



HTA's body perspective on registries

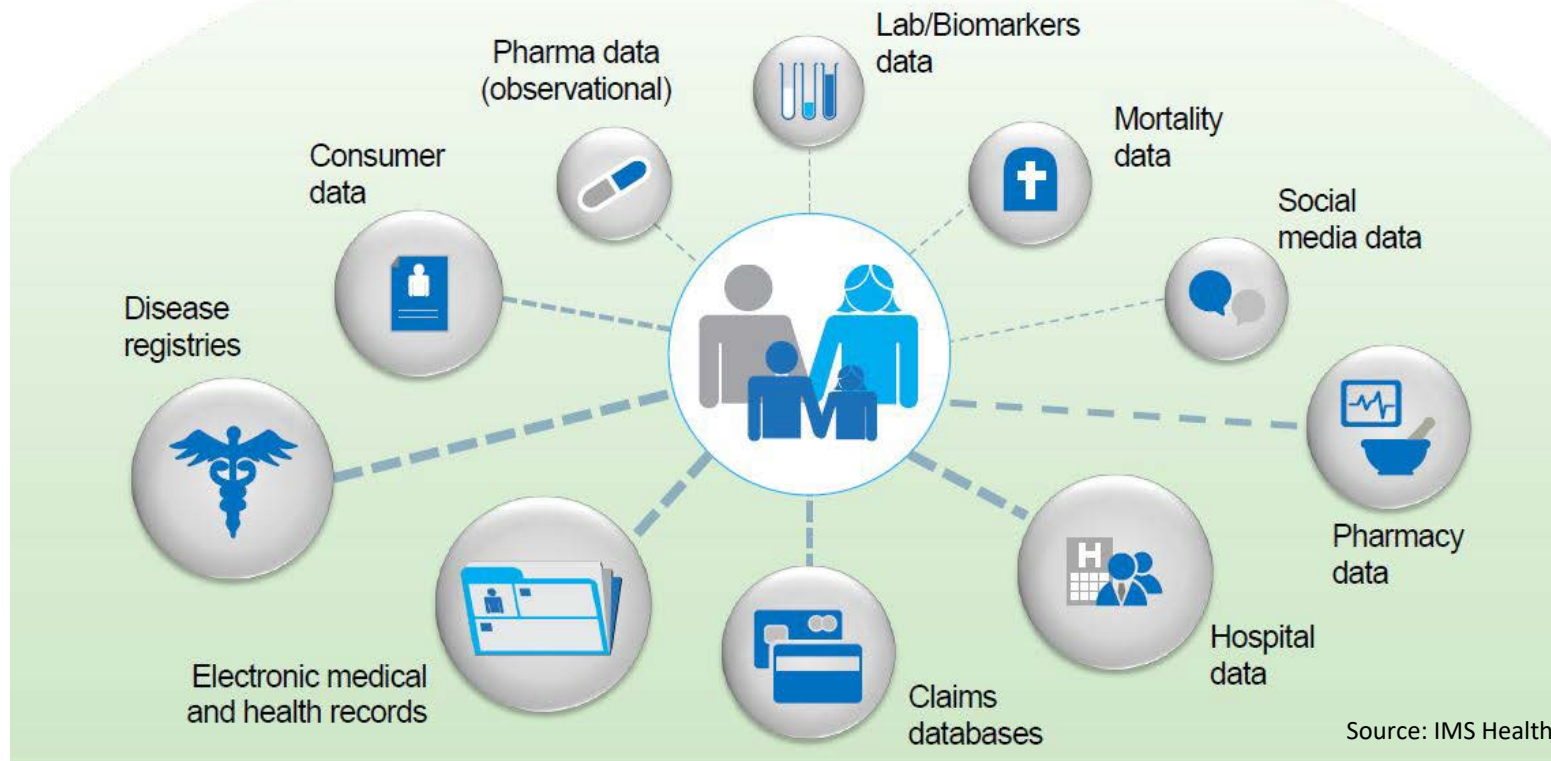
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Disclaimer

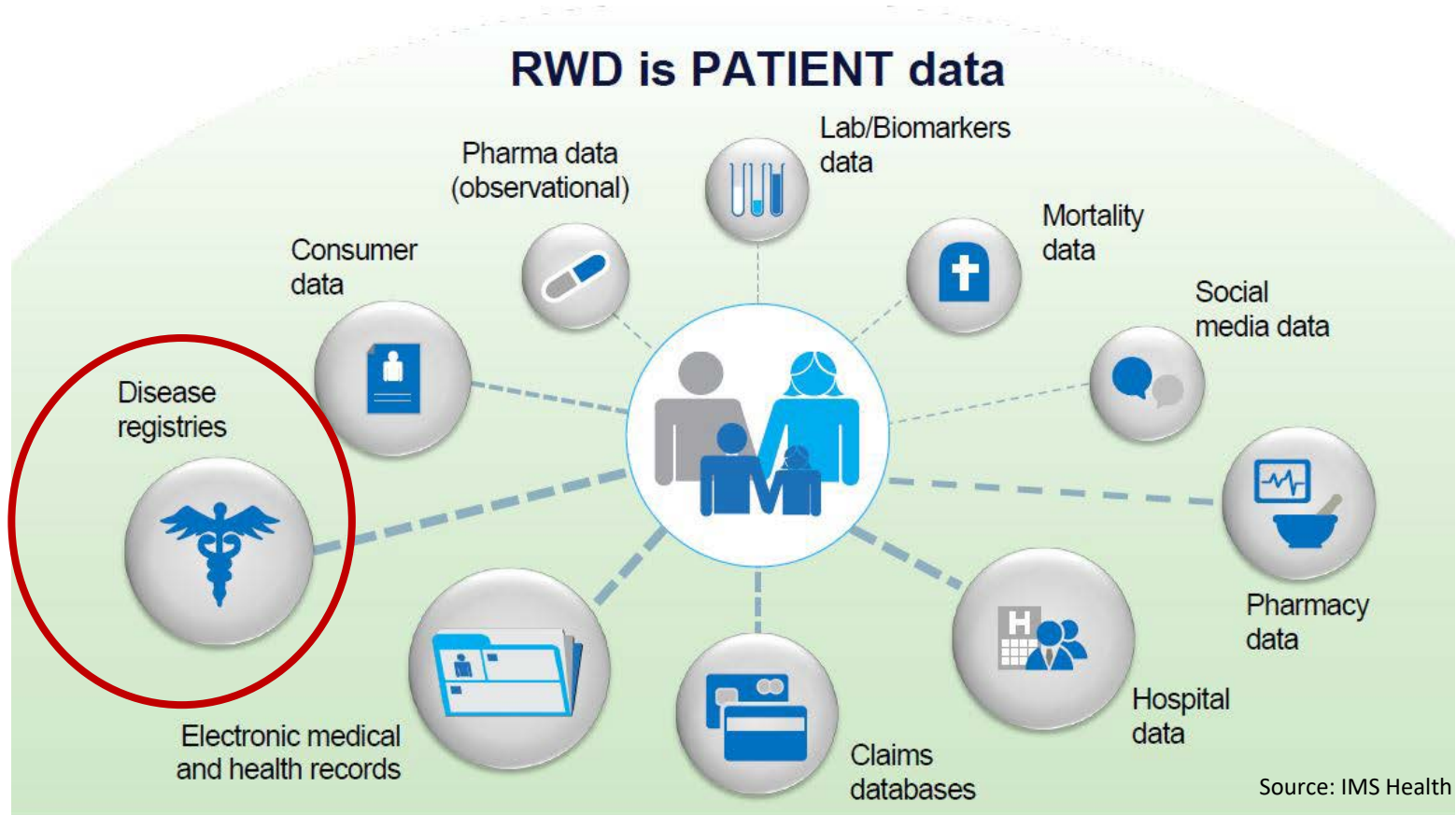
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RWD/RWE = Big Data = Registry =

RWD is PATIENT data



RWD/RWE = Big Data = Registry =



We use both kinds of data already...

- RCT



Efficacy

Does it work in experimental setting



Population selected



Placebo or a selected comparator



- RWE

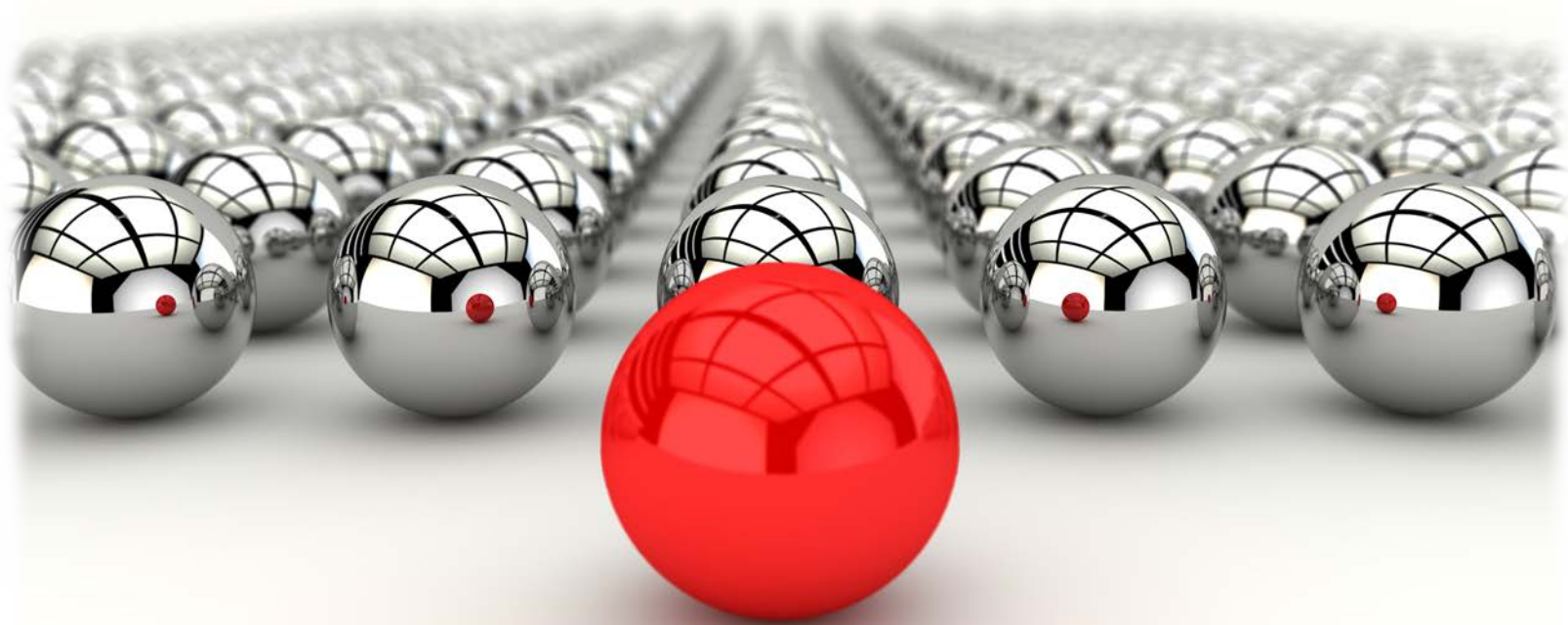


Effectiveness

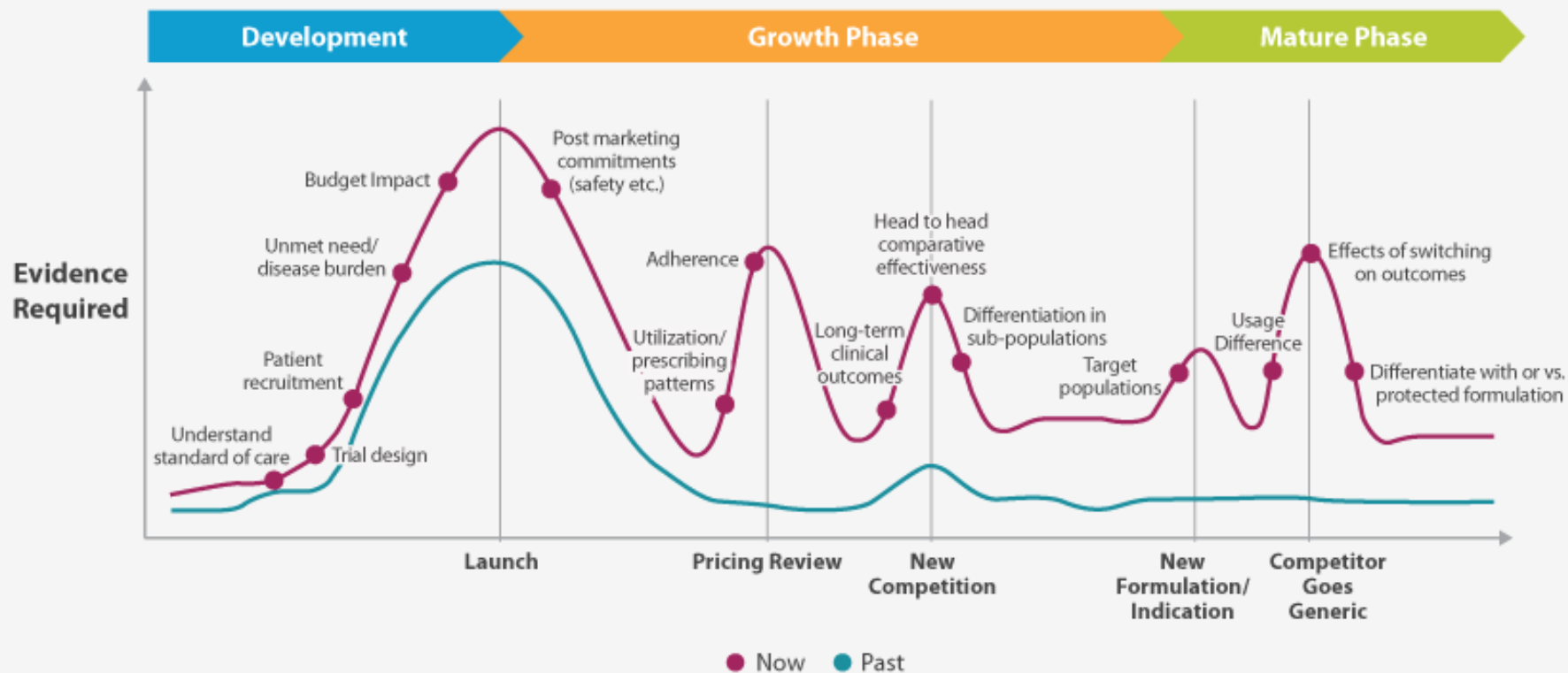
How does it work in medical practice

Patients as they come

Many alternative treatments



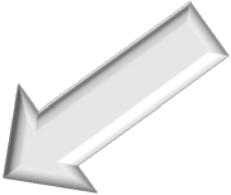
RWE Intensifying Across Product Lifecycle



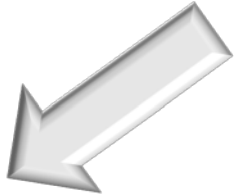
RCT + Inference



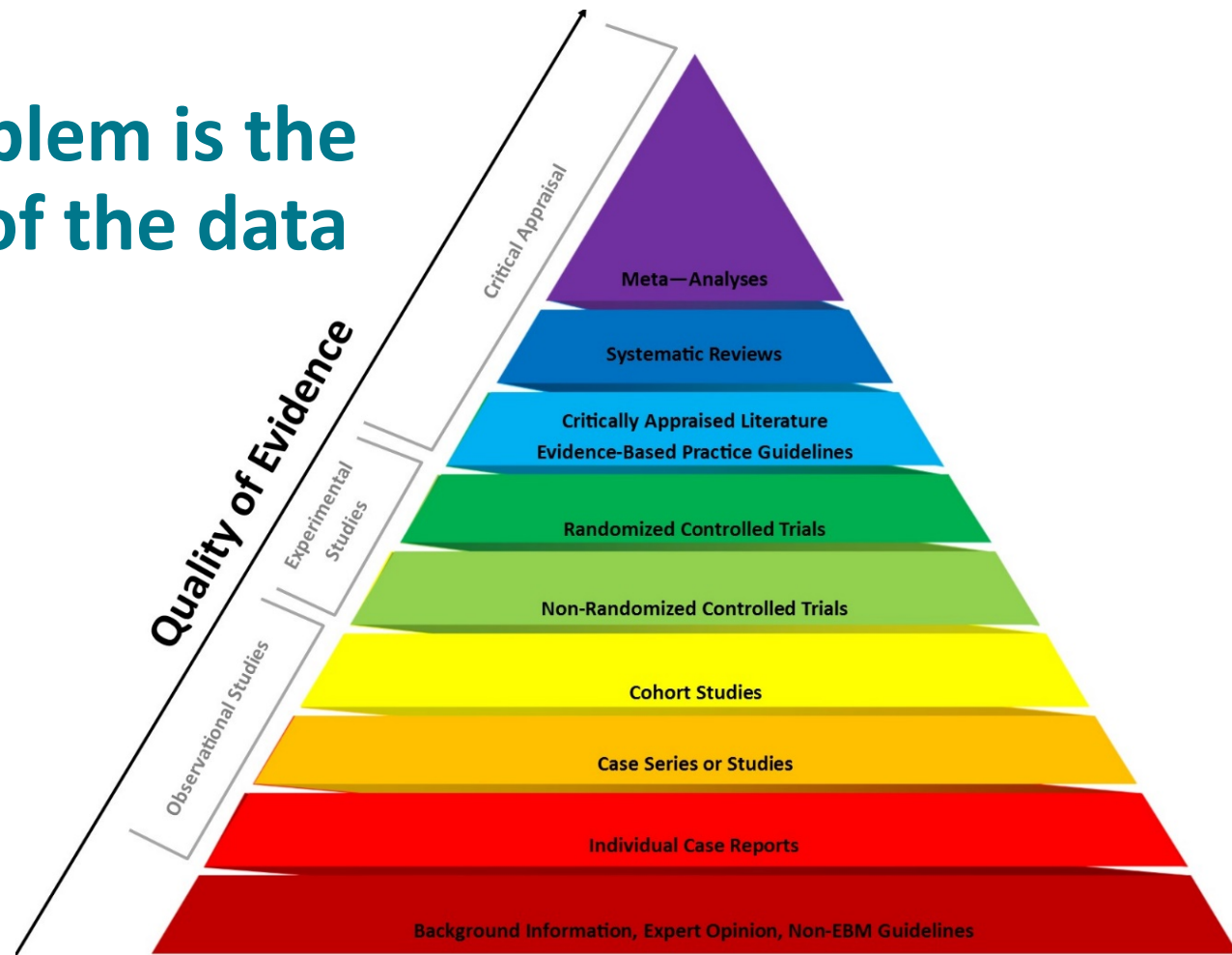
Observational date (RWE)



Observational data (RWE) -> ATMP



The problem is the quality of the data



What needs to improve (in particular for ATMP's)

- Sufficient real world data to describe the natural history of the disease

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- Data that can help to establish 'hallmark' changes
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- Completeness
- Validity of the data -> can the data be used to inform modelling?

What else is needed? Regulators and HTA's need to look beyond the RCT.....

Experimental	Observational
Pragmatic RCT	Cohort
Population enrichment RCT	Case-control
Cohort multiple RCT	Cross-sectional
Comprehensive cohort study (CCS)	Controlled before-and-after
Cluster RCT	Case series, interrupted time-series or before-and-after
Non-randomised controlled trial	Case report

That doesn't sound to difficult...

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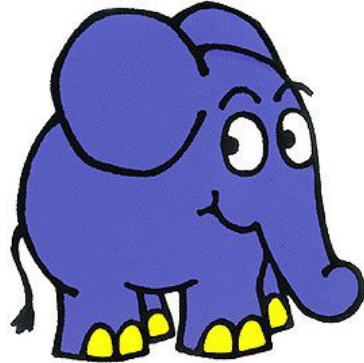
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in the Room

That doesn't sound to difficult...

- Can we agree on COS in all situations?
 - How do we align everyone to collect these COS?
 - How do we get the industry to play nicely with each other, all data needs to be shared
- How are we going to finance this?

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