Role of RWE and ICH-E17: A provocative perspective

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The Multi-Regional Clinical Trials Center (MRCT Center)



BRIGHAM AND WOMEN'S HOSPITAL and HARVARD

Our Vision

Improve the integrity, safety, and rigor of global clinical trials.

Our Mission

Engage diverse stakeholders to define emerging issues in global clinical trials and to create and implement ethical, actionable, and practical solutions.





RWE and ICH-E17: Background

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INTERNATIONAL COUNCIL FOR HARMONISATION OF TECHNICAL REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE	
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GENERAL PRINCIPLES FOR PLANNING AND DESIGN OF Multi-Regional Clinical Trials	
E17	
Final version Adopted on 16 November 2017	
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The Guideline has been developed by the appropriate ICH Expert Working Group and has been analyzed to consultation by the regulatory parties, in accordance with the ICH Process. At Stop 4 of the Process the final dright is recommended for adoption to the regulatory basics of ICH regions.	
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Sources of RWD to consider





Multiple Uncertainties



Real world data is not produced for research but rather clinical care delivery: subject to systematic and random error

Consistency, accuracy, completeness, and representativeness of the data, affected by clinical care setting, is unknown

The capture of demographic and non-demographic factors is variable among databases, missingness of data is significant

Patient population, exposure identification, and outcomes with sufficient sensitivity and specificity are difficult

Data integration across multiple datasets and the hierarchy of evidence are challenging; methodologies and assumptions variable

The absence of harmonization of data elements, transparency in data collection, and variability in settings creates additional problems in multi-regional settings





Challenges

In addition to data sources and data variability:

- Study design may differ
- Stringency and precision of data definition varies
- Methodology for definition of window of exposure window
- Disease stratification
- Comorbidities/medications, and medication adherence
- Methodology for matching
- Quality of measurement differs
- Outcome needs to be carefully defined
- Accuracy and completeness of data variable

Goal: Substantial Evidence







Real World Data (RWD), Real World Evidence (RWE)

- RWD use in regulatory decision making is limited.
- When might RWE be used appropriately in a multi-national regulated research studies?
- What consideration would be needed?
- RWE study that captures and evaluates data derived from product utilization in real-world practice may be useful for:
 - Safety monitoring
 - Label revisions or extensions:
 - New indication for approved medicine (not new composition of matter)
 - Use in different populations than in original approval (e.g., pediatrics)
 - Confirmatory studies in real world settings
 - Hypothesis generation
 - Potentially accelerated approval based on surrogate endpoint (e.g., rare diseases)
 - RWD historical controls for single-arm studies of innovator product (rare and ultra-diseases, unmet medical need)





Evolution in the regulatory paradigm: RWE in MRCTs





Thank you Questions and Discussion

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