

Using Real-World Evidence to Support Regulatory Submissions

Best practices and Learnings

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Real World Data (RWD)

Definition and Sources

 Data relating to patient health status and/or the delivery of health care routinely collected from a variety of sources

> Electronic Health Records (EHR)

Product and Disease Registries Medical Claims
Billing Data

Case Report Forms

Patient Generated Health Data

Reference: https://www.fda.gov/media/120060/download

Real World Evidence (RWE)

Generating evidence from RWD

 Clinical evidence about the usage and potential benefits or risks of a medical device derived from analysis of RWD



- Quality of the RWD source fit for purpose, completeness, accuracy, representative
- **Design of the studies used to generate RWE** appropriate statistical methods, potential bias, hypothesis generation, sample size, well controlled studies
- Replicability and transparency Possible to duplicate study with similar data

Clinical Evidence for medical devices

DOCUMENTATION

Clinical Experience Data in Clinical Evaluation Report

NEED FOR CLINICAL EVIDENCE DATA GENERATION Literature based Data · Literature searching and/or Clinical experience and/or Clinical investigation CLINICAL DATA Literature based data and/or Clinical experience data and/or Clinical investigation data Clinical Experience Data Published papers Clinical investigation reports etc. Vigilance Reports **Clinical Investigation** CLINICAL EVALUATION Data CLINICAL EVIDENCE Clinical Evaluation Report with relevant clinical data INCLUSION OF CLINICAL EVIDENCE IN THE TECHNICAL

*Clinical evidence refers to the clinical data and its evaluation pertaining to a medical device.

Includes data from:

- Post-market surveillance
- Registries or cohort studies

Reference: https://www.imdrf.org/sites/default/files/docs/imdrf/final/technical/imdrf-tech-191010-mdce-n55.pdf

Clinical Trials vs Real World Data

Understanding the key differences

Clinical Trials

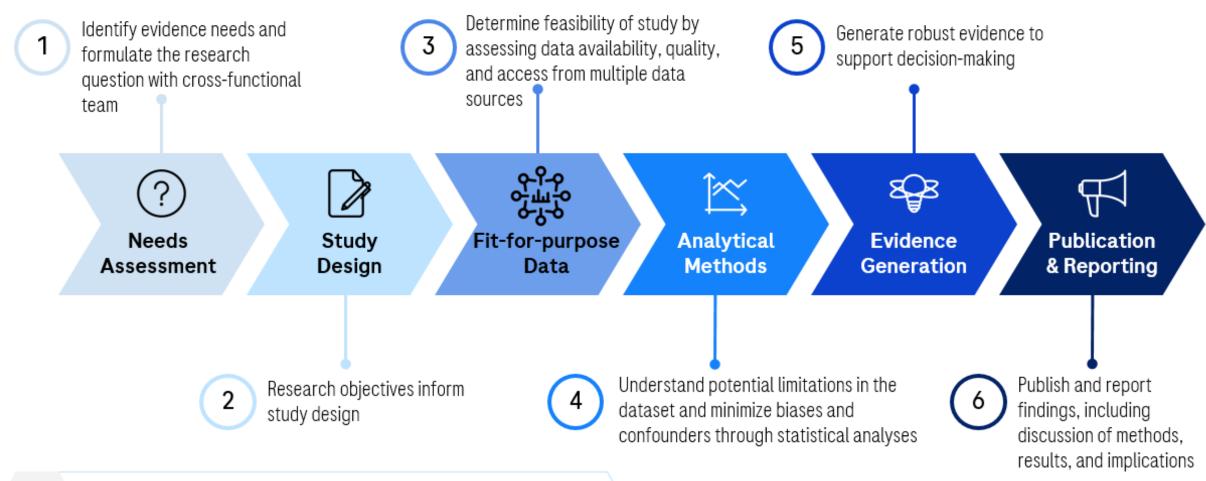
- Homogenous population; smaller or limited sample size
- Special sites under controlled conditions
- Interventions and treatments per protocol
- Prespecified outcomes over defined time period
- Data collected at predefined time points per protocol
- Randomized to minimize bias

RWD

- Diverse real world population; data from wider population
- Routine care settings
- Reflects variabilities in treatment patterns
- Broader outcomes over longer duration
- Data from routine care such as those captured in patient records
- Observational in nature

Conducting a RWD study involves scientific rigor at each step

Maintaining robust methodology and promoting transparency and traceability are key



Not all research questions can be addressed using RWD.
All studies follow and respect the required compliance processes.

RWD studies can bridge the evidence gaps from traditional studies

However, it is important to keep in mind certain limitations when interpreting the results and



Real-world data is valuable complement to other forms of evidence

- Reflects routine clinical practice
- May describe a large and diverse patient population
- May encompass a wide range of data types (structured, free text, image, genomic, etc.) and allows for longitudinal observation
- Complements other forms of evidence to potentially provide patient access to innovative diagnostic solutions



Inherent challenges of real-world data

- Real-world data is usually not collected with the intent to answer a specific research question or hypotheses
- Data source variability poses challenges in establishing a standardized way to assess data quality
- Segmented data and restrictions on data access add further complexities when working with fit-for-purpose data in the regulatory context

Regulators around the world are embracing Real-World Data

However, many challenges persist in the actual utilization of Real-World Data (RWD) for regulatory purposes

Opportunities



Numerous published guidances



Challenges

- Guidances are broad and lack specificity
- Fewer Real-World Evidence (RWE) guidances specific to In Vitro Diagnostics (IVDs) and relatively new for digital health
- Despite overlaps, definitions and requirements vary across regulators
- Variability and complexities in the execution of use cases



Increased RWD awareness and willingness to consider RWE



- Questions around methods and quality remain
- Obstacles around risk acceptance and determining "acceptable" level of uncertainty



Launch of many RWD pilot & demonstration projects



- Execution is challenging due to lack of guidance specificity and risk associated with pilots for sponsors
- Need for real-time and regular interactions with relevant expertise (on the sides of both sponsors and agencies) to ensure relevant and timely input for RWD studies

Timeline for Key RWE activities

2023: US FDA user 2023: Australia TGA RWE fees RWE Hub launch

2021: Australia TGA 2021: US FDA RWE 2021: Japan PMDA RWD/RWE Report Examples Report Registry RWE Guidance

2022: Singapore HSA clinical evidence guidance update – Use of RWD/RWE

2020: China NMPA
Guidance RWD/RWE

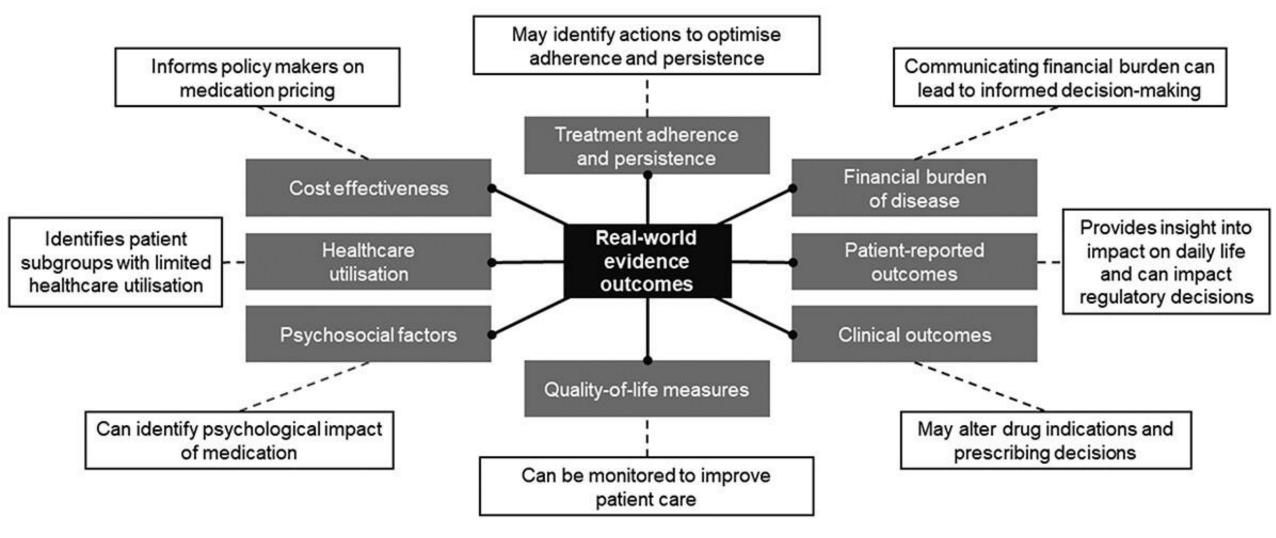
2020: EU Commission MDCG - RWD

2019: South Korea MFDS Guidance RWD/RWE

> 2017: US FDA Guidance RWE US FDA user fees RWE

Practical applications of RWE in healthcare

Numerous possibilities



Source: EXPERT OPINION ON DRUG SAFETY2023, VOL. 22, NO. 6, 443–445 https://doi.org/10.1080/14740338.2023.2224559© 2023 Informa UK Limited, trading as Taylor & Francis Group

RWD regulatory use cases

Leveraging RWD to support regulatory submissions



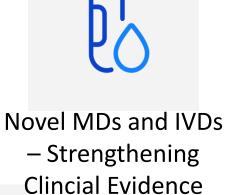
Supplement clinical trial data for regulatory, HTA and payment decisions



MD lifecycle data to support new indications, improvements



Postmarket
Surveillance, safety,
effectiveness and
utilisation data





Support good use practices for MDs, Clinical guidelines from professional societies



Risk stratification and management programs for helathcare systems

RWD can generate powerful insights to support regulatory decisions

However, due to RWD-specific considerations, an exact match with clinical studies cannot be expected

Yielding impactful insights to inform regulatory decision-making



Complementary evidence:

RWE generated can serve as valuable complementary evidence to those generated from clinical studies



Additional insight: RWD can sometimes provide insights not available from traditional clinical studies (e.g., special population)



RWD collection: Due to their noninterventional nature, inability to precisely control what RWD the sites/labs collect and how they collect



Additional considerations for IVDs: Due to the level of complexity introduced by reagents, calibrators, analyzers, control materials, and specimen types



Evolving populations & guidelines: Changing populations (e.g., due to successful vaccination campaigns) and expanded knowledge/updated guidelines can impact the design of the study (e.g., neonatal sepsis - age specific cutpoints, quickly evolving COVID-19 standard of care and reference comparator)



Additional considerations for IVD studies

Key takeaways from regulatory submissions with RWD

How can we further advance the use of RWD in supporting regulatory decisions?

Main Learnings



 Despite uncertainties inherently present in RWD, conclusions can still be drawn as long as the proper methodologies have been applied to generate robust evidence



Transparency and documentation in the data management lifecycle (e.g., evaluation, extraction, flow, etc.) and study processes (e.g., study design, analysis, reporting) are key to promoting successful submissions



 Overall, pre-submission discussions have served as valuable opportunities in gathering early and specific feedback from the regulatory authority



Thank you