

Improving the generation of evidence: What is on the regulators' mind

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Disclaimer

The views expressed in this presentation are my personal views and may not be understood or quoted as being made on behalf of or reflecting the position of the European Medicines Agency or one of its committees or working parties.

Outline



- Introduction what is on the regulators' mind
- **So far** recent achievements on data and methods
- **Planning** looking to 2022
- **How can you help?** critical role of the statistician
- Looking to the future what will change in the next 10 years?

What is on the EU regulators' mind





The latest updates on the COVID-19 pandemic from the European Medicines Agency (EMA) are available below.

HMA-EMA Joint Big Data Taskforce Phase II report:

`Evolving Data-Driven Regulation'



AT A GLANCE

Plenary – July 2021



European Medicines Agency mandate extension

Joint Action Towards the European Health Data Space - TEHDAS

The TEHDAS Joint Action project develops European principles for the secondary use of health data.



> Expert Groups > Details

Expert group on clinical trials (E01464)



HMA-EMA joint Big Data Steering Group (BDSG)





Big Data Steering Group: 2021 achievements – 2022 plans 🌚

		EUROPEAN MEDICINES AGENCY
	2021	2022
DARWIN EU	Procurement launched - 1st meeting of the Advisory board	Coordination Centre appointed – Support EHDS2 pilot – Start conducting pilot/studies for decision making – explore role for CT support
Data quality & representativeness	Procurement launched for an consortium to deliver a quality framework	EU Data quality Framework v1.0 available - Recommendations to strengthen data qualification - 2 workshops on data quality and data qualification
Data discoverability	Progress on selection of metadata for RW	Agreement on RW Metadata for regulatory purpose $(v.1.0)$ - Launch of RWD public catalogue
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EU Network skills	Data science curriculum finalised – Survey of skills completed - Training delivery outsourcing initiated	Roll out of Big data curricula (Biostatistics, Pharmacoepidemiology, Data science)
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EU Network processes	Use cases further developed with PRAC, PDCO, COMP	Learnings initiative workshop - RWE integration pilots (PDCO, COMP, SAWP, CAT, CHMP)
Network capability to analyse		
	1st discussion on Cluster of Excellence – Advisory group on Patient-level data established	Workshop on Submission & Analysis of Raw Data in MAAs (informed by 2 pilots) - Draft guideline on AI - BDSG discussion on change management
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Delivery of expert advice	ENCEPP methods guide published	Publication of registries guidance - Roadmap for RWE guidance agreed
Governance framework		
	BDSG recommendations on ethics advice	Q&A on data protection for 2ndary use of RWD - EHDS legal proposal and impact assessment study discussion - 1 st discussion on data governance
International initiatives		
	Data standardisation strategy adopted - Progress on RWE Collaboration Roadmap with FDA and HC	Data Standardisation Strategy implementation - International regulators summit on data/ RWE
EU BD stakeholder implementation forum		
	Next multi stakeholder forum on Big Data	Stakeholder forum
Veterinary recommendations		
	Workshop on the Veterinary Data Strategy	International cooperation forum and the Vet Data Hub established

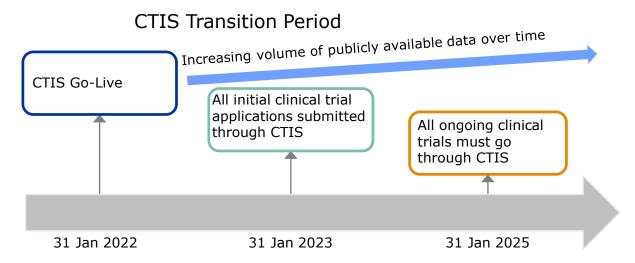
CTIS plan 2022-2025



The Clinical Trials Regulation has amongst its aims: the **harmonisation** of Clinical trials and Research in the Union and consequently easier upscaling to meet recruitment objectives.

CTIS will become the **single entry point** for clinical trial submission, authorisation and supervision in the EU and the EEA.

CTIS is the business tool of the **Clinical Trials Regulation**. It includes **Authority and Sponsor workspaces** and **public search functionality**.



CTIS future users



The **future users of CTIS** include:

Sponsors





Commercial: large pharmaceutical companies & CROs, SMEs

Will input clinical trial data in CTIS

Authorities



Member States (NCA & ethics committee)





European Commission

Will review clinical trial data (MS/EMA) and create Union **Control Reports** (COM)

Public

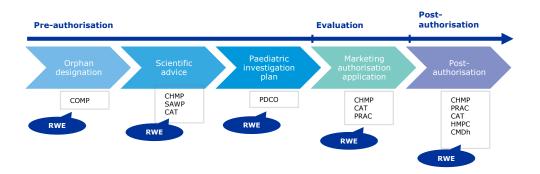


Public users (Healthcare professionals, patients, other)

Will search for publicly available clinical trial data in CTIS

Regulatory use cases of RWE are numerous





- Field of pharmacoepidemiology is mature and RWE has an established role to support safety evaluation of medicinal products
- Use of RWE for efficacy/effectiveness is more debated but is increasing to supplement, contextualise and, if needed, validate clinical trial results
 - Collaboration with DG Research, published call for the Horizon Europe Cluster 1 Health



What is DARWIN EU®



DARWIN EU is a federated network of data, expertise and services

EU Medicines Regulatory Network

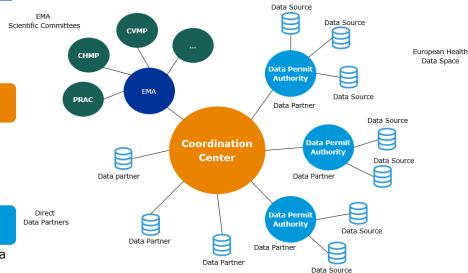
- EMA provides leadership, setting standards, contracting studies,
- •EMRN including EMA scientific committees and working parties, national competent authorities (NCAs) and the European Commission: request studies via EMA

The Coordination Centre

• Establishes and maintains the network (including onboard/maintain data sources), manage the execution of scientific studies

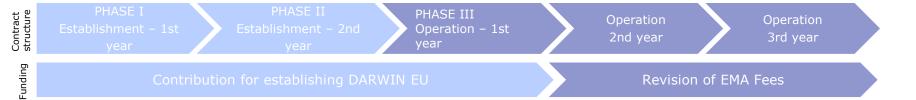
Data Partners, incl. Data Permit Authorities

- Partners who have access to data, or who may request analyses in a data source and provide results to the Coordination Centre
- This includes **Data Permit Authorities** (DPAs), already existing or to be created as part for the EHDS



DARWIN EU® - milestones





2021

- Selection of the Coordination Centre provider
 Phase I and II 2022/2023
- Establish connectivity with EHDS and existing Data Permit Authorities
- Start recruiting and onboarding the data partners
- First catalogue of standard data analyses available
- Start running studies to support EMA committees first benefits delivered

Phase III - 2024

DARWIN EU® at full capacity and routinely supporting the scientific evaluation work of EMA and NCAs' scientific committees

Operation - 2025/2026

- DARWIN EU® continues at full capacity and continue to evolve
- Full integration with the EHDS

Review of activities of the Working Parties of the EMA



- Effort to rationalise the structure of working parties
 - Proposed introduction of the concept of five Domains: quality, non-clinical safety, methodology, clinical and veterinary
 - New methodologies working party to being together different expertise (biostats, pharmacoepidemiology, modelling etc.)
- Domains will support implementation of the Network Strategy to 2025 and EMA RSS
 - Potential to deliver strategic priorities, being adaptable to future needs, being able to reach out to stakeholders
 - Support EU innovation in global drug development to benefit patients
 - Domains will continue supporting committees for product advice, assessment, etc.
- Communities of experts with special knowledge and interest in a specific area will be formed to be the source of expertise when constituting drafting or other groups

Guidelines in progress



- CTEG Question & Answer on decentralised trials
- CTEG Question & Answer on complex clinical trials
- EMA Reflection Paper on single-arm trials
- Revision of EMA <u>Guideline on Data Monitoring Committees</u>
- <u>EMA Guideline on registry-based studies | European Medicines Agency (europa.eu)</u>
- (i) <u>Metadata for Data Discoverability and Study Replicability</u> and (ii) Data Quality Framework
- International collaboration on Real World Evidence (e.g. FDA and Health Canada)

Where will statisticians play a critical role?



- Newer ideas exacerbates the need for a critical eye (role of gatekeepers)... But keep also an open mind (role of enablers)!
- Stress test new concepts across a **multitude of factors**: estimands, design, data collection, analysis, data quality, interpretation of results, communication, etc.
- Statisticians will not become data scientists tomorrow! But they should get trained
 in a wider range of experimental design and statistical methods and learn from
 other application areas of statistics.
- Role of statistician is similar from the sponsor's or regulator's side: ensure that
 quality information can be collected to transform it into relevant evidence for
 both drug development and regulatory decision-making.

Looking to the future: How would regulation look like in 2030?



What will remain the same:

- A. Clinical trials remain the bedrock of clinical evidence generation
- ✓ B. Authorisation of medicines based on quality, safety and efficacy and positive benefit risk
- C. Decision-ready evidence relies on quality data and robust study methods

What will change:

- A. Role of real-world evidence established across spectrum of regulatory use cases
- B. Regulation more data driven: includes analysis of raw data from industry and RWD independent of industry
- C. Better evidence supports better decisions on medicines for patients

Conclusion



- Transformation to data-driven regulation in line with Network Strategy to 2025
- Ambitious work programme to deliver the change
- · Deliver through collaboration: critical role for the biostatistician
- Patient focussed in every thing we do

Big Data Task Force 2020 vision: "By delivering the vision of a regulatory system able to integrate Big Data into its assessment and decision making, we can support the development of innovated medicines, deliver life-saving treatments to patients more quickly and optimise the safe and effective use of medicines on the market."



Any questions?

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