# Session 1:
# RWE in HTA: Regulatory Perspectives and Practical Insights

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# Real-world evidence – essence and application

"data used for decision-making that are not collected in conventional RCTs"
ISPOR, 2007

RWE derive from RWD

Variety of definitions

**Importance and benefits**

1) Complimentary evidence by filling knowledge gaps;

2) Improved decision-making;

3) Provides information about epidemiology, current therapies, outcomes in real practice.

**Application**

1) Product development;

2) Clinical and diagnostic decision making;

3) Reimbursement, regulatory decisions;

4) In pharmacovigilance.


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# What “happens” with RWD/RWE in the EU?


EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

15 April 2024
EMA/CHMP/150527/2024
Committee for Human Medicine Products (CHMP)

Reflection paper on use of real-world data in non-interventional studies to generate real-world evidence

HMA Heads of Medicines Agencies

EMA EUROPEAN MEDICINES AGENCY

**Real-world evidence framework to support EU regulatory decision-making**

2nd report on the experience gained with regulator-led studies from February 2023 to February 2024

HMA Heads of Medicines Agencies

EMA EUROPEAN MEDICINES AGENCY

10 April 2024
EMA/152628/2024
European Medicines Agency

Real-world evidence provided by EMA

Support for regulatory decision-making

The use of Real-World Data[1] (RWD) is increasingly embedded in the scientific evaluation of human medicines. At the European Medicines Agency, the Real-World Evidence Team (TDA-RWE) of the Data Analytics and Methods Task Force has direct and indirect access to RWD in the form of patient

DARWIN-EU:

- ✓ Coordination center to provide evidence from real world healthcare databases;
- ✓ Better exchange and access to healthcare data;
- ✓ Collecting, accessing, standardizing, analyzing data, interpreting results and supporting HCDM;
- ✓ 2 RWD studies → **HTA and payer organizations** (1 completed for MM and 1 ongoing for LC)

REAL-WORLD EVIDENCE STUDIES:

- ✓ Why? – collect data for prevalence, incidence, treatment patterns, adverse events, effectiveness data etc.
- ✓ Demand? – National competent authorities, EMA staff, assessors;
- ✓ Supply? – in-house; DARWIN EU, framework contract.


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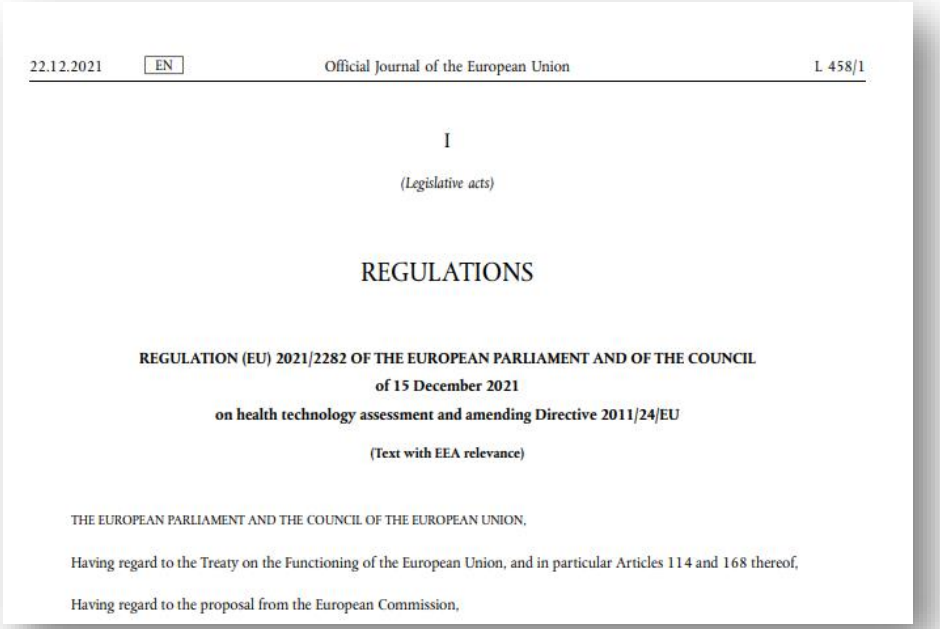
# Health technology assessment – recent regulatory amendments

What is HTA?

<u>Components of HTA:</u>
Assessment (scientific part) + Appraisal (regulation)

Legislative framework: *<u>Regulation</u>* 2021/2282 on HTA

(1) To include observational studies **based on RWD**;
(2) Voluntary cooperation on HTA **to provide RWE**;
(3) Link between the IT platforms **related to RWD**.



22.12.2021 EN Official Journal of the European Union L 458/1

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*(Legislative acts)*

REGULATIONS

**REGULATION (EU) 2021/2282 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL**
**of 15 December 2021**
**on health technology assessment and amending Directive 2011/24/EU**

**(Text with EEA relevance)**

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 114 and 168 thereof,

Having regard to the proposal from the European Commission,

→ Effective cooperation between EU Member States;
→ Common tools, methodologies and procedures for HTA throughout the EU;
→ Joint clinical evaluations, scientific consultations, identification of new HT, voluntary cooperation.

# Where, how and why to use RWE for the purposes of HTA?

New health technology

- Improve patients access to innovations across the EU
- Increase cooperation between EU countries
- Efficient use of resources and better quality of HTAs

Regulation on HTA

## How to generate RWE?

1) Collect RWD from early access schemes → additional/supporting information;
2) Studies conducted after MA;
3) Patients registries and other administrative records;
4) Framework provided by the regulatory authorities;
5) Digital technologies and AI.

RWE evidence?

RWE evidence?

### EU-level JCAs

Centralized, objective and standardized evaluation

PICO + JCA dossier

(1) Practical Guideline for Quantitative Evidence Synthesis: Direct and Indirect Comparisons
(2) Methodological Guideline for Quantitative Evidence Synthesis: Direct and Indirect Comparisons

### Economic/ethical and social evaluation

National-based

Cost-outcomes analysis | Budget impact analysis | Moral/ethical/social considerations

(1) National Recommendations and guidelines on how to assess cost-effectiveness, budget impact and other relevant aspects of the new health technology.

# Can we and do we use RWD/RWE in HTA?

| | Can we? | Do we? |
|---|---|---|
| Digitalization → more registries and AI-technologies | Yes | Different levels in different countries |
| Improvement in the regulatory framework | Yes | Efforts within the EU and at the local level |
| Collaboration between countries through various initiatives and scientific programs | Yes | Yes at some extent |
| Education and round tables for HTA agencies | Yes | Yes at some extent |
| Policy network initiatives dedicated to RWE in HTA | Yes | Yes |
| Guidelines for RWE in HTA | Yes | Different in different countries |

*Nowadays, we have the expert knowledge and technological capacity to integrate RWD/RWE into HTA.*

*What we need now is the will and the dedication to make it happen!*

# Experience from the HTx project

Review

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Journal of Comparative Effectiveness Research

## Using real-world evidence in healthcare from Western to Central and Eastern Europe: a review of existing barriers

Maria Kamusheva*[,1], Bertalan Németh[2], Antal Zemplényi[2,3], Zoltán Kaló[2,4], Jamie Elvidge[5], Maria Dimitrova[1], Johan Pontén[6], Konstantin Tachkov[1] & Zornitsa Mitkova[1]

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As part of the HTx (Next Generation Health Technology Assessment) project, this study was aimed at identifying the main barriers for application of real-world evidence (RWE) for the purposes of health technology assessment in the Central and Eastern European countries. A mixed methods approach was employed to identify the main barriers: a scoping review of the literature and a series of discussions with stakeholders. Based on the applied approaches, we attempted to summarize the main barriers and challenges related to transferability of RWE in five main groups: technical, regulatory, clinical, scientific and perceptional barriers. Further research should pursue the development of detailed, consensus-based guidelines to improve the harmonization and standardization of RWE.

First draft submitted: 31 March 2022; Accepted for publication: 5 June 2022; Published online: 21 June 2022

**Keywords:** barriers • real-world data • real-world evidence • real-world evidence transferability

Real-world data (RWD) and real-world evidence (RWE) have an increasing role in healthcare decision-making. From RWD, analysts can develop RWE, which is already being used for health technology assessment (HTA) purposes to some extent [1,2]. With the increased availability of RWD, there is potential for more widespread use. number of challenges about ensuring the reliability of RWE for HTA [3] can be identified in the literature. ad to disparities among stakeholders when discussing RWD and RWE use in decision-making [4,5]. ry bodies and HTA organizations for descriptive analyses (e.g., of treatment patterns) and burden of ll as epidemiology data and monitoring the safety of marketed therapies, especially in the more advanced ystems in Western Europe, often use RWD. Decision-makers can benefit from RWD collected to assess ative) effectiveness of health technologies in nontrial settings and populations [6]. Use of RWE, however, the Central and Eastern European (CEE) countries [7] because in most cases the decision-makers prefer aditional sources of evidence, such as randomized controlled trials (RCTs) or expert opinion.

Research Article

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Journal of Comparative Effectiveness Research

## Guidance on using real-world evidence from Western Europe in Central and Eastern European health policy decision making

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**Aim:** Real-world data and real-world evidence (RWE) are becoming more important for healthcare decision making and health technology assessment. We aimed to propose solutions to overcome barriers preventing Central and Eastern European (CEE) countries from using RWE generated in Western Europe. **Materials & methods:** To achieve this, following a scoping review and a webinar, the most important barriers were selected through a survey. A workshop was held with CEE experts to discuss propose solutions. **Results:** Based on survey results, we selected the nine most important barriers. Multiple solutio were proposed, for example, the need for a European consensus, and building trust in using RWI **Conclusion:** Through collaboration with regional stakeholders, we proposed a list of solutions to overcom barriers on transferring RWE from Western Europe to CEE countries.

**Plain language summary:** Collecting real-world data and generating real-world evidence from it becoming more important for making better decisions in healthcare. We investigated the main barrie which prevent using real-world evidence in Central and Eastern Europe, originally generated in Weste Europe. After identifying the nine most important barrier, with the help of local experts we propose

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