



Analysis and interpretation of real-world data: a 5-year outlook

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Disclosure

Opinions are my own, and do not necessarily reflect those of Janssen R&D, Columbia University or OHDSI community

Clinical Pharmacology & Therapeutics

PERSPECTIVE

Real-World Evidence in EU Medicines Regulation: Enabling Use and Establishing Value

Peter Arlett^{1*}, Jesper Kjær², Karl Broich³ and Emer Cooke¹

We outline our vision that by 2025 the use of real-world evidence will have been enabled and the value will have been established across the spectrum of regulatory use cases. We are working to deliver this vision through collaboration where we leverage the best that different stakeholders can bring. This vision will support the development and use of better medicines for patients.

Real-world data (RWD) and real-world evidence (RWE) are already used in the regulation of the development, authorization, and supervision of medicines in the European Union. Their place in safety monitoring and disease epidemiology are well-established while their evidentiary value for additional use cases, notably for demonstrating efficacy, requires further evaluation.¹ During the coronavirus disease 2019 (COVID-19) pandemic, RWE rapidly provided impactful evidence on drug safety, vaccine safety, and effectiveness and we were reminded of the importance of robust study methods and transparency.² Our vision, anchored in the European Medicines Regulatory Network (EMRN) strategy to 2025, is that by 2025 the use of RWE will have been enabled and the value will have been established across the spectrum of regulatory use cases.³ Delivering this vision will support the development and use of better medicines for patients.

In December 2018, the US Food and Drug Administration (FDA) published its framework for RWE underpinned by three pillars: whether RWD are fit for use, whether the study design can provide adequate evidence, and whether the study conduct meets regulatory requirements.⁴ In 2019 in the European Union, we published the OPTIMAL framework for RWE also consisting of three pillars: operational, technical, and methodological.⁵ More recently, the EU approach places RWE in the wider context of big data and is guided by the priority recommendations of the Big Data Task Force. These recommendations are being implemented through the Big Data Steering Group and the second multi-annual work plan was published in August 2021.⁶ Figure 1 represents the workplan with its 11 workstreams which will deliver our vision for RWE by 2025. The workplan places emphasis on collaboration across stakeholders and with international

regulatory partners. This work also needs to be seen in the wider EU policy context, most notably the European Commission's plans for a European Health Data Space.⁷

Acknowledging different frameworks to conceptualize the challenges and opportunities of RWE, we believe the two main priorities for the European Union are to enable its use and establish its value for regulatory decision making. The EMRN is working to deliver on both priorities through a collaborative approach where we leverage the best that different stakeholders can bring, and where those stakeholders can complement the central role of industry in generating evidence.

ENABLING USE

To enable use, we are working on multiple fronts with our stakeholders, including patients, healthcare professionals, industry, regulatory and public health agencies, health technology assessment bodies, payers, and academia. We are initiating work to establish a data quality framework, not just for RWD but for all data used in regulatory decision making. We are striving to improve the discoverability (findability) of RWD through agreement of metadata for RWD and through a public catalogue of RWD sources⁸ that builds on the early work of the European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP). The ENCePP Guide on Methodological Standards in Pharmacoepidemiology,⁹ extensively updated in 2021, is the core of our efforts to drive up the standards of study methods for RWE, and this is complemented by recently published guidance on conducting studies based on patient registries.¹⁰

The European Medicines Agency (EMA) and some national medicines agencies

1. DARWIN EU

2. Data quality

3. Data discoverability

4. Skills

5. Business processes

6. Analytics capability

7. Expert advice

8. Data governance

9. International collaboration

10. Stakeholder engagement

11. Veterinary data strategy

¹European Medicines Agency, Amsterdam, Netherlands; ²Danish Medicines Agency, Copenhagen, Denmark; ³BfArM, Bonn, Germany. *Correspondence: Peter Arlett (Peter.Arlett@ema.europa.eu)

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Figure 1 Big Data Steering Group workplan to 2023. Eleven workstreams to progress the real-world evidence (RWE) vision.⁵



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“Our vision is that by 2025 the use of RWE will have been enabled and its value will have been established across the spectrum of regulatory use cases. We are committed to working with stakeholders to deliver this vision and in turn to support the development and use of better medicines for patients.”

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...it's a global responsibility for all stakeholders to support



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Ensuring the appropriate use of real-world evidence to inform regulatory decision-making is not just a European regulatory responsibility...

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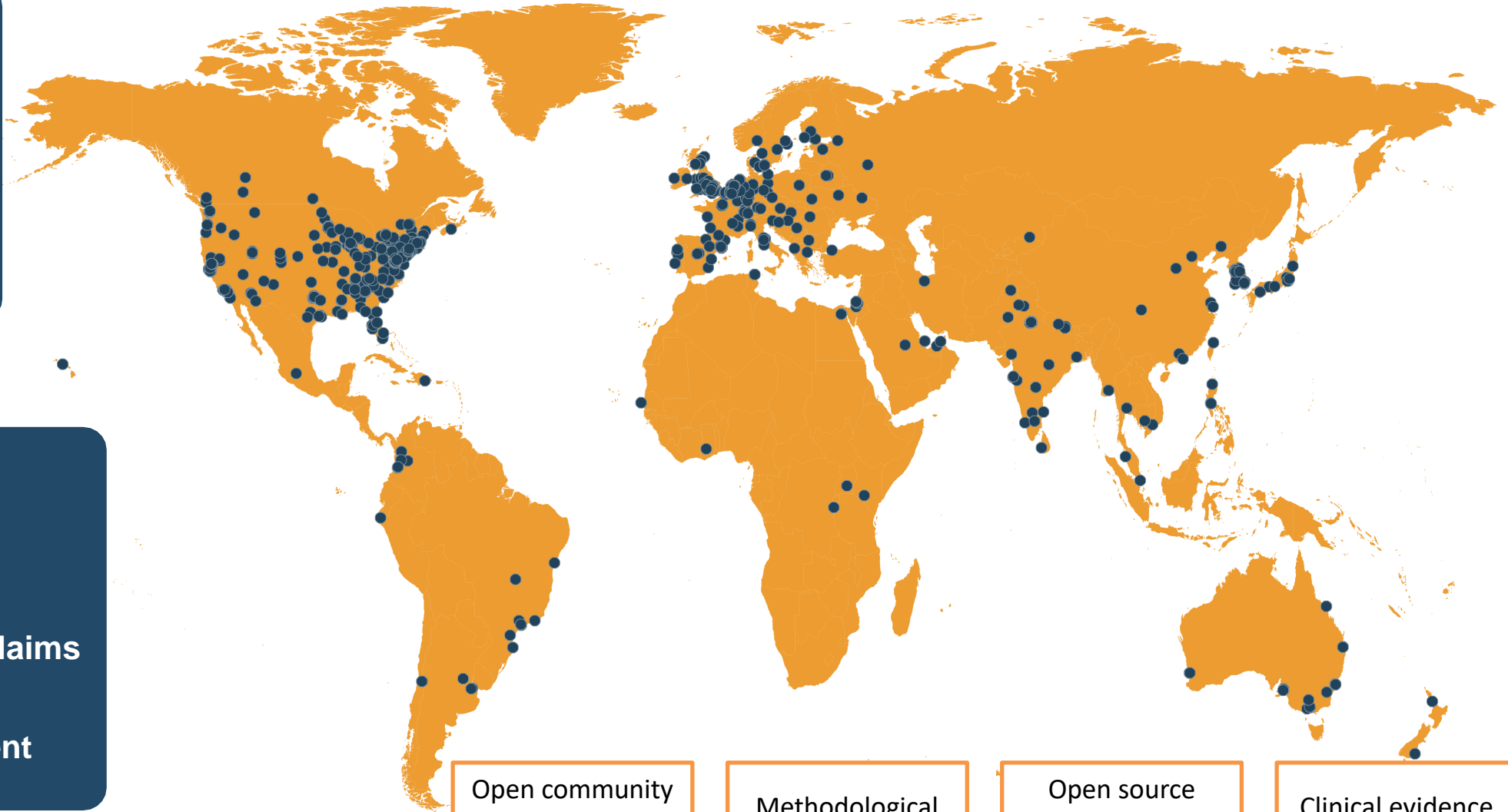


OHDSI community

We're all in this journey together...

OHDSI Collaborators

- 2,367 collaborators
- 74 countries
- 21 time zones
- 6 continents



OHDSI Data Network

- 331 data sources
 - 284 EHRs
 - 28 administrative claims
- 34 countries
- 810 million unique patient records

Open community
data standards
(OMOP CDM)

Methodological
research

Open source
development
(OHDSI tools)

Clinical evidence
generation





Current status quo in observational research makes it challenging to build trust in evidence

Curate
data



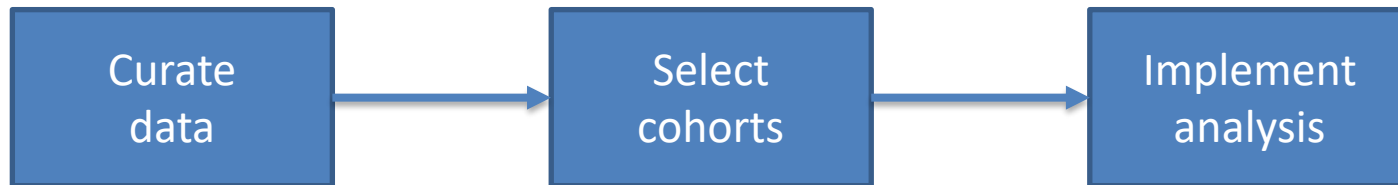


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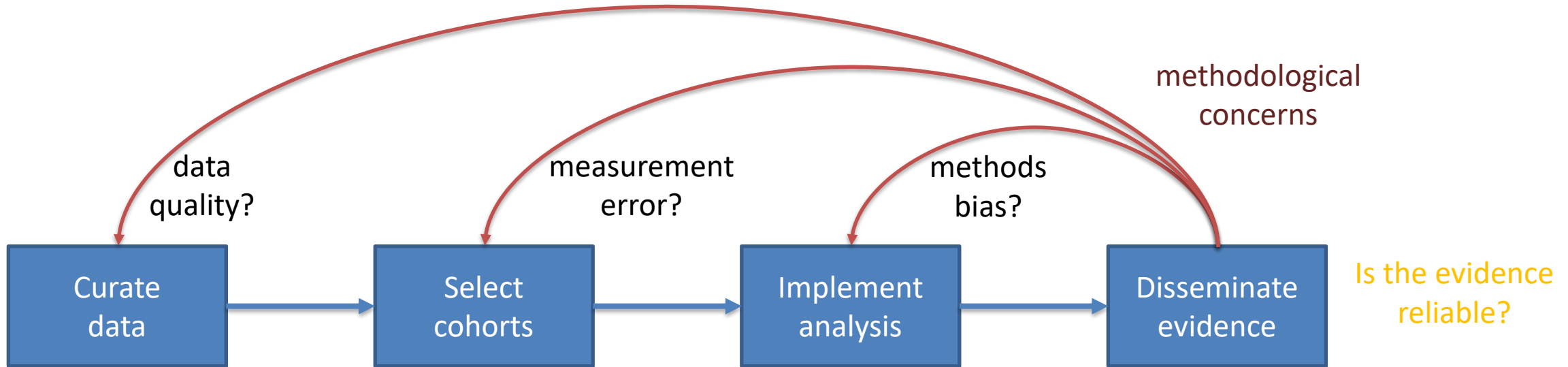
Current status quo in observational research makes it challenging to build trust in evidence



Is the evidence reliable?



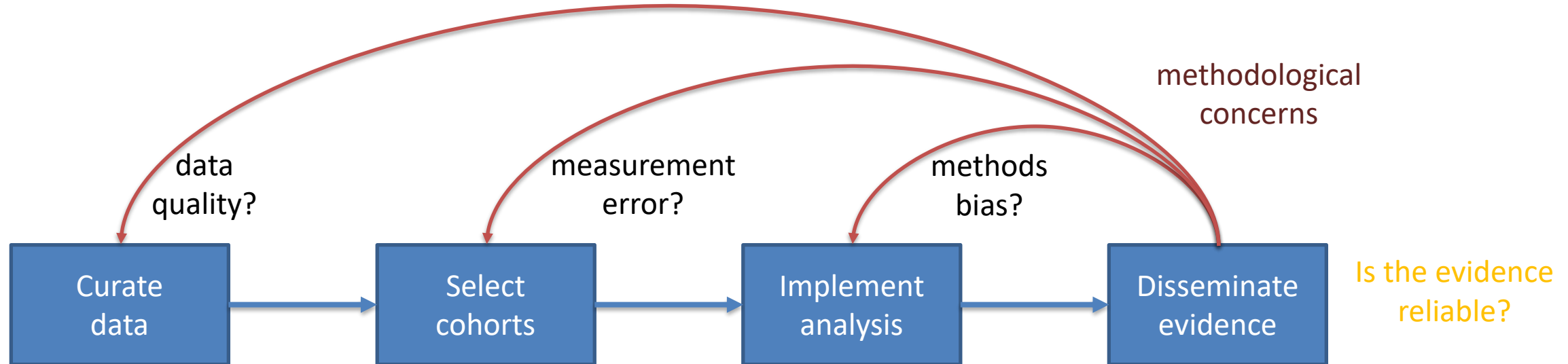
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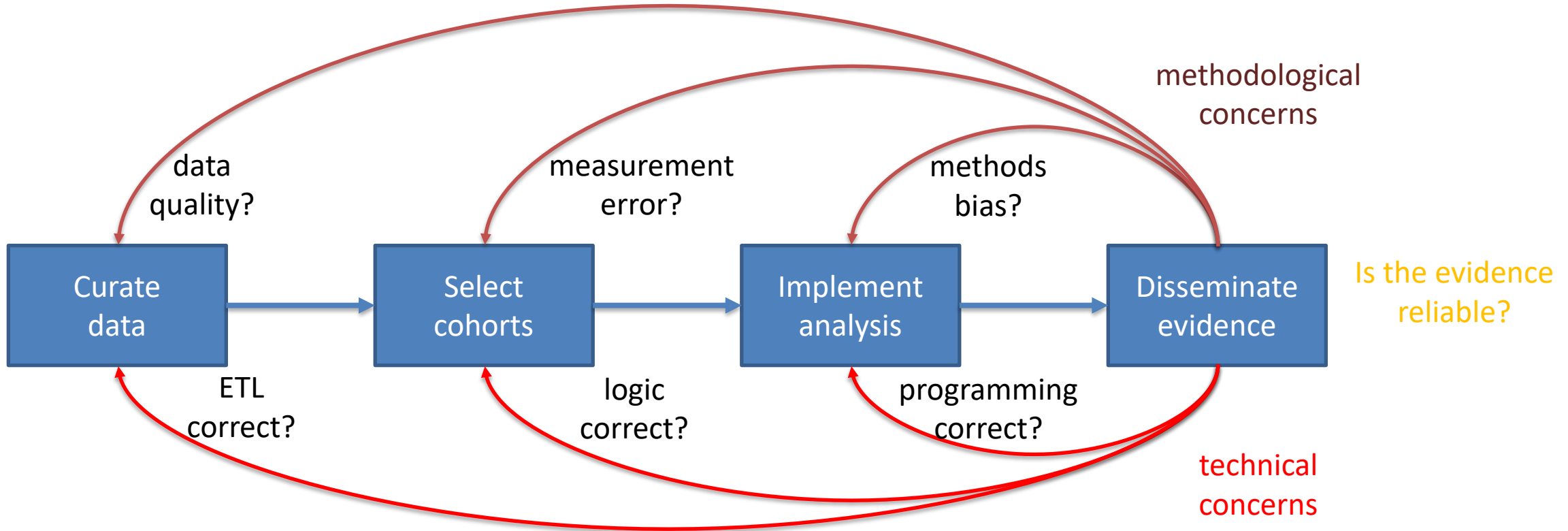
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Are the findings generalizable to the population of interest?





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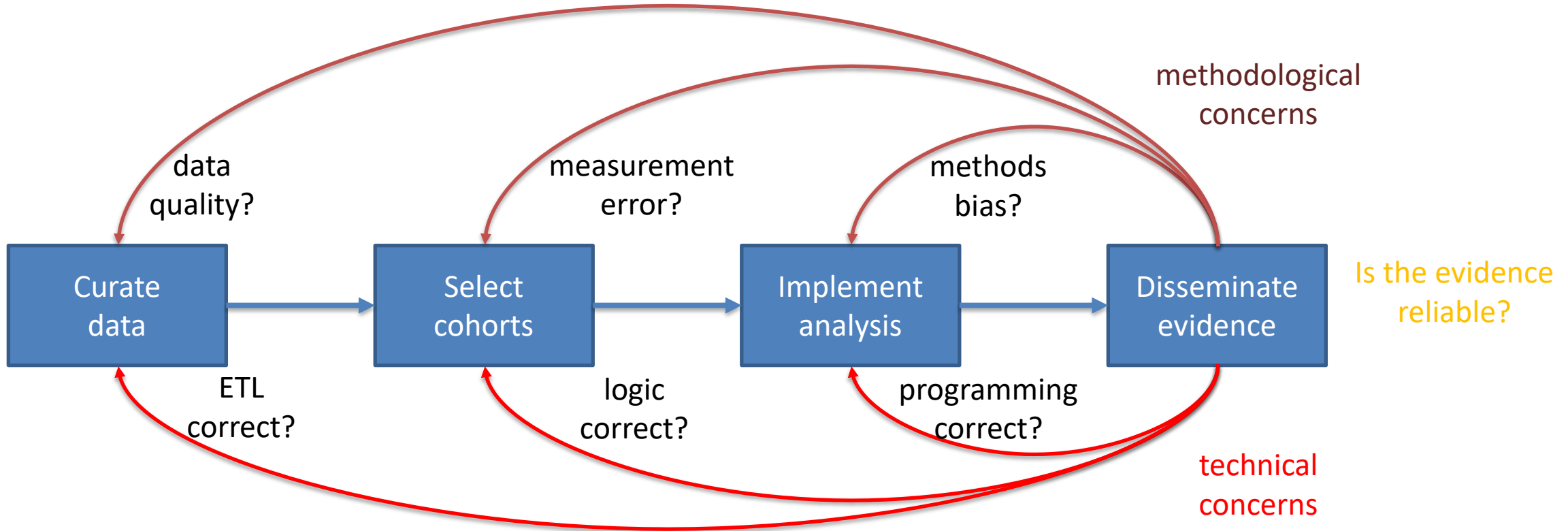
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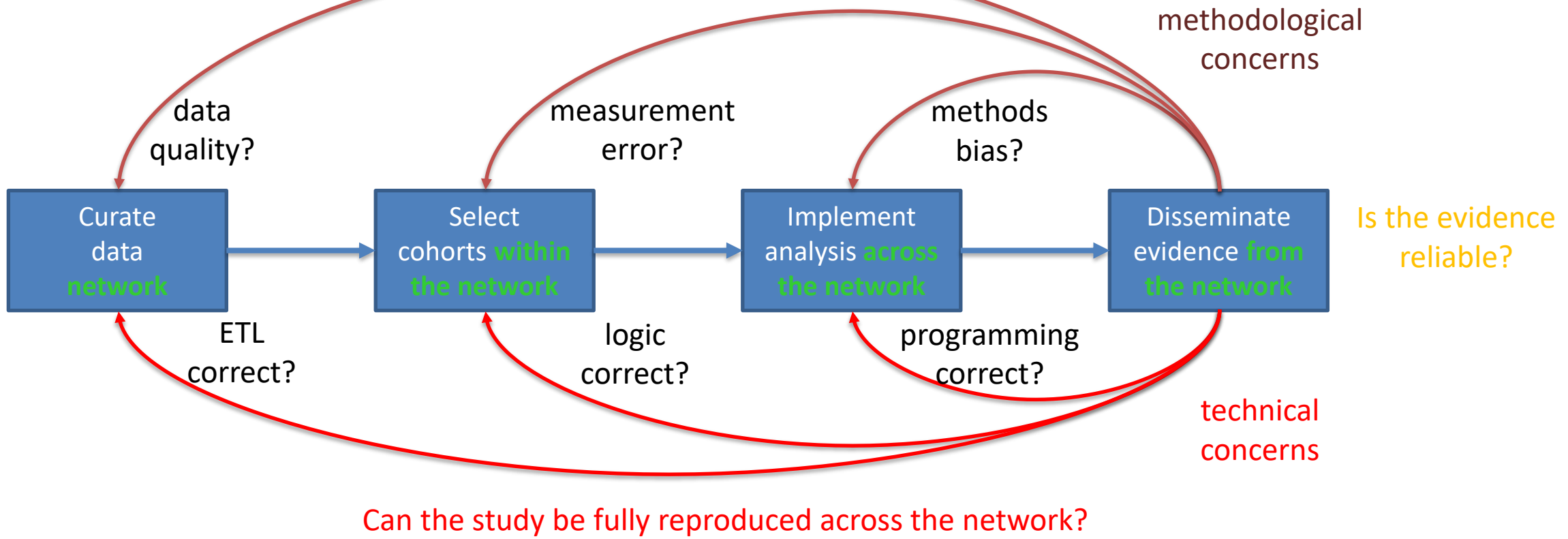
Can the study be fully reproduced?
Does the analysis actually do what the protocol said it would do?



Observational research across data networks increases complexity and raises new questions

Do the results show a consistent effect across the network?

How does heterogeneity across network (in population composition, data capture process, effect estimates) impact interpretation?





Desired attributes for reliable evidence

Desired attribute	Question	Researcher	Data	Analysis		Result
Repeatable	Identical	Identical	Identical	Identical	=	Identical
Reproducible	Identical	Different	Identical	Identical	=	Identical
Replicable	Identical	Same or different	Similar	Identical	=	Similar
Generalizable	Identical	Same or different	Different	Identical	=	Similar
Robust	Identical	Same or different	Same or different	Different	=	Similar
Calibrated	Similar (controls)	Identical	Identical	Identical	=	Statistically consistent



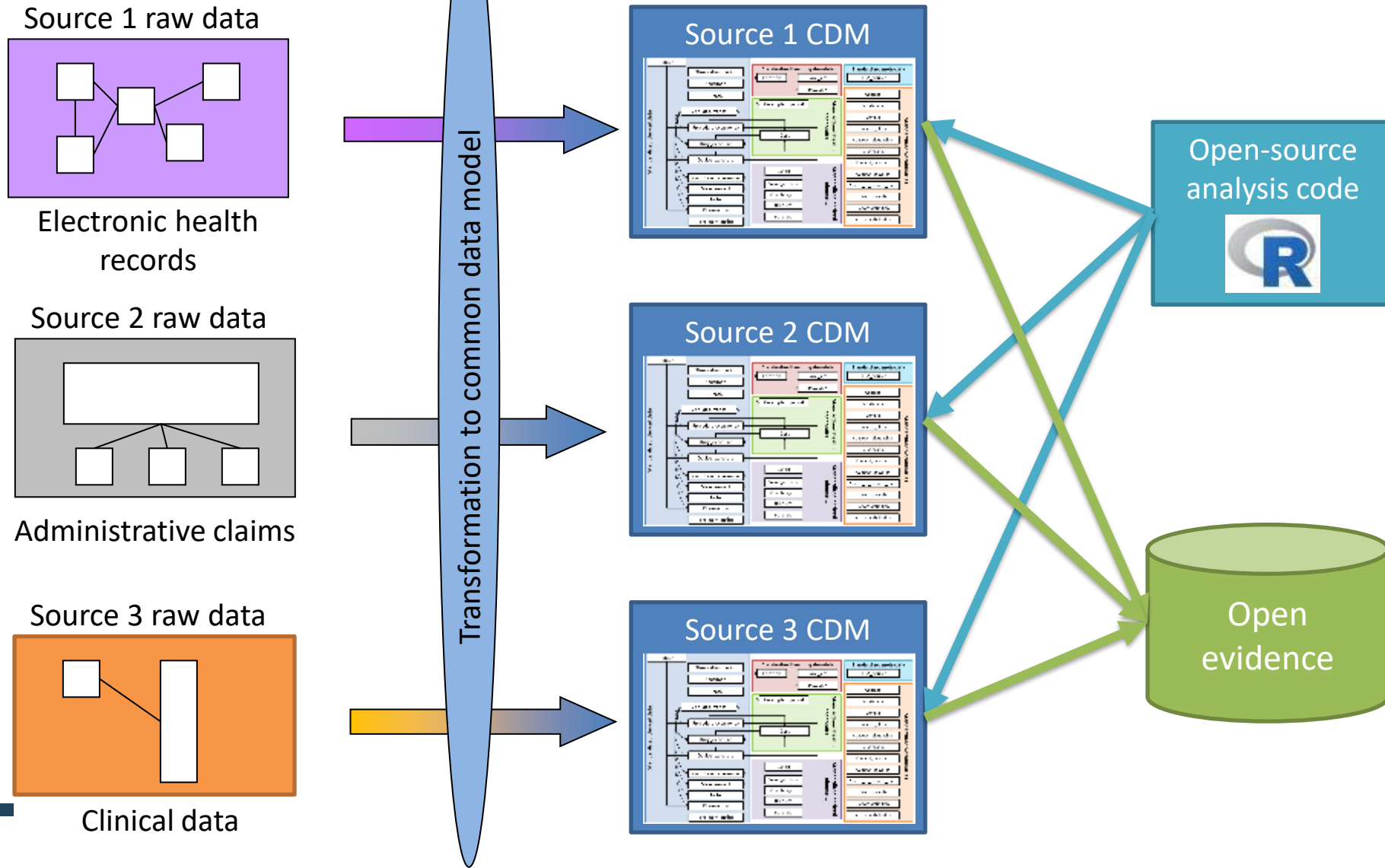
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Robust	Identical	Same or different	Same or different	Different	=	Similar
Calibrated	Similar (controls)	Identical	Identical	Identical	=	Statistically consistent

A system for real-world evidence generation based on consistent application of standardized analytics across a standardized data network can be empirically demonstrated to be reliable

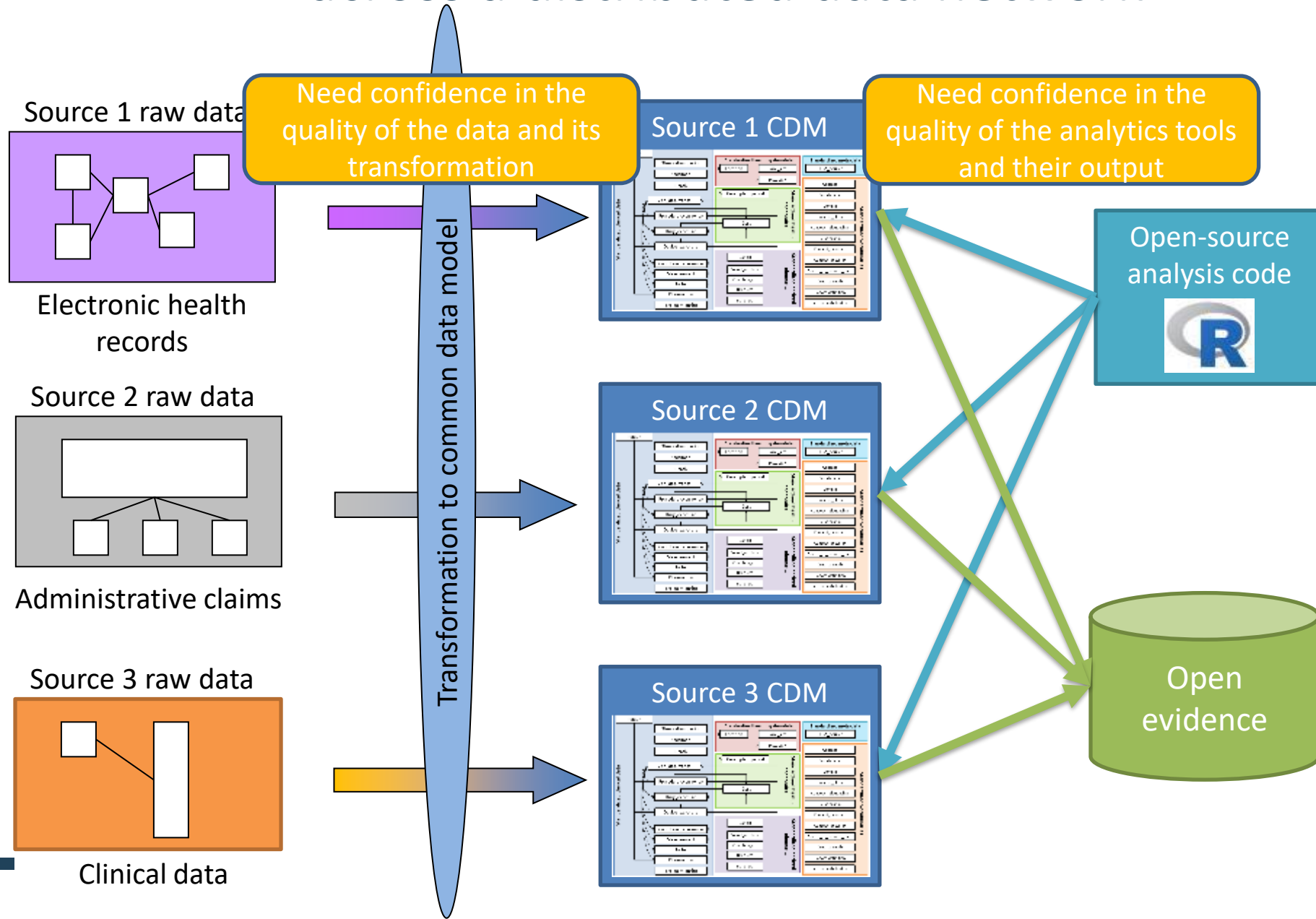


Common data model can enable standardized analytics across a distributed data network



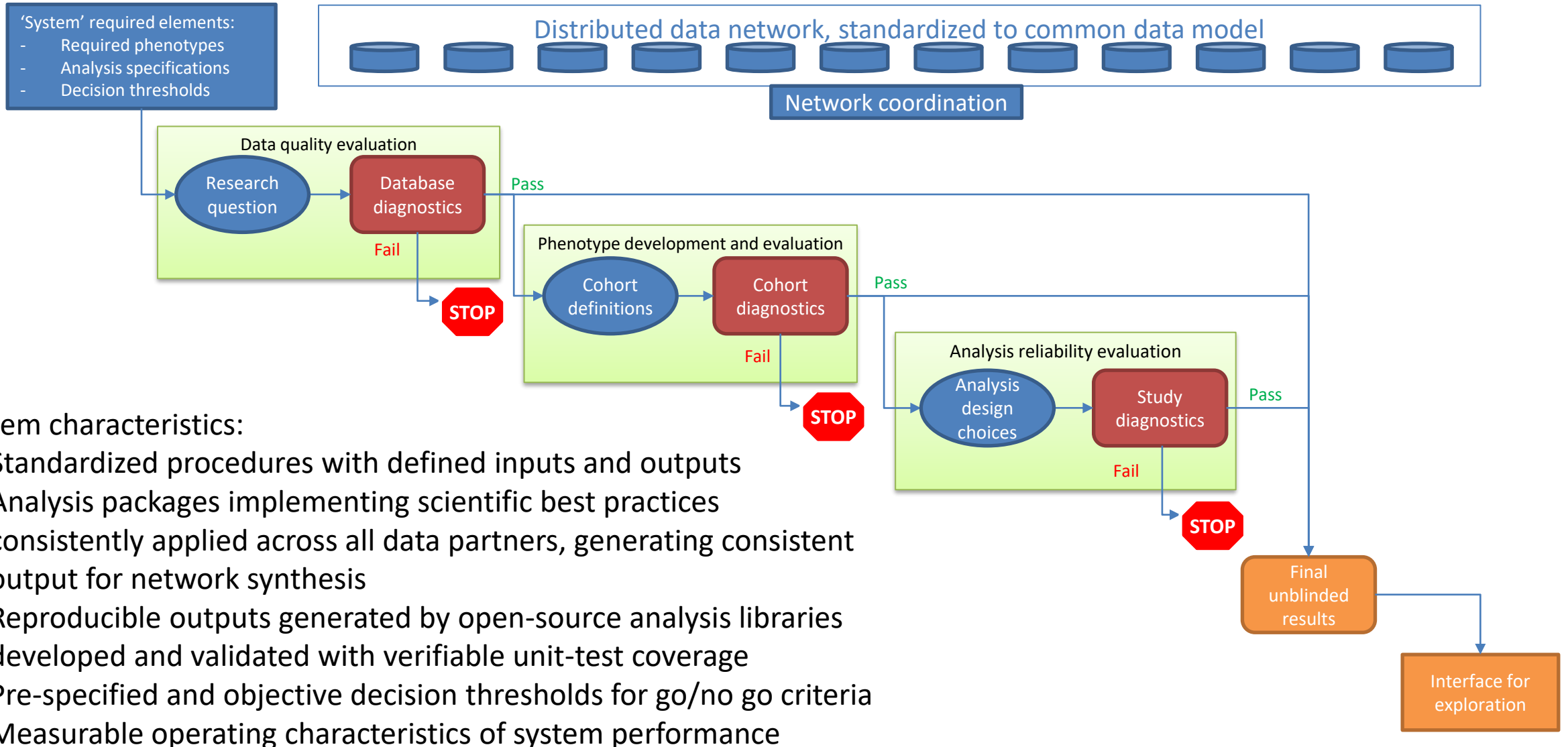


Common data model can enable standardized analytics across a distributed data network





Engineering open science systems that build trust into the real-world evidence generation and dissemination process

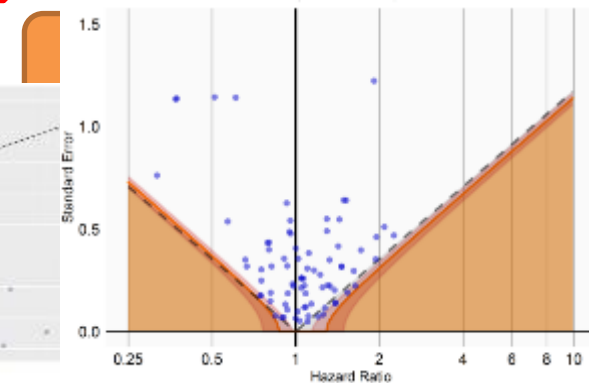
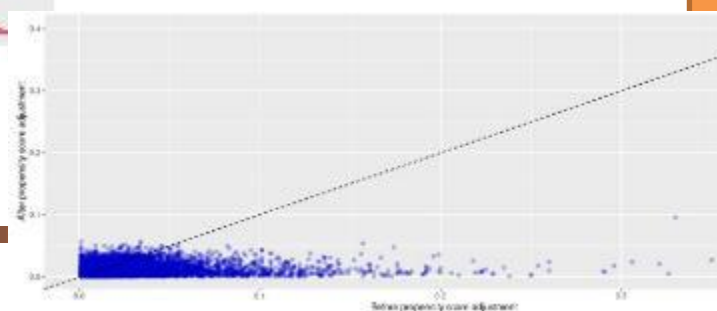
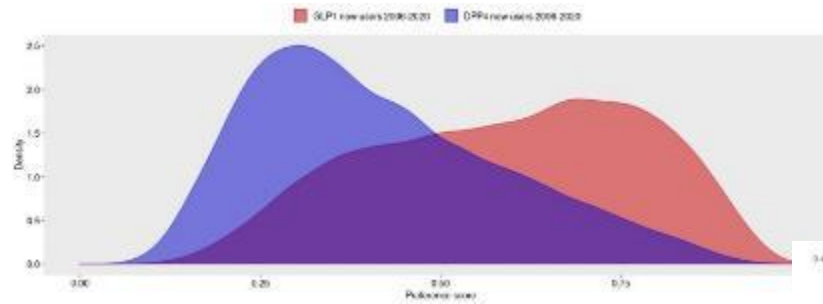
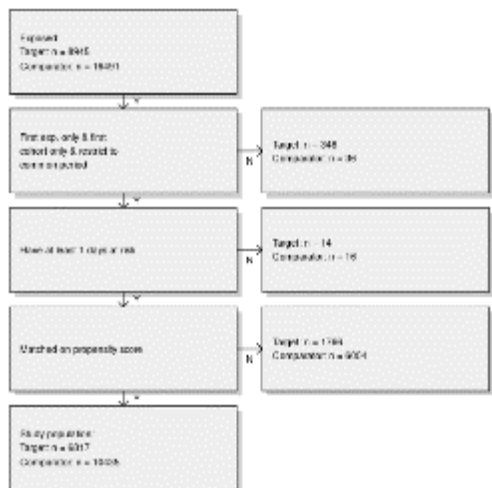
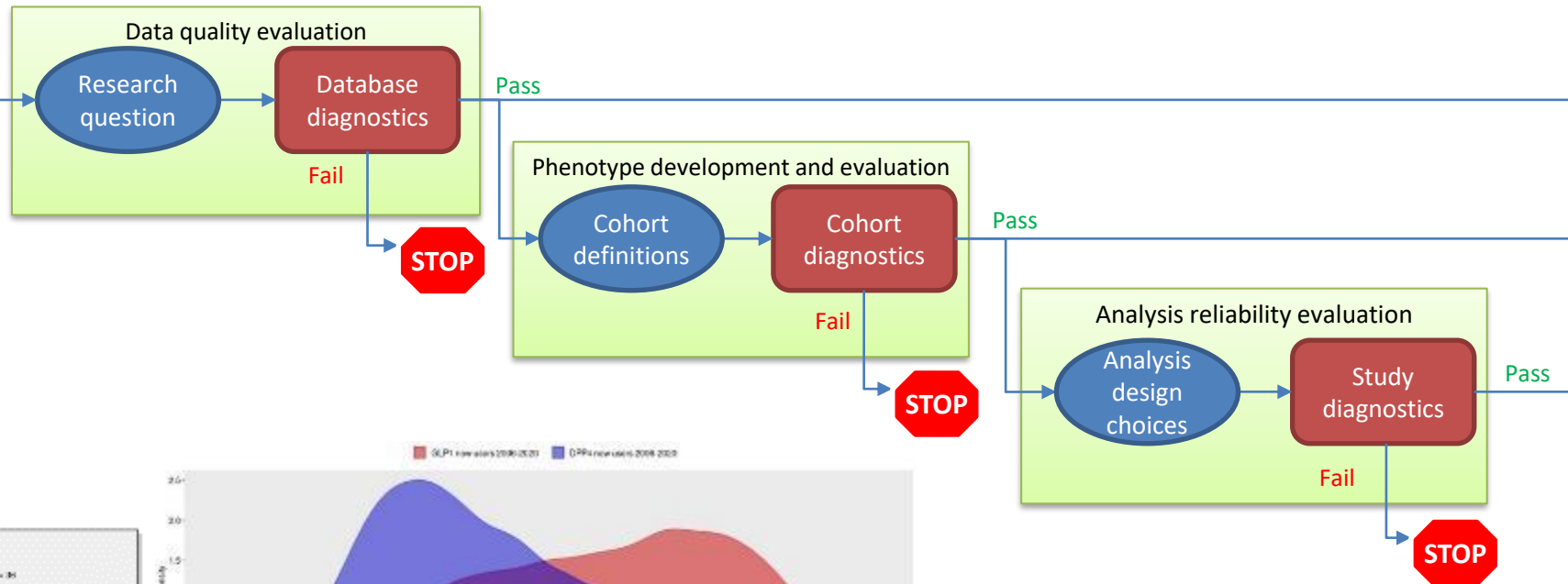




Engineering open science systems that build trust into the real-world evidence generation and dissemination process

'System' required elements:

- Required phenotypes
- Analysis specifications
- Decision thresholds

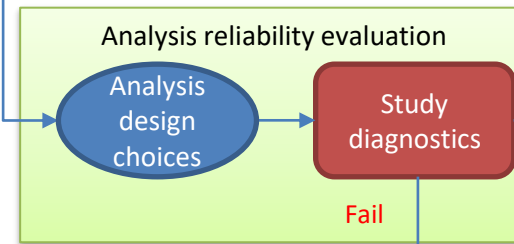
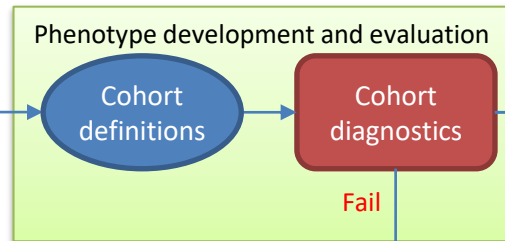
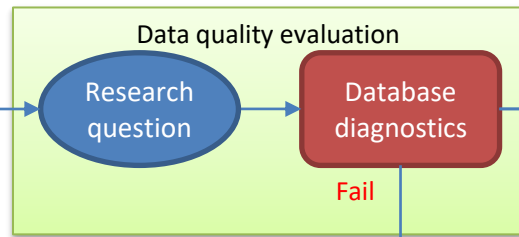




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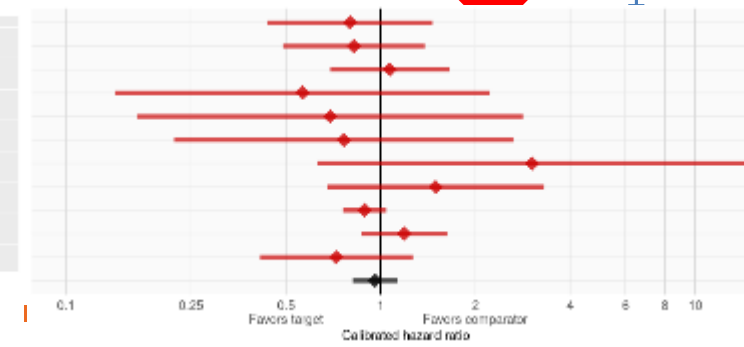
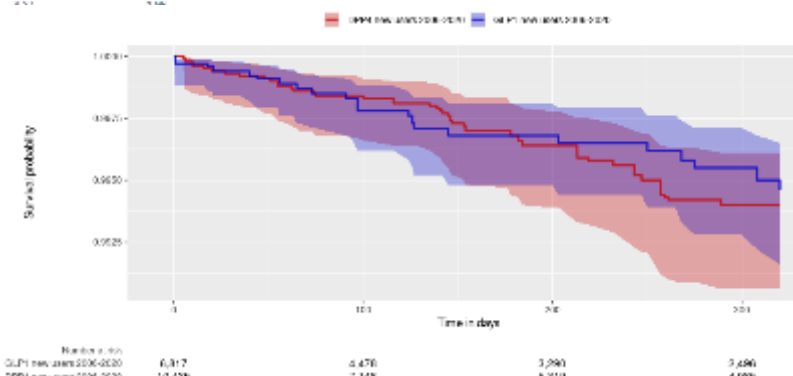
Interface for exploration

Table 1a. Number of objects, follow up time (in years), number of outcome events, and event incidence rate (IR) per 1,000 patient-years (PY) in the target (T) and comparator (C) groups (users 2000-2020) group after propensity score adjustment, as well as the minimum detectable relative risk (MDRR). Note that the 95% CI does not account for any selection bias.

Target Subjects	Comparator Subjects	Target years	Comparator years	Target events	Comparator events	Target IR (per 1,000 PY)	Comparator IR (per 1,000 PY)	MDRR
6,817	10,436	8,733	9,154	22	01	0.25	0.11	2.34

Table 1b. Time (days) at risk distribution expressed as minimum (min), 25th percentile (P25), median, 75th percentile (P75), and maximum (Max).

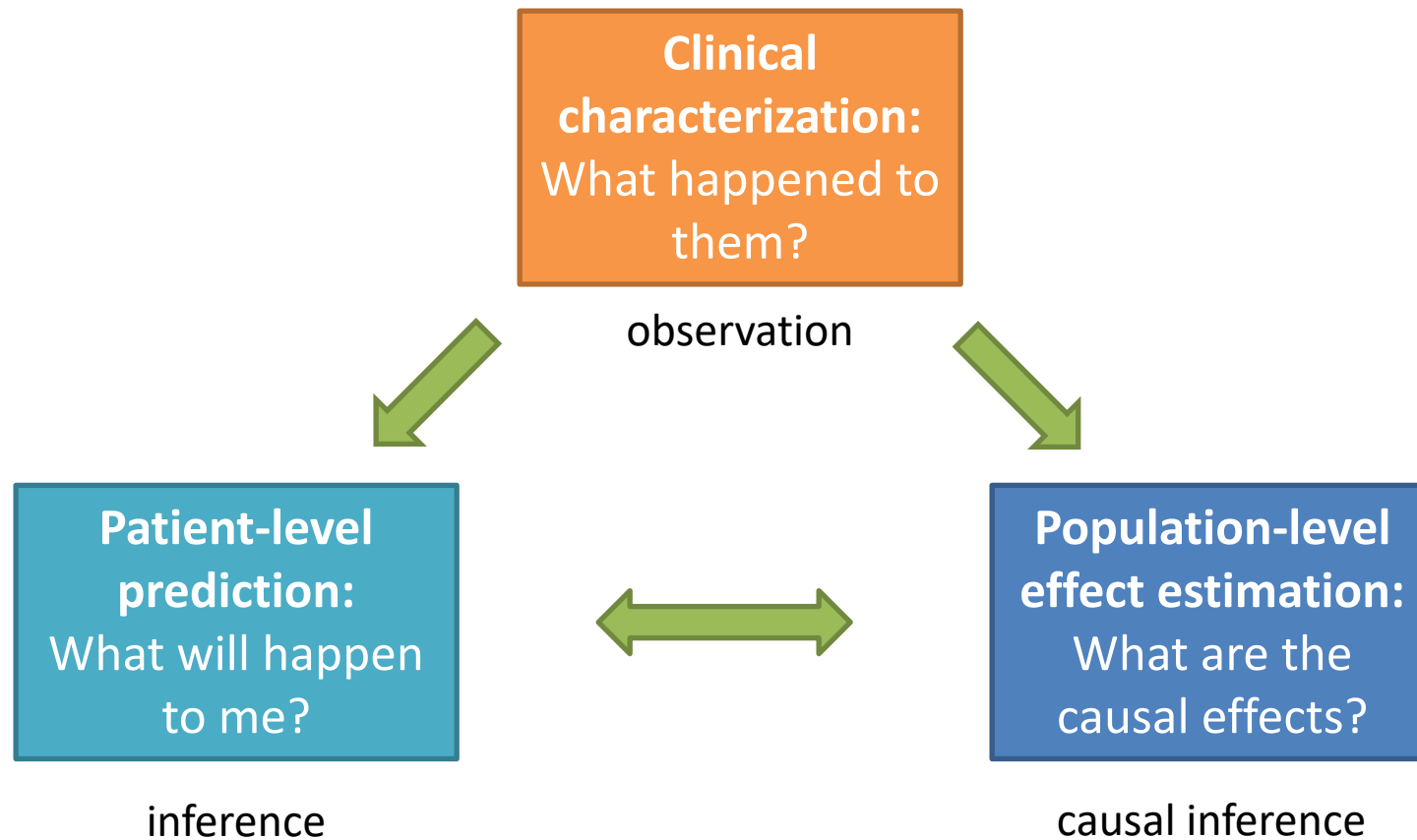
Cohort	Min	P10	P25	Median	P75	P90	Max
Target	1	80	78	155	260	260	350
Comparator	2	30	90	207	305	305	305



Hardware	Min	P10	P25	Median	P75	P90	Max
Hardware	6,817	10,436	8,733	9,154	22	01	0.25
GPU resources 2006-2020	6,817	10,436	8,733	9,154	22	01	0.25
DPN resources 2006-2020	6,817	10,436	8,733	9,154	22	01	0.25



Complementary types of evidence to generate from real-world data



Three potential use cases for the support to committees' decision-making

From a regulatory perspective, RWE aims to support committees' decision-making in three main areas

Use case objective	Support the planning & validity of applicant studies	Understand clinical context	Investigate associations and impact
Use case category	Design and feasibility of planned studies	Disease epidemiology	Effectiveness and safety studies
	Representativeness and validity of Completed studies	Clinical management & drug utilisation	Impact of regulatory actions



Mapping regulatory use cases to evidence types

Support the
planning &
validity of
applicant studies

Design and feasibility of
planned studies

Representativeness and
validity of Completed studies

**Clinical
characterization:**
What happened to
them?

Understand
clinical context

Disease epidemiology

Clinical management & drug
utilisation

**Population-level
effect estimation:**
What are the
causal effects?

Investigate
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impact

Effectiveness and safety
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Impact of regulatory actions

**Patient-level
prediction:**
What will happen
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**Questions that can be informed
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Who are the patients with disease
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Who are the patients exposed to
those treatments?
How often do outcomes occur
amongst those patients?

Is the outcome causally related to
exposure to treatment?
How does the risk compare with
alternative treatments?

Which risks can be actionably
predicted with available data?
Which patients are at highest risk
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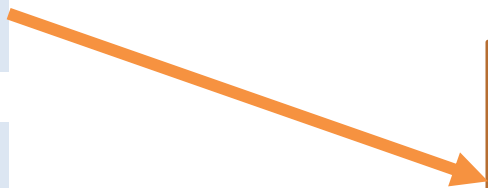
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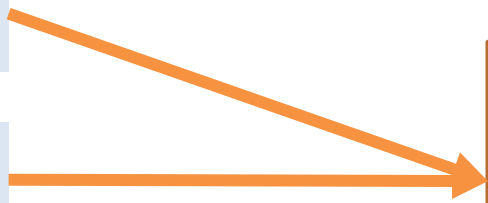
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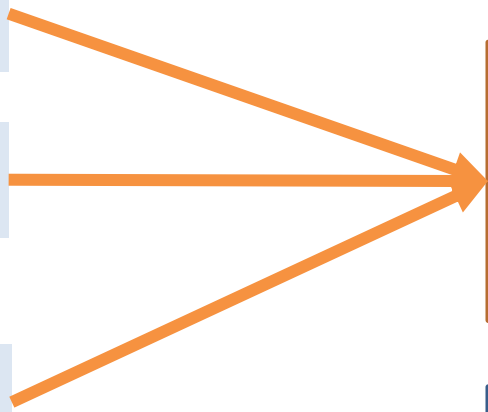
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Level of proactivity in delivering real-world evidence

Reactive
Bespoke

Service bespoke project requests by convening team to align on problem statement, author protocol/analysis plan documents, implement statistical programming code to custom specification, execute analysis across databases, iteratively review results and request post hoc analyses, write summary of results as report, and deliver to decision-maker to ensure it meets their needs



Level of proactivity in delivering real-world evidence

Enabled

Design and execute standardized analysis packages that apply validated statistical libraries with defined input parameters and fixed output to compile summary results across a network standardized to a common data model

Reactive
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Level of proactivity in delivering real-world evidence

Responsive

Enable fast evidence generation by using interface that allow qualified users to set defined input parameters, execute standardized analyses, and view results upon request.

Enabled

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Level of proactivity in delivering real-world evidence

Prepared

Produce pre-computed evidence to enable answer retrieval in 'real time' by qualified users when requested; standardized analysis packages executed across network generate results 'at-scale' across many target, outcome cohorts

Responsive

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Level of proactivity in delivering real-world evidence

Anticipatory

Generate and deliver insights without being asked; answer questions before requested by 'pushing' relevant pre-computed evidence to potential evidence consumers

Prepared

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Responsive

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Enabled

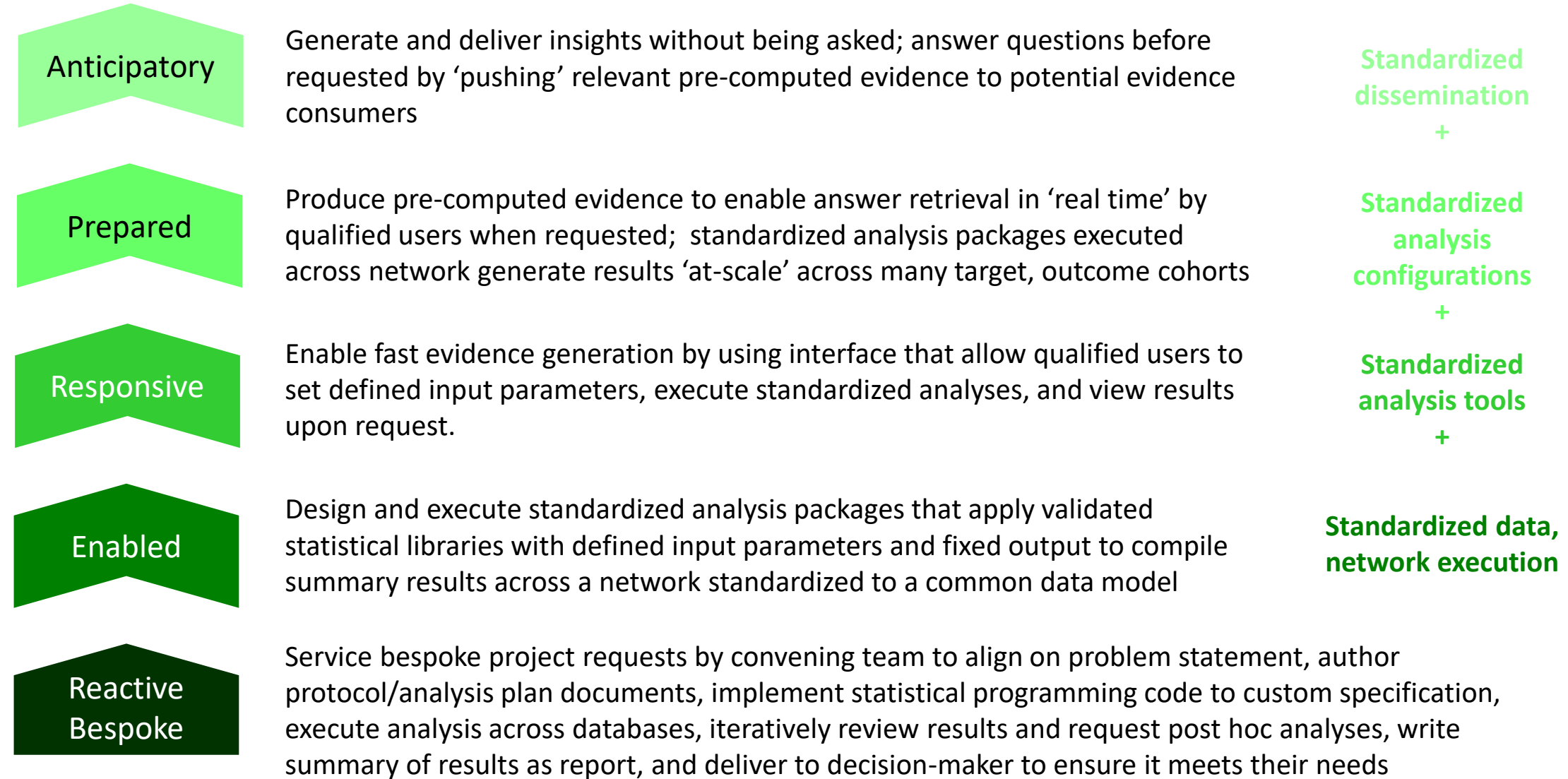
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Level of proactivity in delivering real-world evidence





Level of proactivity in delivering real-world evidence

Time-to-evidence

~seconds

Anticipatory

Generate and deliver insights without being asked; answer questions before requested by 'pushing' relevant pre-computed evidence to potential evidence consumers

Standardized dissemination

+

~minutes

Prepared

Produce pre-computed evidence to enable answer retrieval in 'real time' by qualified users when requested; standardized analysis packages executed across network generate results 'at-scale' across many target, outcome cohorts

Standardized analysis configurations

+

~hours

Responsive

Enable fast evidence generation by using interface that allow qualified users to set defined input parameters, execute standardized analyses, and view results upon request.

Standardized analysis tools

+

~days

Enabled

Design and execute standardized analysis packages that apply validated statistical libraries with defined input parameters and fixed output to compile summary results across a network standardized to a common data model

Standardized data, network execution

~weeks,
months,
years

Reactive
Bespoke

Service bespoke project requests by convening team to align on problem statement, author protocol/analysis plan documents, implement statistical programming code to custom specification, execute analysis across databases, iteratively review results and request post hoc analyses, write summary of results as report, and deliver to decision-maker to ensure it meets their needs

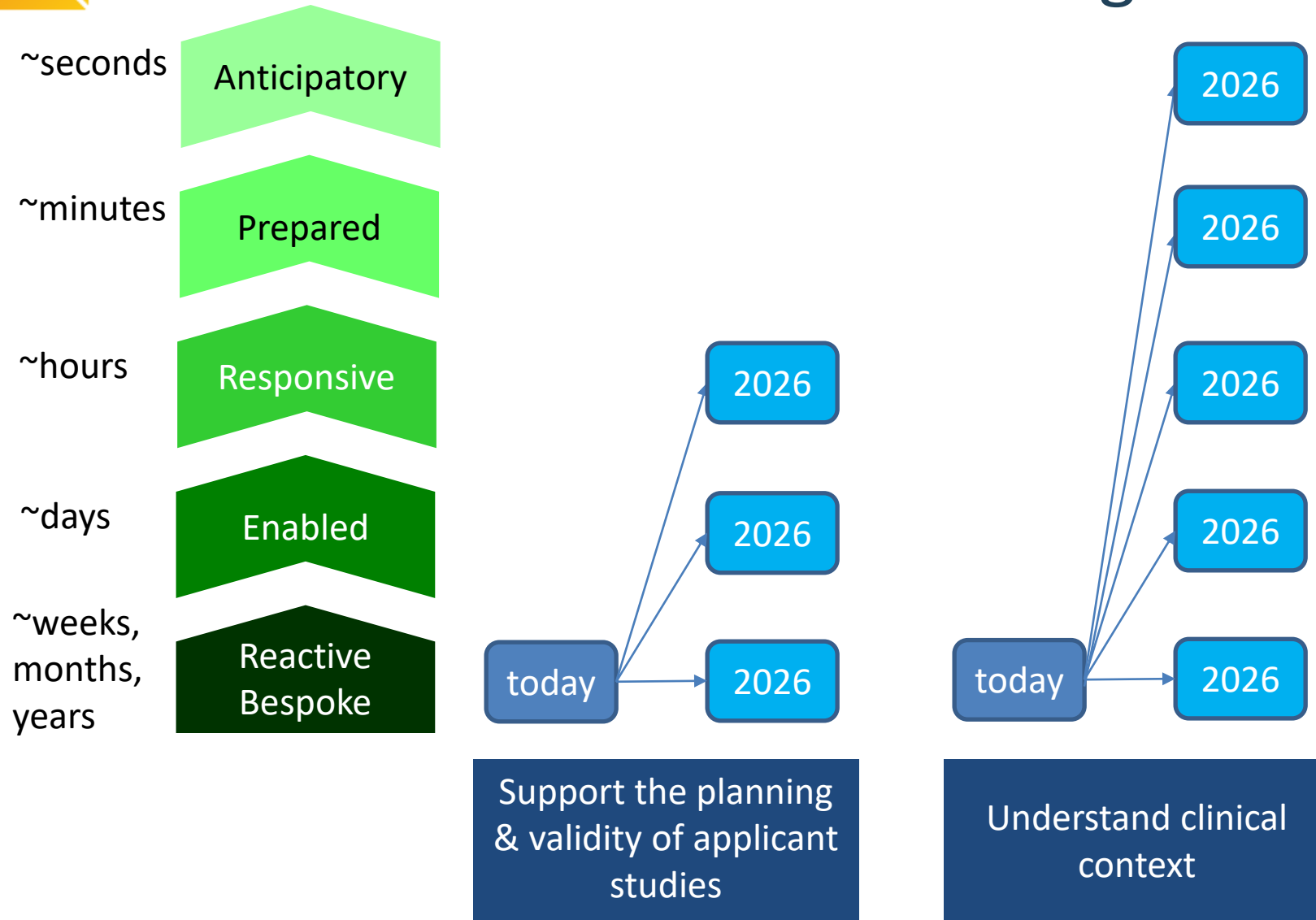


A 5-year vision for expanding the proactive use of real-world evidence across regulatory use cases



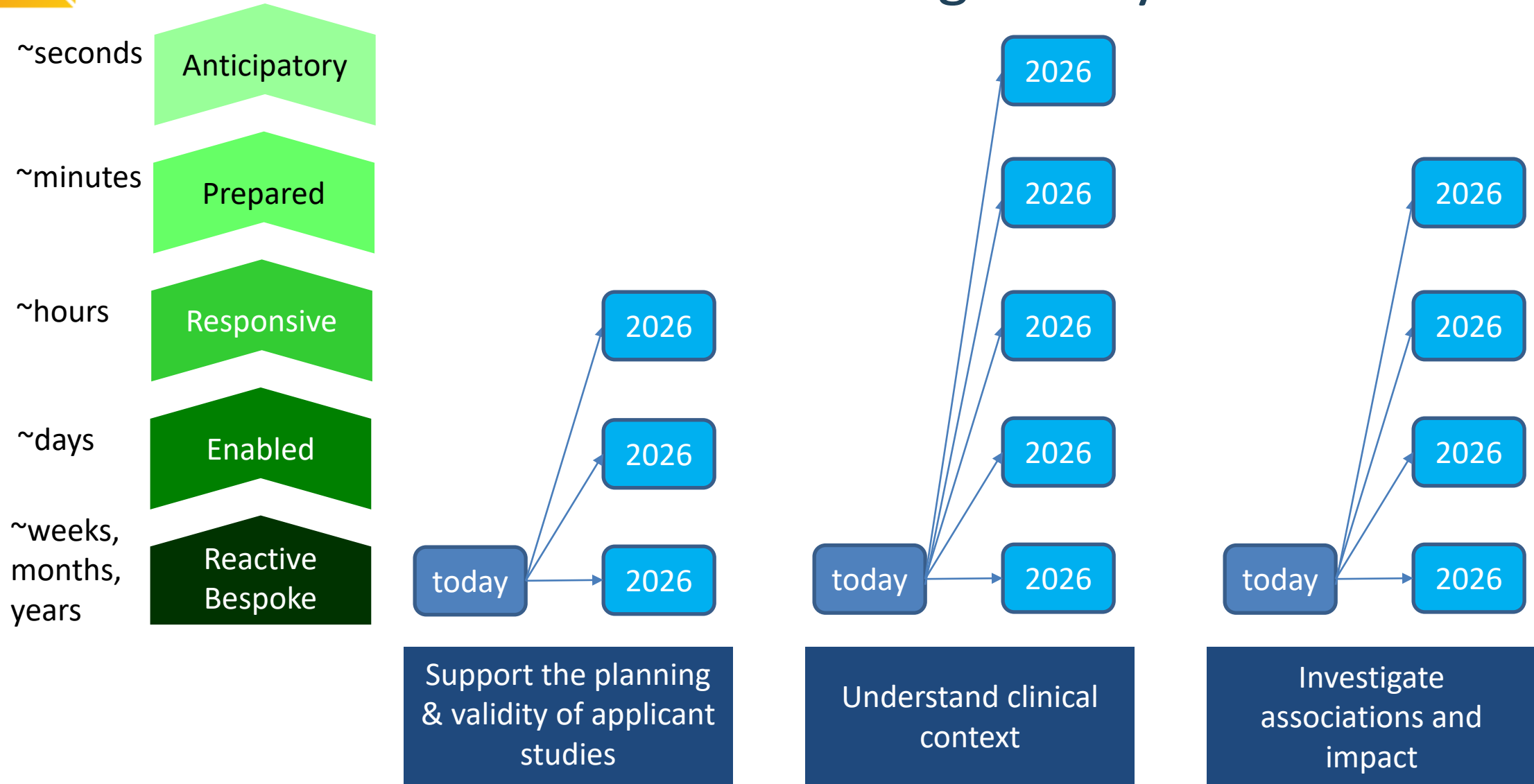


A 5-year vision for expanding the proactive use of real-world evidence across regulatory use cases





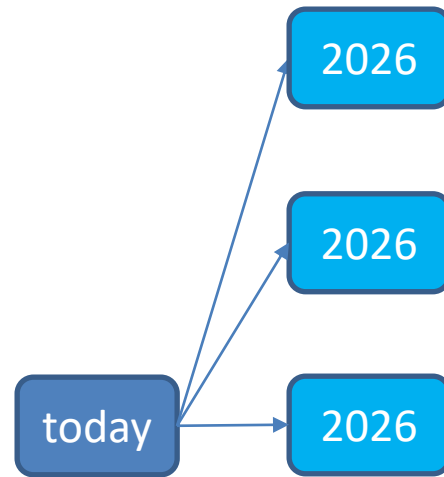
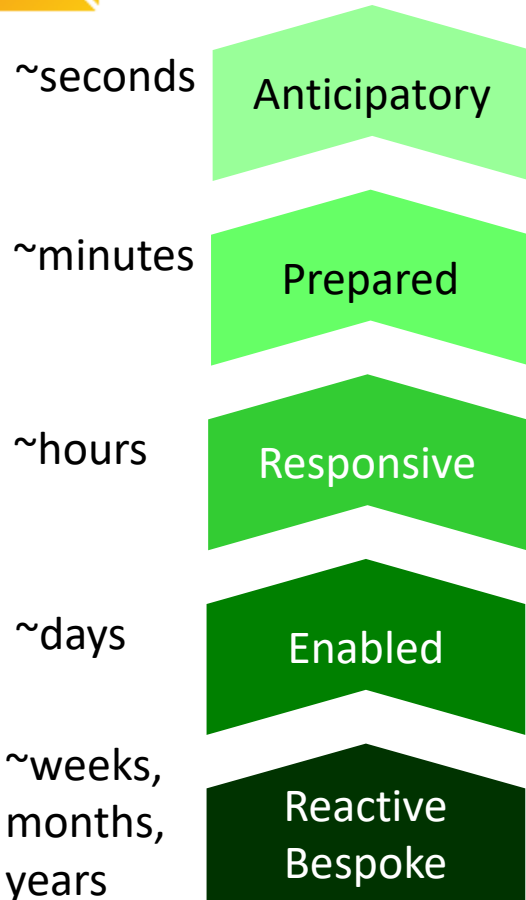
A 5-year vision for expanding the proactive use of real-world evidence across regulatory use cases





Expanding the proactive use of real-world evidence for study planning and validity

Journal of the American Medical Informatics Association, 28(1), 2021, 144–154
doi: 10.1093/jamia/ocaa224
Advance Access Publication Date: 4 November 2020
Review

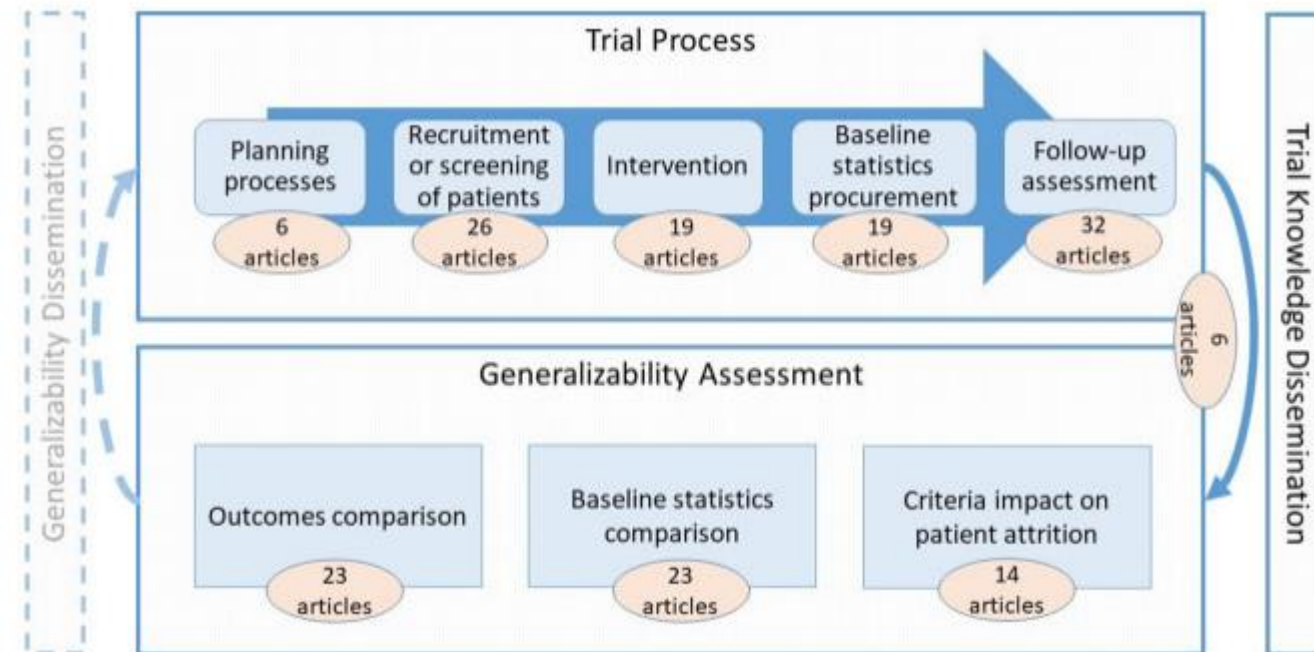


Support the planning & validity of applicant studies

Review

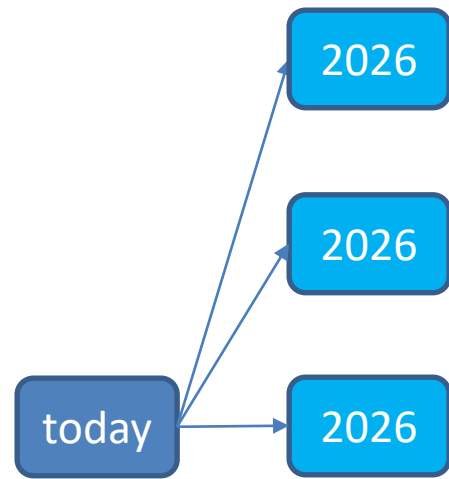
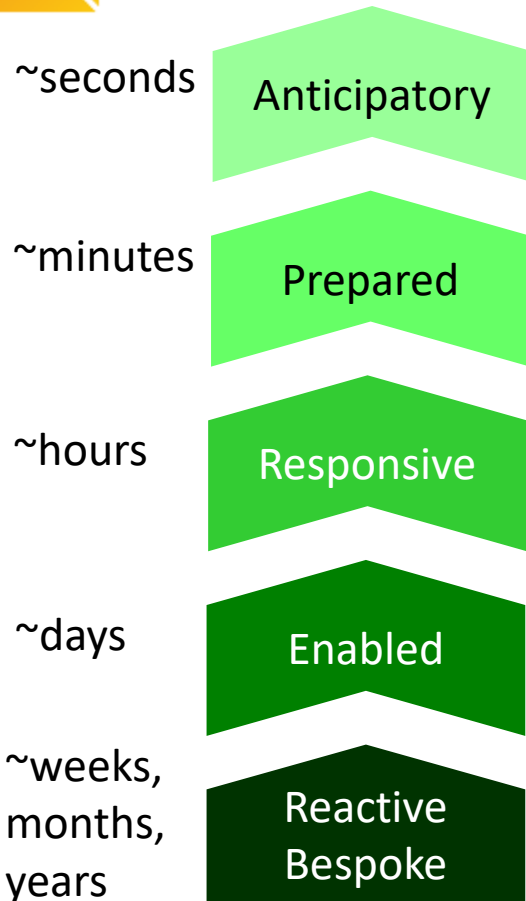
Contemporary use of real-world data for clinical trial conduct in the United States: a scoping review

James R. Rogers ,¹ Junghwan Lee,¹ Ziheng Zhou,² Ying Kuen Cheung,³ George Hripcsak,^{1,4} and Chunhua Weng¹

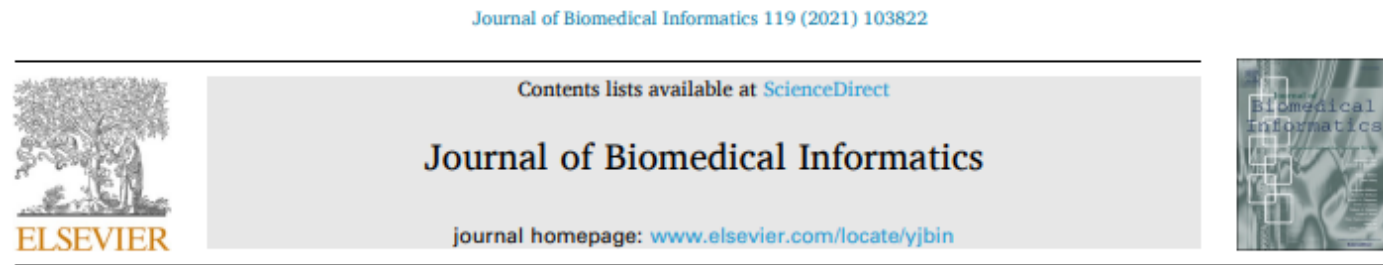




Expanding the proactive use of real-world evidence for study planning and validity



Support the planning & validity of applicant studies



Original Research

Clinical comparison between trial participants and potentially eligible patients using electronic health record data: A generalizability assessment method

James R. Rogers^a, George Hripcsak^{a,b}, Ying Kuen Cheung^c, Chunhua Weng^{a,*}

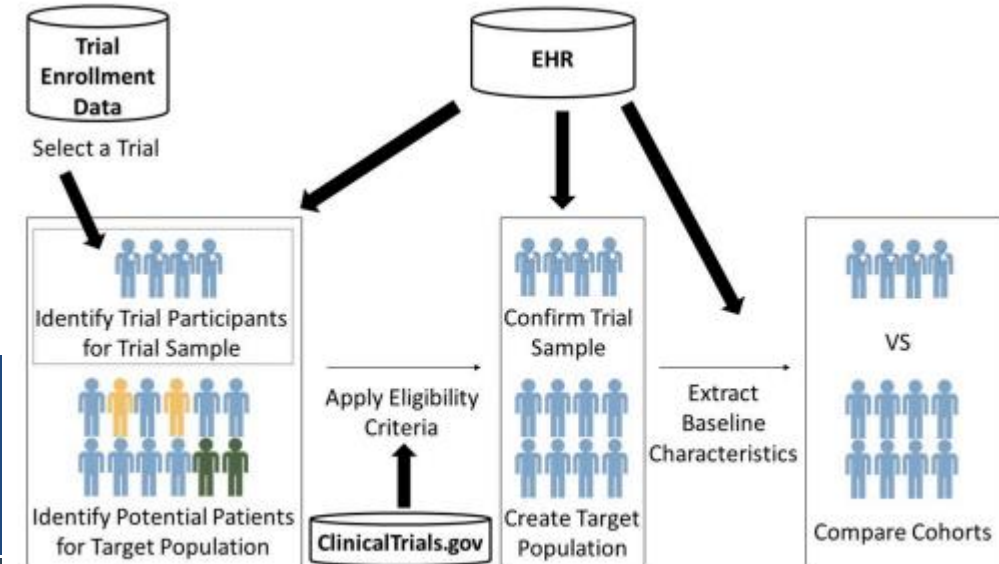


Fig. 1. Overview of study methodology.

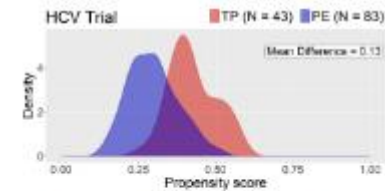


Fig. 3. Distribution of propensity scores between trial participants (TP) and potentially eligible (PE) patients for the hepatitis C virus (HCV) trial.

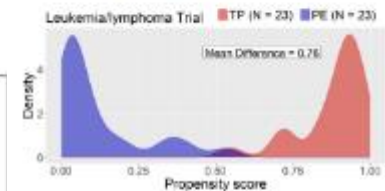


Fig. 4. Distribution of propensity scores between trial participants (TP) and potentially eligible (PE) patients for the leukemia/lymphoma trial.

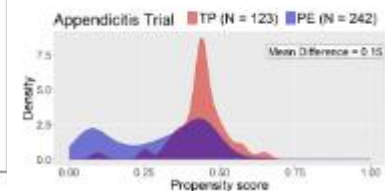
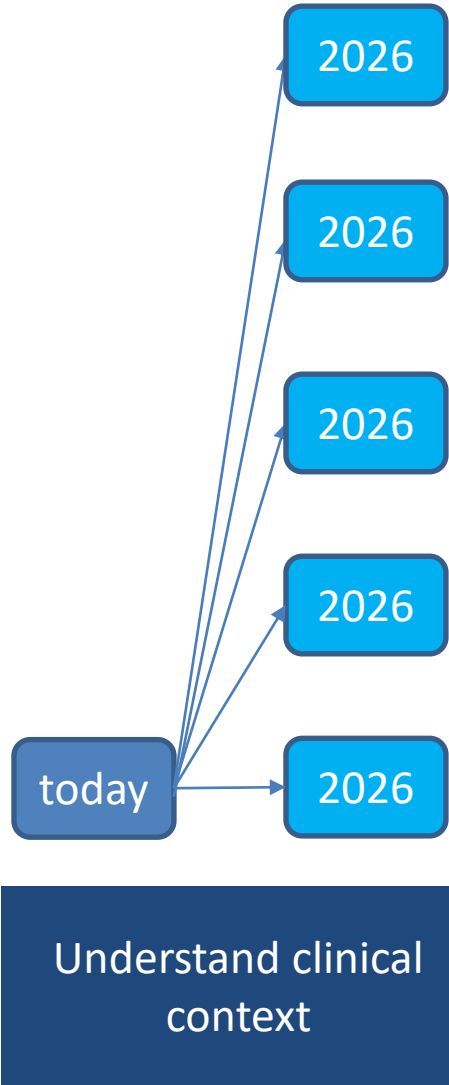
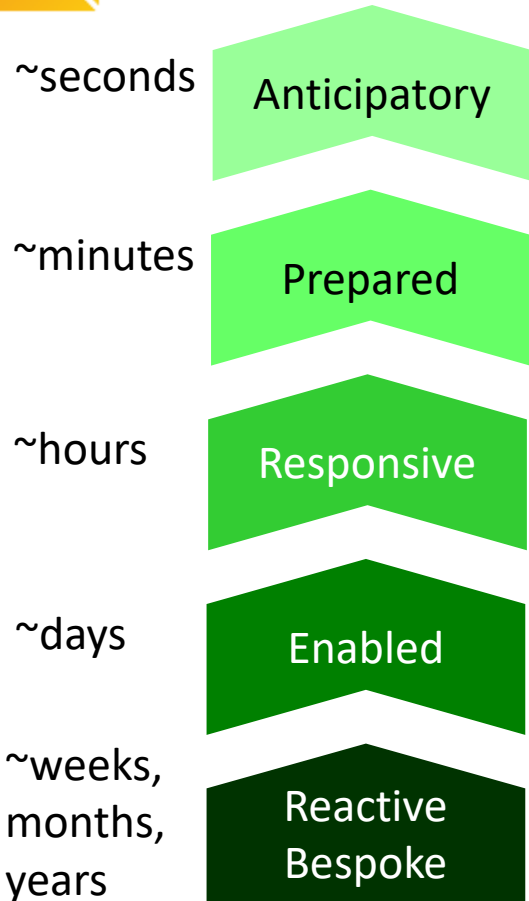


Fig. 5. Distribution of propensity scores between trial participants (TP) and potentially eligible (PE) patients for the appendicitis trial.



Expanding the proactive use of real-world evidence for understanding clinical context



Snapshot of the CHARYBDIS Data Network

USA (13)	EUROPE (8, 6 countries)	ASIA-PACIFIC (5, 2 countries)
Columbia University (NY - USA)	CRH (UK - UK)	HKR (South Korea - Administrative Clinical Data) (South Korea - KR)
Department of Veterans Affairs (National - OH)	KHDA, EA, Germany (Germany - DE)	Nanjing Hospital (China - CN)
HealthVerity (Clinical linked to diagnostic testing)	HIP, Hospital de Espana (Spain - Hospital billing)	
ICM, Open Clinics (National - Administrative Clinical)	Hospital de Espana (Spain - EHR)	
ICM, Health Charge Data (Hospital Billing)	ICL (Netherlands - EHR)	
Optum EHR (National - EHR)	KHDA LTD France (France - EHR)	
Optum SAS (National - EHR linked to socio-economic data)	KHDA LTD Italy (Italy - EHR)	
Oregon Health & Science University (OR)	SEMAP (Spain - EHR)	
Proton (National - Hospital Billing)	SEMAP-1 (Spain - OH Hospital Billing)	
Stanford University (CA - EHR)		
Truist University (VA - EHR)		
University of Colorado Anschutz Medical Campus (CO - EHR)		
University of Washington Medicine (OH) Research Center (OH - EHR)		

As of 3/24/2021

CHARYBDIS

Persons with a COVID-19 diagnosis or a SARS-CoV-2 positive test with no required prior observation

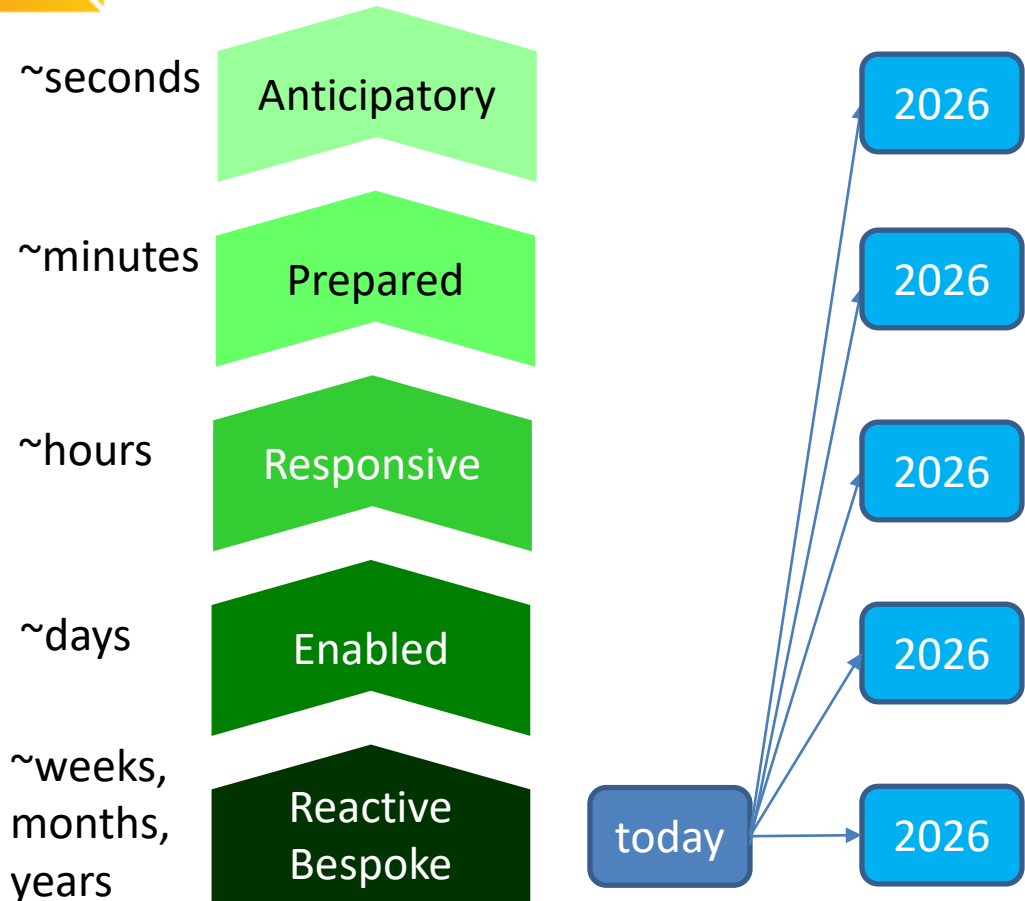
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Concept Name	ICD9	ICD10	SNOMED	ICD9CM	ICD10CM	SNOMED CT	ICD9CM	ICD10CM	SNOMED CT
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	05.00	05.00	21200	05.00	05.00	21200	05.00	05.00	21200
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	16.40	16.40	24030	16.40	16.40	24030	16.40	16.40	24030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	27.00	27.00	32000	27.00	27.00	32000	27.00	27.00	32000
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	18.40	18.40	24030	18.40	18.40	24030	18.40	18.40	24030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	14.70	14.70	18030	14.70	14.70	18030	14.70	14.70	18030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	10.70	10.70	12030	10.70	10.70	12030	10.70	10.70	12030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	11.40	11.40	14030	11.40	11.40	14030	11.40	11.40	14030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	14.70	14.70	18030	14.70	14.70	18030	14.70	14.70	18030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	12.70	12.70	16030	12.70	12.70	16030	12.70	12.70	16030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	10.70	10.70	12030	10.70	10.70	12030	10.70	10.70	12030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	11.40	11.40	14030	11.40	11.40	14030	11.40	11.40	14030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	12.70	12.70	16030	12.70	12.70	16030	12.70	12.70	16030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	10.70	10.70	12030	10.70	10.70	12030	10.70	10.70	12030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	11.40	11.40	14030	11.40	11.40	14030	11.40	11.40	14030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	12.70	12.70	16030	12.70	12.70	16030	12.70	12.70	16030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	10.70	10.70	12030	10.70	10.70	12030	10.70	10.70	12030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	11.40	11.40	14030	11.40	11.40	14030	11.40	11.40	14030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	12.70	12.70	16030	12.70	12.70	16030	12.70	12.70	16030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	10.70	10.70	12030	10.70	10.70	12030	10.70	10.70	12030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	11.40	11.40	14030	11.40	11.40	14030	11.40	11.40	14030
concept during day -105 through -4 days over the index period pre-existing condition of covid-19 factor	12.70	12.70	16030	12.70	12.70	16030	12.70	12.70	16030



Expanding the proactive use of real-world evidence for understanding clinical context



Understand clinical context

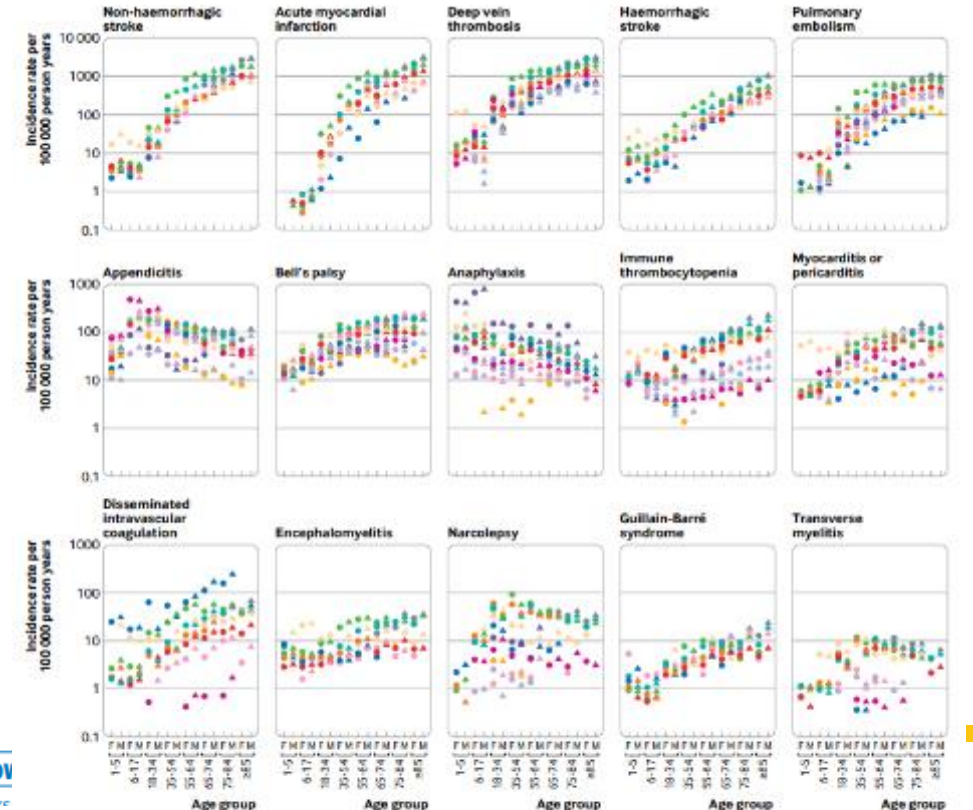


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FAST TRACK

Characterising the background incidence rates of adverse events of special interest for covid-19 vaccines in eight countries: multinational network cohort study

Xintong Li,¹ Anna Ostropolets,² Rupa Makadia,³ Azza Shoaibi,³ Gowtham Rao,³ Anthony G Sena,^{3,6} Eugenia Martinez-Hernandez,⁴ Antonella Delmestri,¹ Katia Verhamme,^{6,7} Peter R Rijnbeek,⁶ Talita Duarte-Salles,⁵ Marc A Suchard,^{8,9} Patrick B Ryan,^{2,3} George Hripcsak,² Daniel Prieto-Alhambra^{1,6}

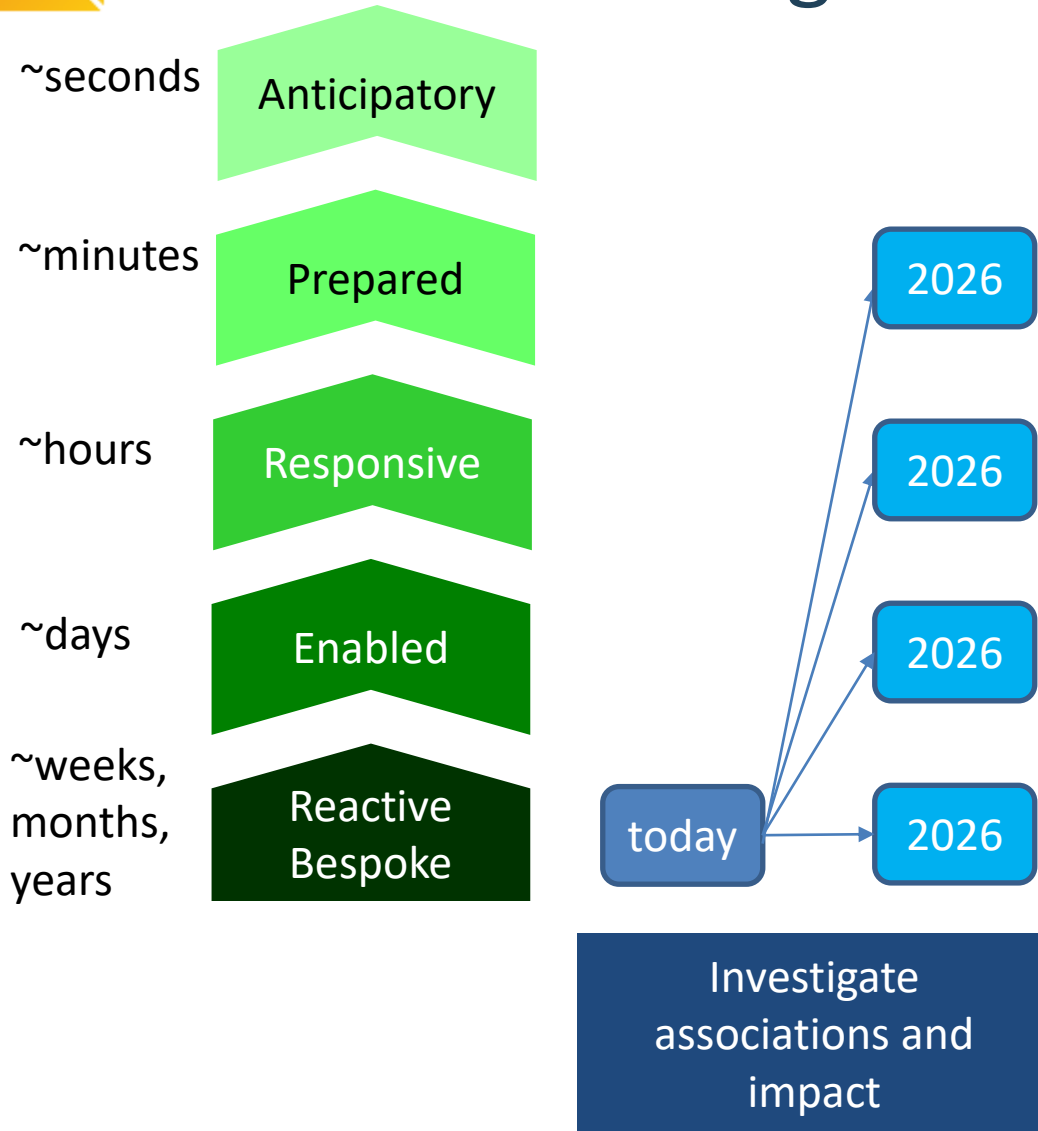
For numbered affiliations see end of the article.
Correspondence to: D Prieto-Alhambra Botnar Research Centre, Oxford, UK daniel.prietoalhambra@ndorms.ox.ac.uk (or@prieto_alhambra on Twitter: ORCID 0000-0002-3950-6346)
Additional material is published online only. To view please visit the journal online.
Cite this as: *BMJ* 2021;373:n1435 <http://dx.doi.org/10.1136/bmj.n1435>
Accepted: 3 June 2021



WHAT IS ALREADY KNOWN
Background rates of adverse



Expanding the proactive use of real-world evidence to investigate associations and impact



THE LANCET
Rheumatology

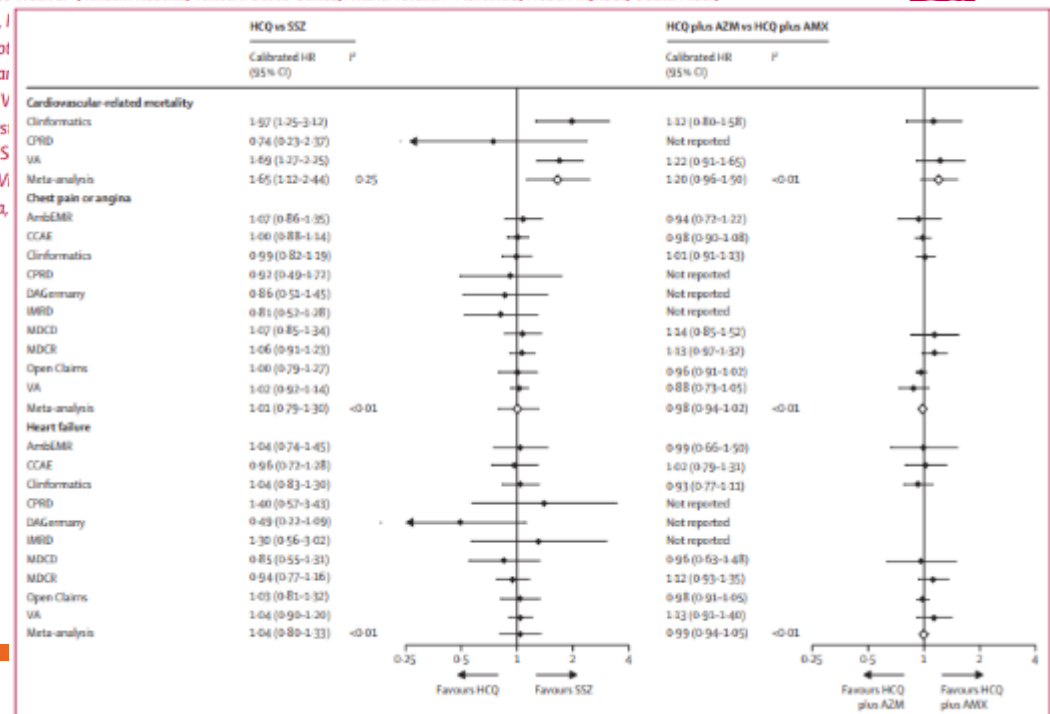
Articles

Risk of hydroxychloroquine alone and in combination with azithromycin in the treatment of rheumatoid arthritis: a multinational, retrospective study



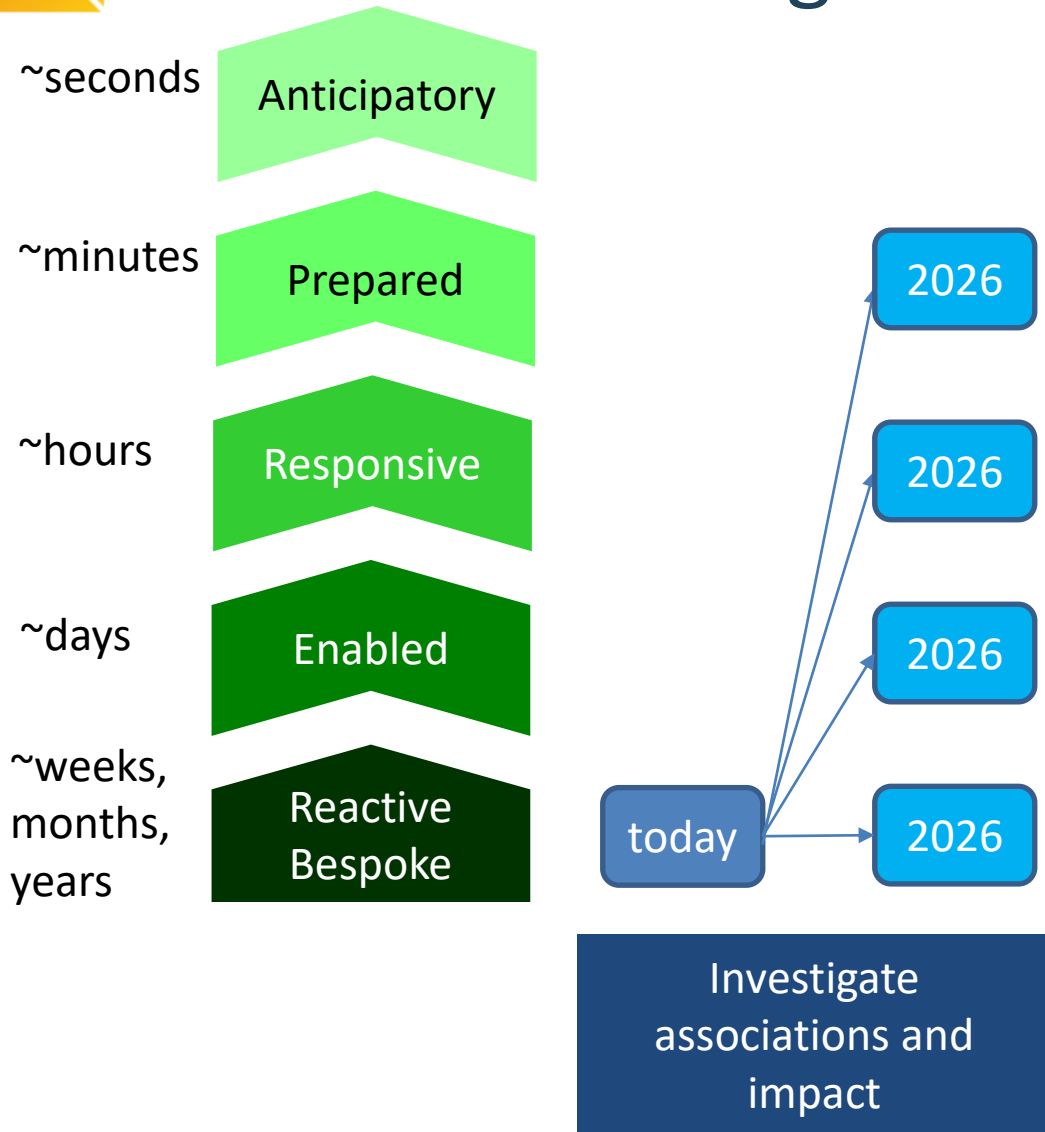
Jennifer C E Lane*, James Weaver*, Kristin Kostka, Talita Duarte-Salles, Maria Tereza F Abrahao, Heba Alahoul, Osaid Alser, Thamer M Alshammari, Alexander Davydov, Scot Benjamin Skov Kaas-Hai Rupa Makadia, Andrea V Fredrik Nyberg, Anna Os Selva Muthu Kumaran S Carmen O Torre, David V Daniel Prieto-Alhambra,

oa





Expanding the proactive use of real-world evidence to investigate associations and impact



RHEUMATOLOGY

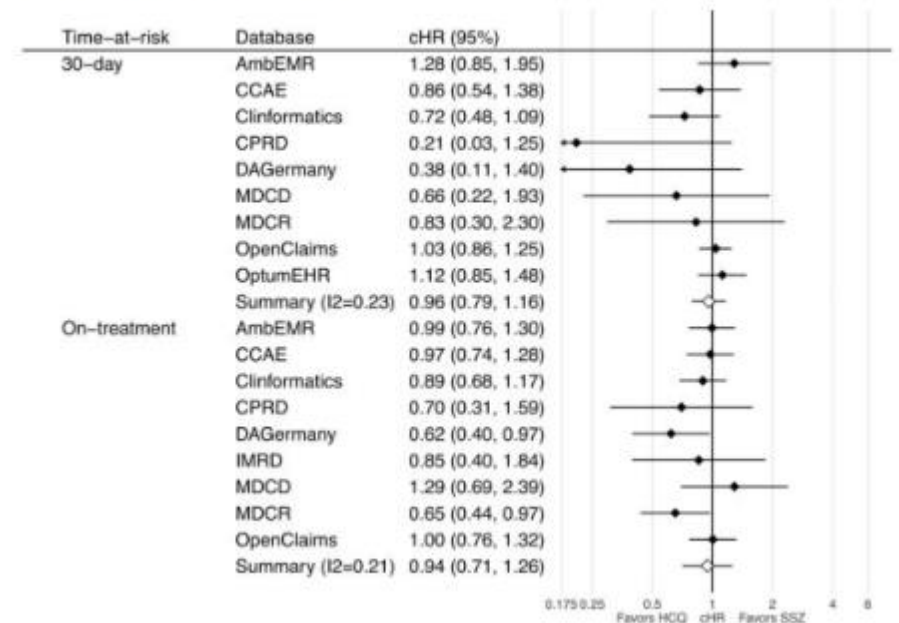
Rheumatology 2021;60:3222–3234
doi:10.1093/rheumatology/keaa771
Advance Access publication 25 December 2020

Original article

Risk of depression, suicide and psychosis with hydroxychloroquine treatment for rheumatoid arthritis: a multinational network cohort study

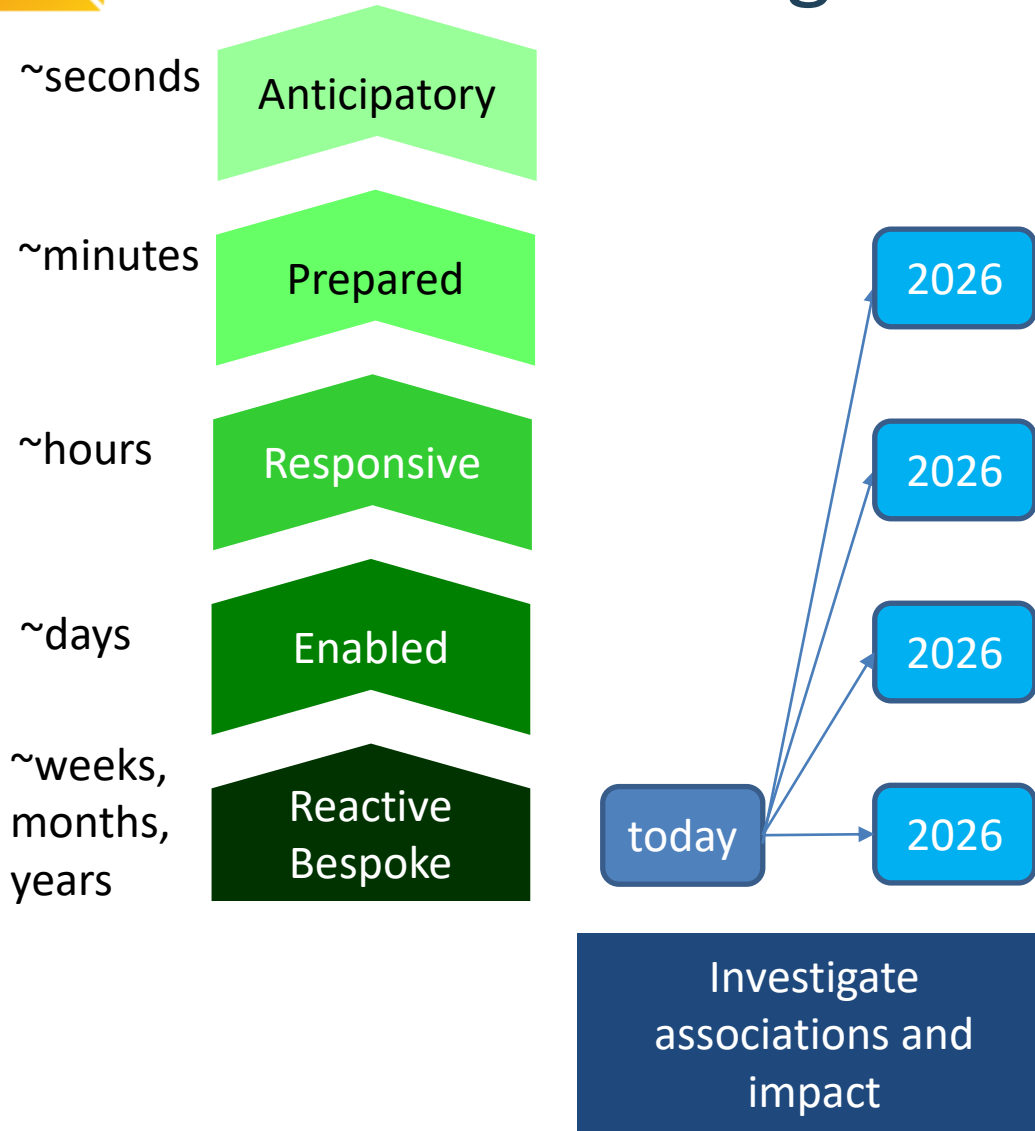
Jennifer C. E. Lane^{1,*}, James Weaver^{2,*}, Kristin Kostka³, Talita Duarte-Salles⁴, Maria Thamir M. Als Juan M. Band Jill Hardin², Le Benjamin Sko Kristine E. Lyr Henry Morgan Fredrik Nyberg Albert Prats-U Anthony G. Se Marc A. Such Junqing Xie¹, Patrick Ryan², consortium

Fig. 1 Forest plot of the association between short- (top) and long-term (bottom) use of HCQ (vs SSZ) and risk of depression, by database and in the meta-analysis





Expanding the proactive use of real-world evidence to investigate associations and impact

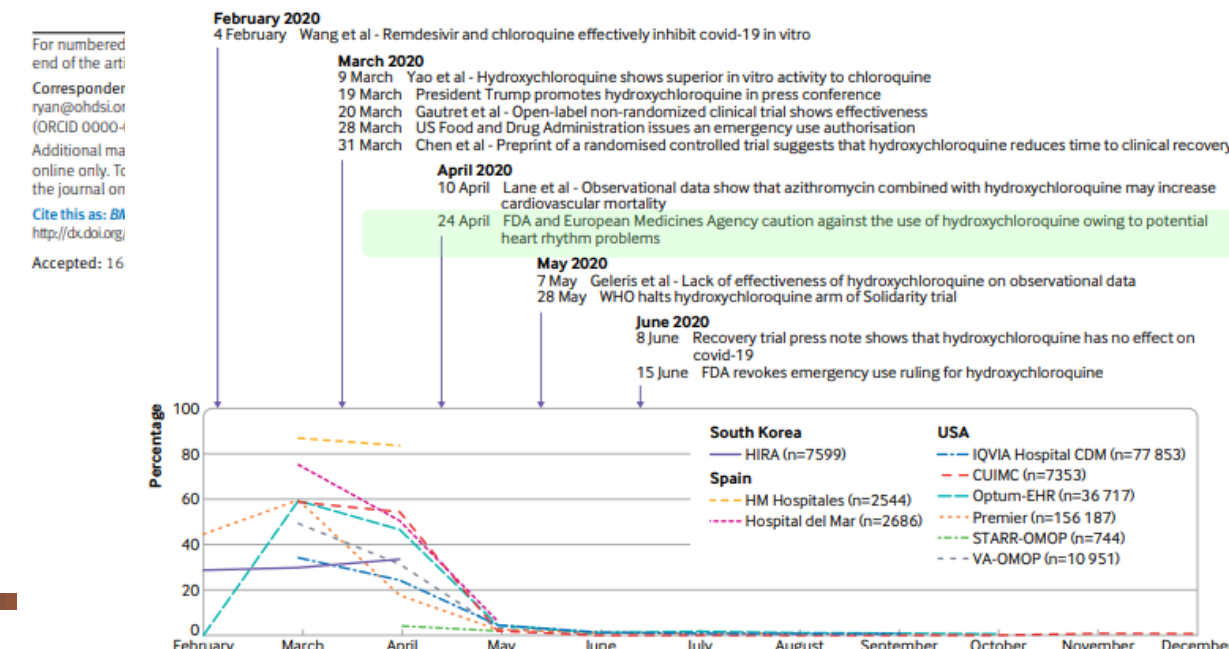


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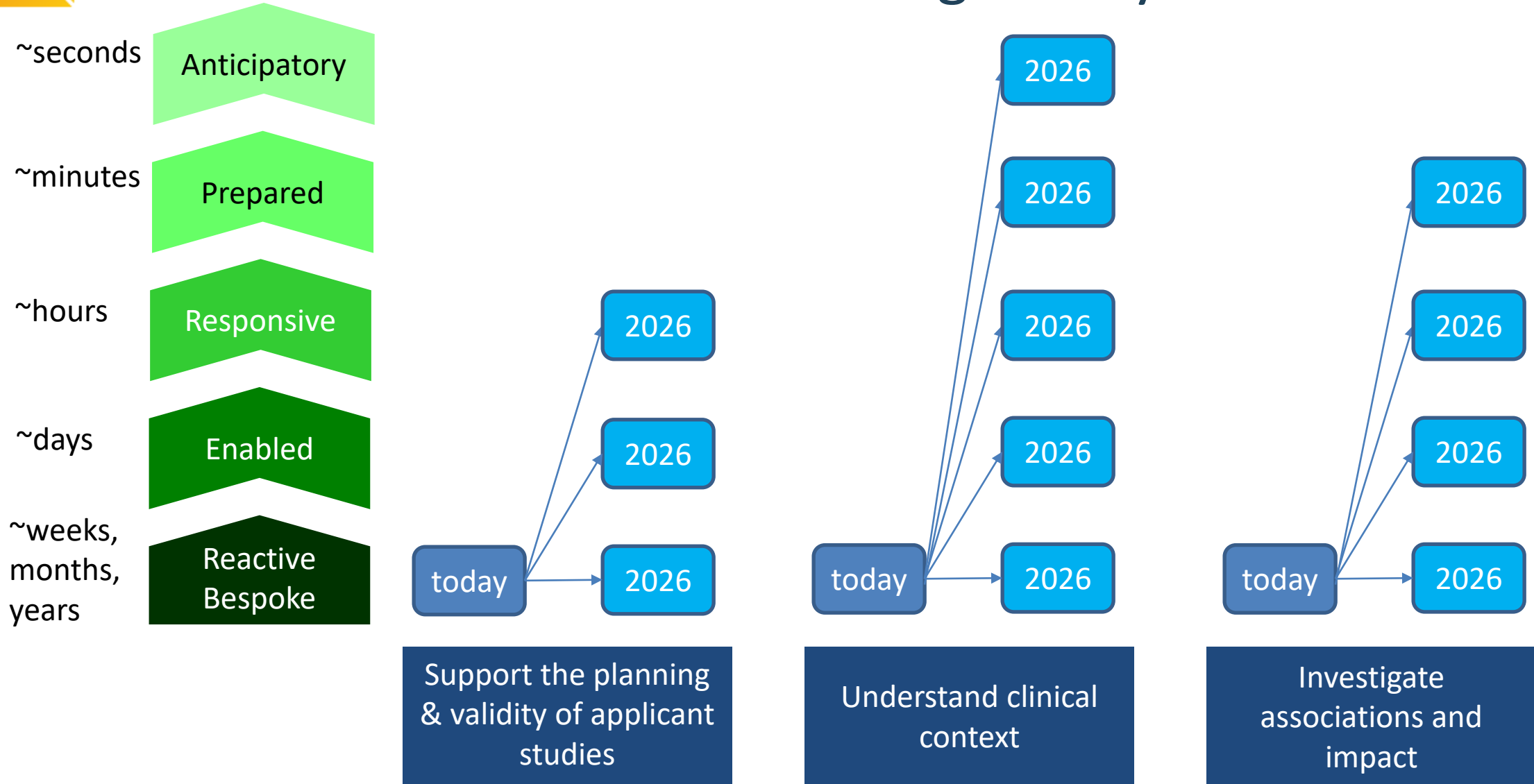
Use of repurposed and adjuvant drugs in hospital patients with covid-19: multinational network cohort study

Albert Prats-Uribe,¹ Anthony G Sena,^{2,3} Lana Yin Hui Lai,⁴ Waheed-Ul-Rahman Ahmed,^{5,6} Heba Alghoul,⁷ Osaid Alser,⁸ Thamir M Alshammari,⁹ Carlos Areia,¹⁰ William Carter,¹¹ Paula Casajust,¹² Dalia Dawoud,^{13,14} Asieh Golozar,^{15,16} Jitendra Jonnagaddala,¹⁷ Paras P Mehta,¹⁸ Mengchun Gong,¹⁹ Daniel R Morales,^{20,21} Fredrik Nyberg,²² Jose D Posada,²³ Martina Recalde,^{24,25} Elena Roel,^{24,25} Karishma Shah,⁵ Nigam H Shah,²³ Lisa M Schilling,¹¹ Vignesh Subbian,²⁶ David Vizcaya,²⁷ Lin Zhang,^{28,29} Ying Zhang,¹⁹ Hong Zhu,³⁰ Li Liu,³⁰ Jaehyeong Cho,³¹ Kristine E Lynch,³² Michael E Matheny,^{33,34} Seng Chan You,³⁵ Peter R Rijnbeek,³ George Hripcsak,³⁶ Jennifer CE Lane,⁵ Edward Burn,^{1,24} Christian Reich,³⁷ Marc A Suchard,³⁸ Talita Duarte-Salles,²⁴ Kristin Kostka,^{37,39} Patrick B Ryan,^{2,40} Daniel Prieto-Alhambra¹





A 5-year vision for expanding the proactive use of real-world evidence across regulatory use cases





Concluding thoughts

- Enabling use and establishing value of real-world evidence is a reasonable vision, which requires building trust across evidence generators and consumers
- People and processes need to be augmented with science, technology and engineering
- Community efforts today can enable a more proactive future tomorrow
 - Data network standardization and quality assessment
 - Design of standardized outputs for regulatory use cases
 - Standardized analytic tool development
 - Phenotype development and evaluation
- Open science systems that promote transparency and reproducibility can increase reliability and efficiency
- Regulatory use cases largely involve characterization analyses, have been demonstrated to be feasible, and are ready-to-scale