **catalogues** of EU **RWD sources** and **observational studies**

By **Q4 2023**:

- Migration from **ENCePP** Resources database and EU PAS Register and data enrichment; new and improved ENCePP website
- Launch/publication and maintenance of new EU real-world **metadata catalogue**



**Registries** and **HTA** workshop end 2023

# Key messages

By 2025, **transformation to data-driven regulation**

- **Use of RWE** will have been enabled and its value will have been established across the spectrum of regulatory use cases
- **DARWIN EU**<sup>®</sup> network as part of **EHDS** will support better decision-making
- Through public searchable **catalogues**, **data** will be **discoverable** and of known **quality** and **representativeness** allowing choice of optimal data sources, enabling regulators to guide development and expertly assess study results
- Suite of EU and international **guidelines** and **standards** available to help industry and regulators develop and supervise medicines
- Guided by **patients** and working with **stakeholders** to deliver data transformation to support the development and use of better medicines for patients

**Better evidence supports innovative medicines for patients and safer and more effective use**



## Further information

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[DARWIN EU](#)



[EMA data quality framework  
for medicines regulation](#)



[Big Data](#)



[EMA events](#)



[Big Data Highlights](#)

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# DARWIN EU<sup>®</sup>: key tool for EU regulators

Provide **scientific expertise** in formulating and executing studies and analyses

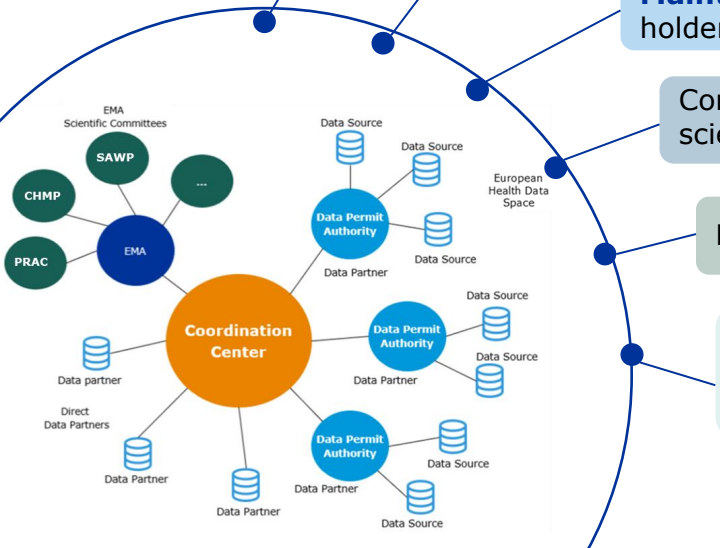
Maintain a **catalogue** of known, relevant data holders, continually ensuring **discoverability & quality** of data held by data holders

**Maintain & expand** the **federated network** of data partners, assisting new data holders in conforming with required standards for usage in regulatory context

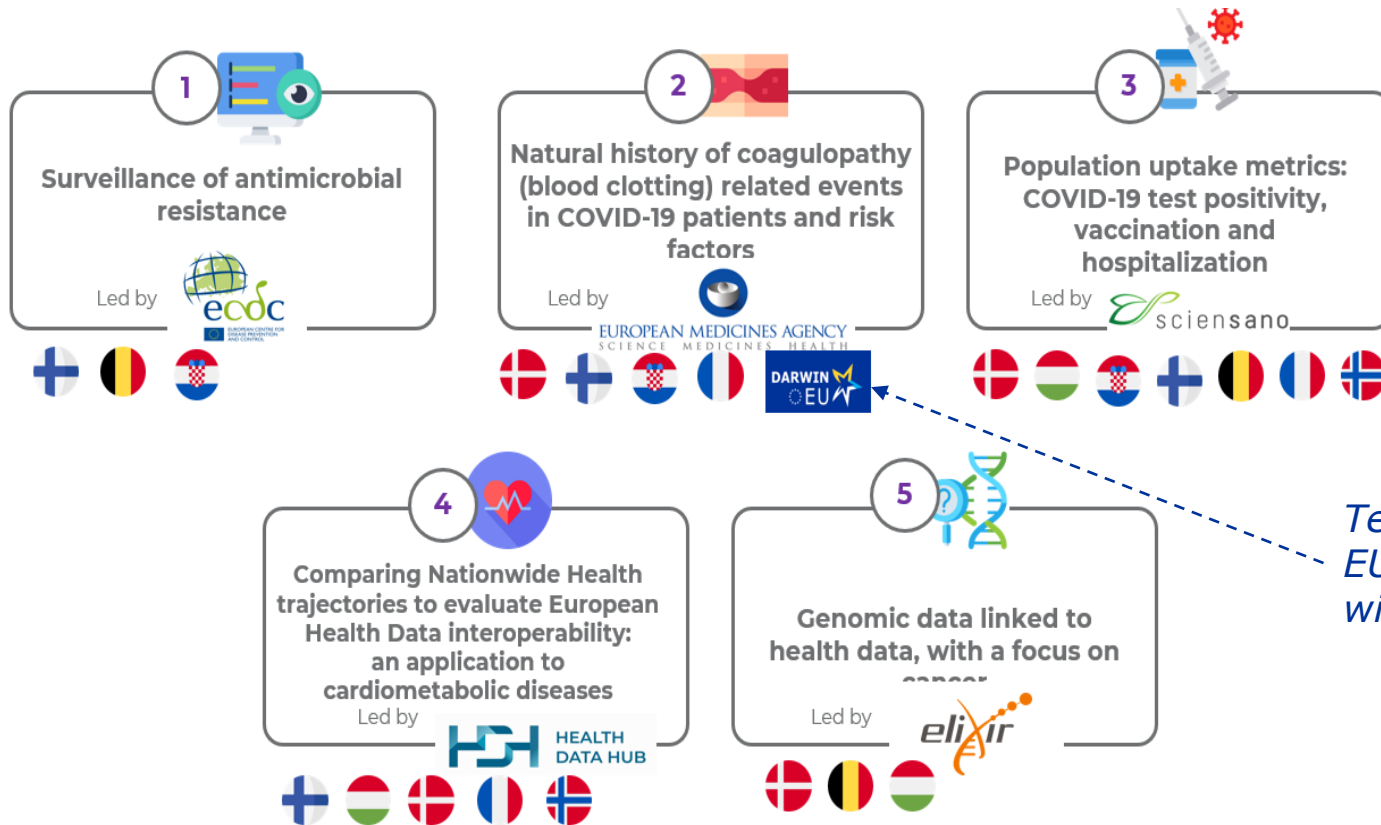
Conduct **scientific studies and analyses** on behalf of the EMRN and EMA scientific committees

Deliver **training, governance**, support of business services

**Enable the EMRN, EMA and the scientific committees to make use of the EHDS** in the context of medicines regulation, acting as EHDS 'pathfinder'



# EHDS pilot



*Testing DARWIN EU® as a node within EHDS*