



Coordinating Efforts to address RWD Challenges

Lianna Ishihara, Senior Director Real World Data Strategy & Partnerships

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Disclaimer

I am a full-time employee at GlaxoSmithKline (GSK). Opinions expressed in this presentation are my own and not representative of GSK.

Agenda

1. Brief intro to RWD
2. Areas that require coordinated efforts to address RWD Challenges across: Pharma, biotech, vendors, data partners, regulatory authorities, etc
3. Coordinating Efforts within the FAIR Principles: Findability, accessibility, interoperability, and reusability



Brief intro to RWD

Types of RWD Sources



Patient mediated data

e.g., wearables

- Enable an expanded reach of data collection through direct collection of eCOAs, such as PROs
- Variables collected:
 - ✓ Patient insights
 - ✓ PROs
 - ✓ Drugs



Claims data

e.g., SNDS, PHARMO, HTI, HES

- Insurance claims related to services provided by healthcare service providers
- Variables collected:
 - ✓ Diagnosis
 - ✓ Procedures
 - ✓ Reimbursed drugs



Pharmacy data

e.g., IQVIA LRx data, Medical Prescriptions

- Dispensed prescription records from pharmacies collected for administration purposes
- Variables collected:
 - ✓ Diagnosis
 - ✓ Drugs
 - ✓ Reimbursed drugs



Electronic medical records

e.g., CPRD, hospital data

- Structured electronic patient records from patient management software used in primary and secondary care
- Variables collected:
 - ✓ Diagnosis
 - ✓ Clinical details
 - ✓ Drugs
 - ✓ HCRU



Registries

TA dependent e.g. Nordic registries, NCRAS

- Detailed patient data on a specific disease, use of a specific product, etc., collected using observational methods
- Variables collected:
 - ✓ Disease and drug oriented (e.g., Lab results)



Lab data / Biobank

e.g., Genomics England, UK Biobank

- Collection of biological samples and health information, providing insights into patients' biochemical data
- Variables collected:
 - ✓ Lab
 - ✓ Biomarkers
 - ✓ Imaging
 - ✓ Genetics

Low clinical depth of data

High clinical depth of data



Areas that require coordinated efforts to address RWD Challenges

Areas that require coordinated efforts to address RWD Challenges For Research Purposes



Identification of RWD
sources



Wider access to RWD
sources



Use of Standards, Data
Quality Frameworks and
fit for purpose



Potential linkage
between data sources,
Support of Data
Networks



Coordinating Efforts within the FAIR Principles

Coordinating Efforts within the FAIR Principles

Findability

Identification of RWD sources

Accessibility

Wider access to RWD sources

Interoperability

Standards, Data Quality Frameworks, fit for purpose

Reusability

Potential linkage between data sources, Networks

Findability

Identification of RWD sources

- Comprehensive
- International
- Key metadata elements, general and disease area specific
- Continuous updating

Examples:

HMA EMA Catalogue

IQVIA Health Data Catalog

Bridge to Data

Accessibility

What: Wider access to quality RWD for research

Why: Consistency, reproducibility, generalisability...

Possible modes of access:

- Direct licensing or purchase
- Partnerships with indirect or direct access
- Secure data environments / Trusted research environments
- Federated data networks

Interoperability

Data standardisation

- e.g. FHIR- Fast Healthcare Interoperability Resources standard is a set of rules and specifications for exchanging electronic health care data

Common Data model examples for research

- OMOP/OHDSI
- Sentinel
- SIGMA Consortium

Data Quality and Fit for purpose

- Frameworks have been proposed from FDA, EMA, ISPOR, etc

Key Question: How do we ensure that these standards and guidance are adhered to?

Reusability

Collective efforts could focus on improving Linkage between data sources that could be available to multiple stakeholders. Also support to ensure data networks are sustainable over time

Examples:

- UK Health Security Agency National data, laboratory data, regional primary care EHR via Secure Data Environments
- European Health Data and Evidence Network (EHDEN)

Out of scope: Reusability within a company as this is often proprietary

Summary

- RWD is expanding and being used more widely to generate insights and evidence to inform pharmaceutical development
- All of the FAIR principles have areas that could be addressed collectively for improvement over time
- A key question is how do we raise the bar for adhering to the standards and guidance that already exist for RWD

Thank you!

GSK