Advancing the Use of Real-World Data & Real-World Evidence

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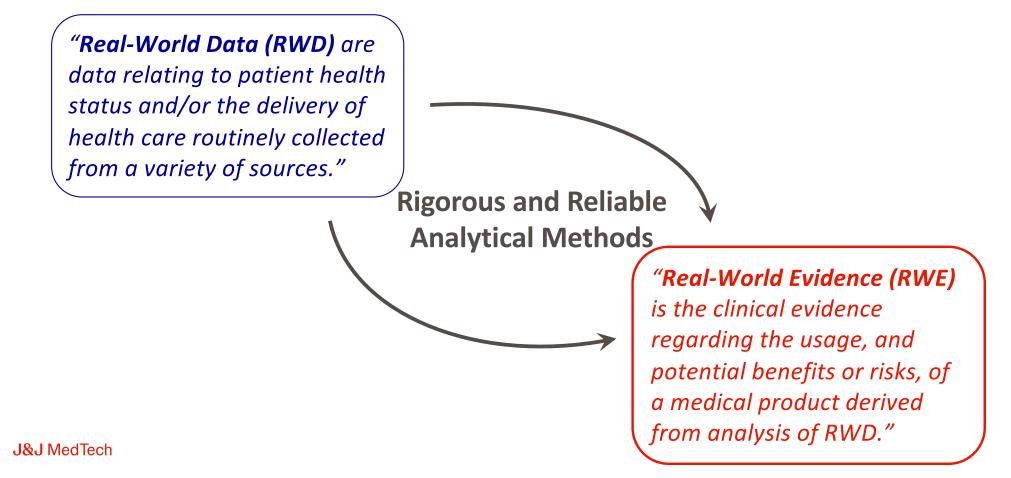
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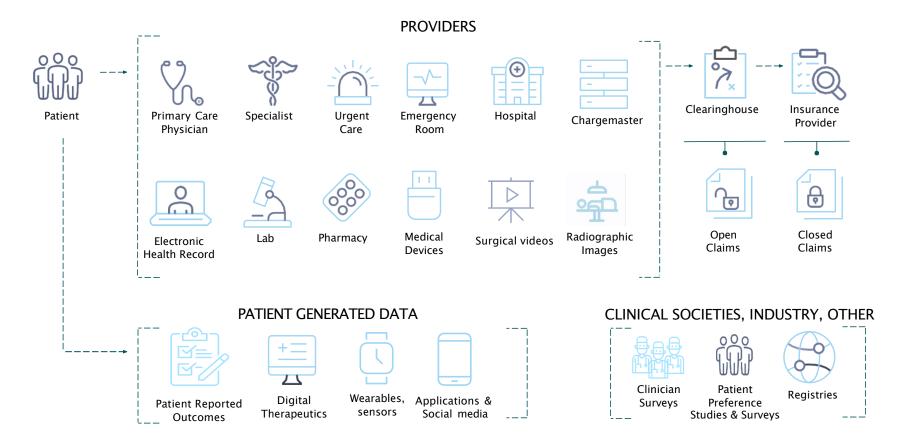


## **Defining Real-World Data and Evidence**

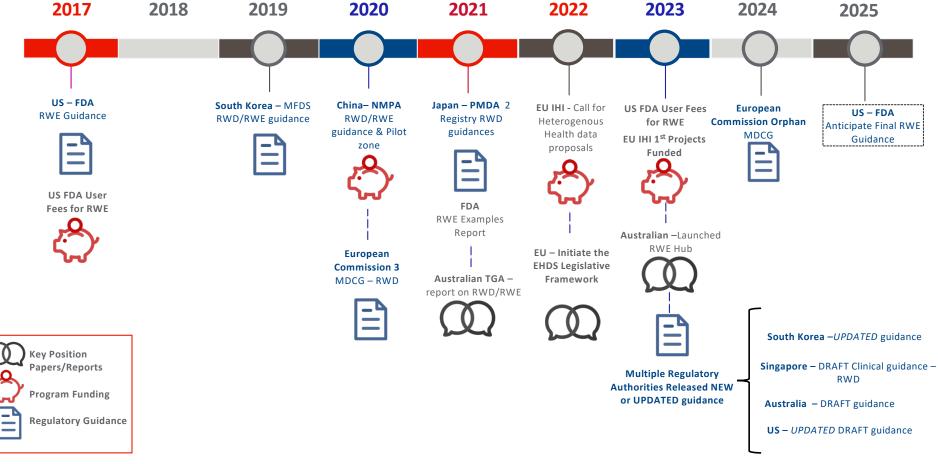
US FDA CDRH's 2017 Guidance was the first policy explicitly addressing RWD and RWE



## **Real-World Data Sources**



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#### Medical Device RWE Activities & Guidances

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# US FDA Recent Policy Guidance Overview

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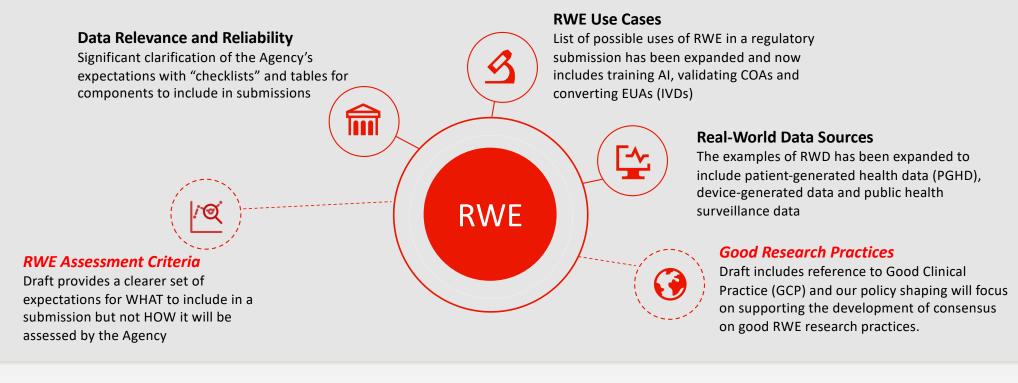
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### FDA CDRH RWE Guidance

### 2023 DRAFT

**Main Take-Aways:** Generally, similar components as 2017 version. Updates include expanded details on expectations AND more structured overview of the Agency's submission expectations.



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Design Considerations for Pivotal Clinical Investigationsmmon C for Medical Devices Guidance for Industry, Clinical Investigators, Institutional Review Boards and Food and Drug Administration Staff

Document issued on: November 7, 2013

The draft of this document was issued on August 15, 2011.

For questions regarding this document that relate to devices regulated by CDRH, contact Gregory Campbell, PhD at (301) 796-5750 or by email at <u>{rreg.campbell/@ida.hts.goy</u>, if desired.

For questions regarding this document that relate to devices regulated by CBER, contact Stephen Ripley at 301-827-6210.

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U.S. Department of Health and Human Services Foot and Drug Administration Center for Devices and Radiological Health Conter for Biologic Statustics and Research Contains Nonbinding Recommendations

Draft - Not for Implementation

Clinical Investigations for Pivotal <u>for Medical Devices</u> <u>Guidance for Levidence to</u> <u>for Medical Devices</u> <u>for Medical Devices</u>

#### Draft Guidance for Industry and Food and Drug Administration Staff

#### DRAFT GUIDANCE

This draft guidance document is being distributed for comment purposes only.

Document issued on December 19, 2023.

You should submit comments and suggestions regarding this draft document within 60 days of publication in the Feileral Register of the ortice anonuceing the availability of the draft guidance. Submit electronic comments to https://www.reguiationse.gov. Submit written comments to the Dickets Management Staff, Food and Drug Administration, 5630 Fishers Lane, Reost. 1061. (IEFA 305). Rodavite, MD 20187-1740. Identify all comments with the docket number listed in the notice of availability that publishes in the Federal Register.

For questions about this document regarding CDRH-regulated devices, contact the Office of Clinical Evidence and Analysis at CDRHClinicalEvidence@fda.hhs.gov. For questions about this document regarding CBER-regulated devices, contact the Office of Communication, Outreach, and Devidepment (OCOD) at 1.820 835-4709 or 240-402-8010, or by email at control the approx.

When final, this guidance will supersede "Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices," issued August 2017.



U.S. Department of Health and Human Services Food and Drug Administration Center for D::iccs and Radiological Health Center for Biologics Evaluation and Research

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Slide Curtesy of Daniel Caños, US FDA CDRH

## More guidance on submission components & expectations

#### Appendices

- Table of Recommended RWD Relevance Elements for Submission of RWE
- Table of Recommended RWD Reliability Elements for Submission of RWE
- Examples Where RWE is Used
  - New or Expanded Indications for Use
  - 522 Submissions
  - Control group
  - Supplementary Data
  - RWE Obtained from Use of EUA device

#### Table 1- Recommended RWD Relevance Elements for Submission of RWE (=)

Item (Linked to Section V.)	Information for Sponsors to Document (e.g., to make available for inspection)	Information for Sponsors to Provide to FDA in Submission	Recommended Location in FDA Submission
Determine RWD source contains sufficient detail to capture data elements and address the study question	x (detailed)	x (rationale)	Protocol (rationale for study question and data element definitions)
Assess longitudinality of data source		х	Protocol
Assess continuity of care in data source		х	Protocol and report
Ensure reasonable time between data collection and release for research		X	Protocol and report
Consider changes in clinical practice/guidelines over time	X	X	Protocol
Assess timing of availability of any new (i.e., updated) data after initial data availability		x	Protocol and report
Assess whether and how data from different sources can be obtained and integrated, given the potential for heterogeneity in population characteristics, clinical practices, and coding across data sources		X	Protocol
If done, use of a predefined linkage methodology that is scientifically valid and accounts for differences in coding and reporting across sources	x (detailed)	x (high level)	Protocol

# Role of Public-Private Partnerships to Advance Regulatory Science and Policy

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IHI is a partnership for health research and innovation between the EU and Europe's life science industries.



IHI core goals are to:

- translate health research and innovation into tangible benefits for patients and society, and
- ensure that Europe remains at the cutting edge of interdisciplinary, sustainable, patient-centric health research.



## Integration of Heterogeneous Data and Evidence towards Regulatory & HTA Accetance (IDERHA)



# **IDERHA** Vision

Integration of heterogenous Data and Evidence towards Regulatory & HTA Acceptance



Build an open, disease agnostic and federated data space which enables connectivity, access, use and reuse of digital health data



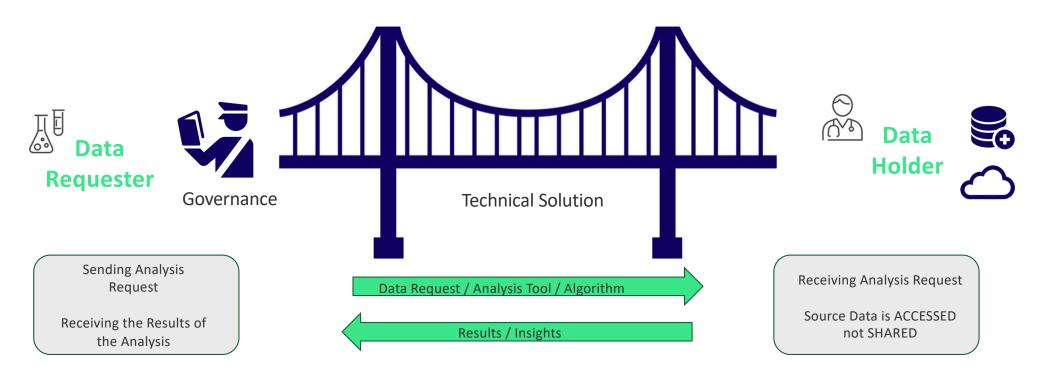
Develop consensus policy recommendations on

- 1) health data access
- 2) heterogeneous health research (e.g., RWE) for regulatory & HTA decision-making



#### **IDE**RHA Secure Data Access Infrastructure Principles

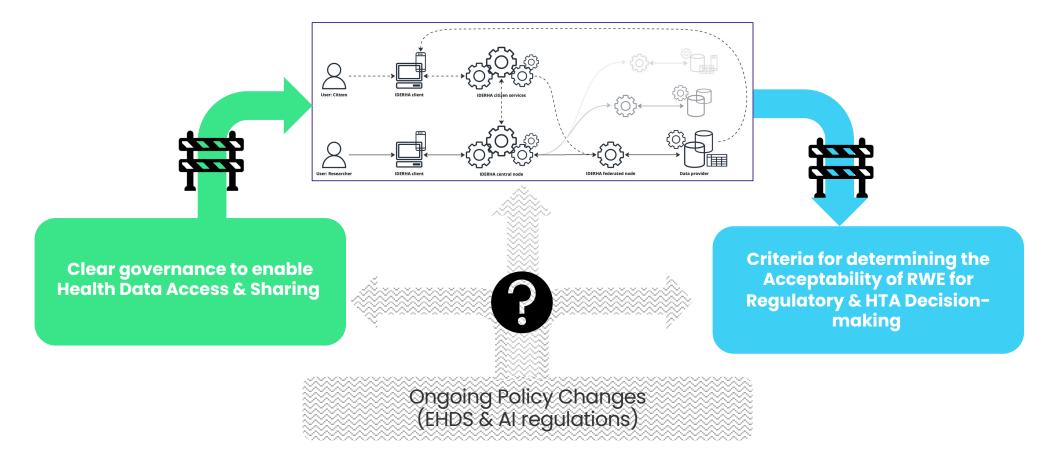
Based on standards, enabling interoperability & easy re-use of existing solutions incl. FAIR, GA4GH\* & IDSA\*\*



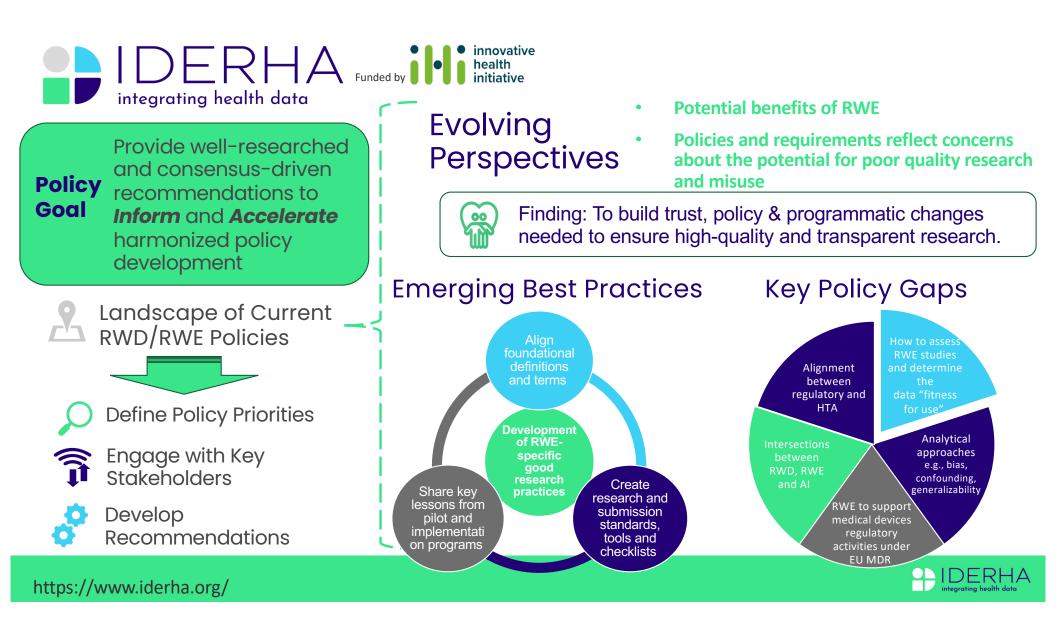
\*GA4GH: Global Alliance for Genomics and Health (GA4GH) sets standards and frames policies to expand genomic data use <u>https://www.ga4gh.org/</u> \*\*https://internationaldataspaces.org/



## Policy Barriers, Challenges and Evolution









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