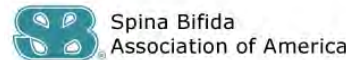


Leveraging Patient-Provided Information to Improve Real-World Evidence

ELISABETH M. OEHRLEIN, PHD, MS

MAY 21, 2019





Workshop

Purpose

- Engage workshop participants on the challenges, opportunities, and methods for leveraging PPI to improve RWE

Overview

- ISPOR-ISPE Task Force Recommendation
- Patient-Centered RWE
- Experience and Suggestions
- Exercise

Speakers



Richard J. Willke, PhD,
Chief Science Officer,
ISPOR



Cristina Masseria, MSc PhD,
Methods & Capabilities Lead,
PHI, Pfizer



Chris L. Pashos, PhD,
Vice President, Global
Evidence Strategy, AbbVie
US LLC

www.ispor.org



ISPOR/ISPE RWE Task Force

Recommendation for Patient Engagement in RWD Studies

Richard J. Willke, PhD, CSO, ISPOR

VALUE IN HEALTH 20 (2017) 1003–1008

Available online at www.sciencedirect.com
ScienceDirect
 journal homepage: www.elsevier.com/locate/jval

ELSEVIER

Original Report

Good Practices for Real-World Data Studies of Treatment and/or Comparative Effectiveness: Recommendations from the Joint ISPOR-ISPE Special Task Force on Real-World Evidence in Health Care Decision Making

Marc L. Berger^{1,*}, Harold Sox², Richard J. Willke³, Diana L. Brixner⁴, Hans-Georg Eichler⁵, Wim Goettsch⁶, David Madigan⁷, Amr Makady⁸, Sebastian Schneeweiss⁹, Rosanna Tarricone⁹, Shirley V. Wang⁸, John Watkins¹⁰, C. Daniel Mullins¹¹

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PDS Pharmacoepidemiology
& Drug Safety

Official Journal of the
International Society for
Pharmacoepidemiology



ORIGINAL REPORT

Reporting to Improve Reproducibility and Facilitate Validity Assessment for Healthcare Database Studies V1.0

Shirley V. Wang^{1,2}  | Sebastian Schneeweiss^{1,2} | Marc L. Berger³ | Jeffrey Brown⁴ | Frank de Vries⁵ | Ian Douglas⁶ | Joshua J. Gagne^{1,2}  | Rosa Gini⁷ | Olaf Klungel⁸ | C. Daniel Mullins⁹ | Michael D. Nguyen¹⁰ | Jeremy A. Rassen¹¹ | Liam Smeeth⁶ | Miriam Sturkenboom¹² |

on behalf of the joint ISPE-IPOR Special Task Force on Real World Evidence in Health Care Decision Making


Read the freely
available Good
Practices
Reports

ispor.org/RWEinHealthcare
Decisions

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Transparency of study processes



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Original Report

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Marc L. Berger^{1,*}, Harold Sox², Richard J. Willke³, Diana L. Brixner⁴, Hans-Georg Eichler⁵, Wim Goettsch⁶, David Madigan⁷, Amr Makady⁸, Sebastian Schneeweiss⁹, Rosanna Tarricone⁹, Shirley V. Wang⁸, John Watkins¹⁰, C. Daniel Mullins¹¹

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Transparency of study processes

PDS Pharmacoeconomics & Drug Safety

Official Journal of the International Society for Pharmacoeconomics

ORIGINAL REPORT

Reporting to Improve Reproducibility of Assessment for Healthcare Implementation

Shirley V. Wang^{1,2} | Sebastian Schneeweiss⁹ | Frank de Vries⁵ | Ian Douglas⁶ | Joshua C. Daniel Mullins⁹ | Michael D. Nguyen¹⁰ | Jeremy A. Rassen¹¹ | Liam Smeeth⁶ | Miriam Sturkenboom¹² |

on behalf of the joint ISPE-ISPOR Special Task Force on Real World Evidence in Health Care Decision Making

Reproducibility of study implementation



Transparency - Primary Recommendations

1. A priori, determine and declare that study is a “HETE” or “exploratory” study
2. Post a HETE study protocol and analysis plan on a public study registration site prior to conducting the study analysis.
3. Publish HETE study results with attestation to conformance and/ or deviation from original analysis plan.
4. Enable opportunities for replication of HETE studies whenever feasible (ie, for other researchers to be able to reproduce the same findings using the same data set and analytic approach).
5. Perform HETE studies on a different data source and population than the one used to generate the hypotheses to be tested, unless it is not feasible.
6. Authors of the original study should work to publicly address methodological criticisms of their study once it is published.
7. Include key stakeholders (eg, patients, caregivers, clinicians, clinical administrators, HTA/payers, regulators, and manufacturers) in designing, conducting, and disseminating the research.

Rationale for 7th Recommendation

“The best way to involve stakeholders is to be clear about the intent of stakeholder engagement ...”

“The specific consultative needs will depend on the intended use of the study, endpoints involved, novelty of the approach, perceived reliability of the data, and other factors.”

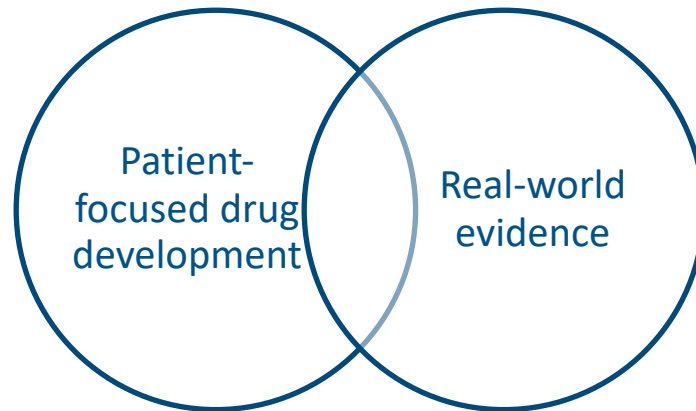
“Be the ball”

Patient-Centered RWE



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Intersection of FDA Initiatives



“Systematic approach to help ensure that patients’ experiences, perspectives, needs, and priorities are captured and meaningfully incorporated into drug development and evaluation.”

“Assist developers interested in using real-world data (RWD) to develop RWE to support Agency regulatory decisions.”

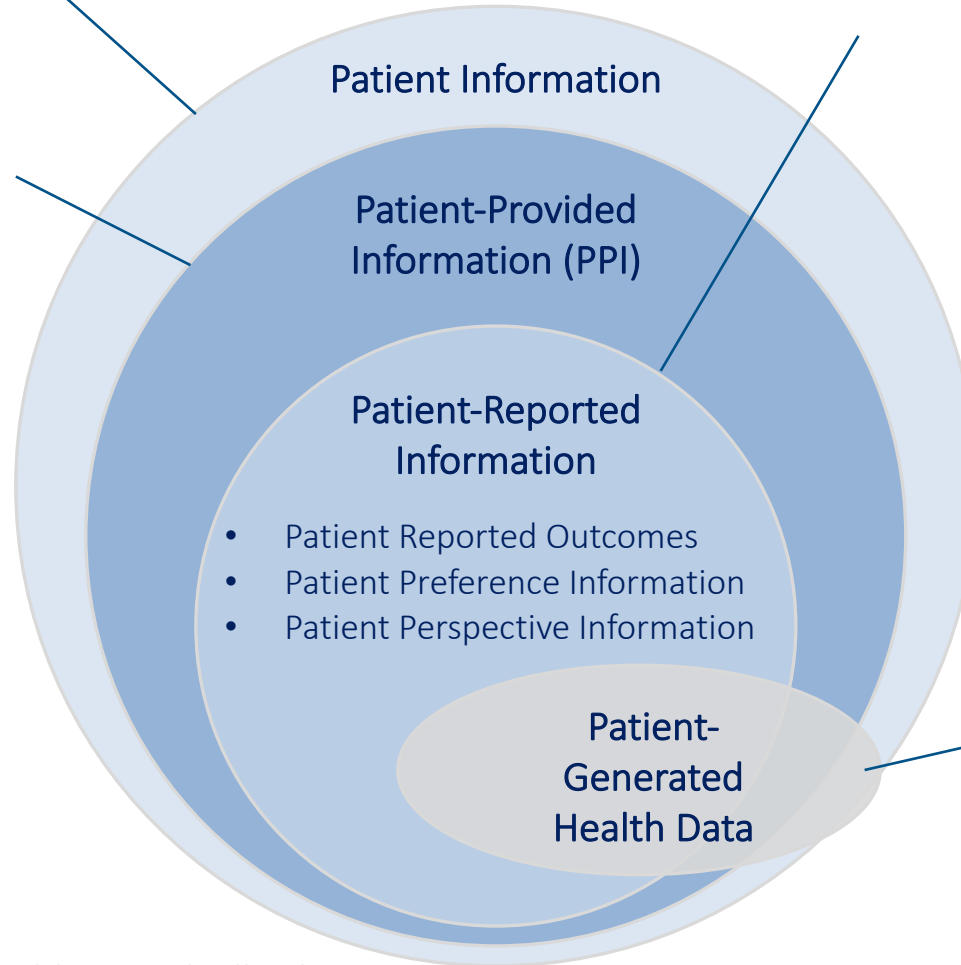
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This is not just about PROs

All information regarding a patient regardless of source

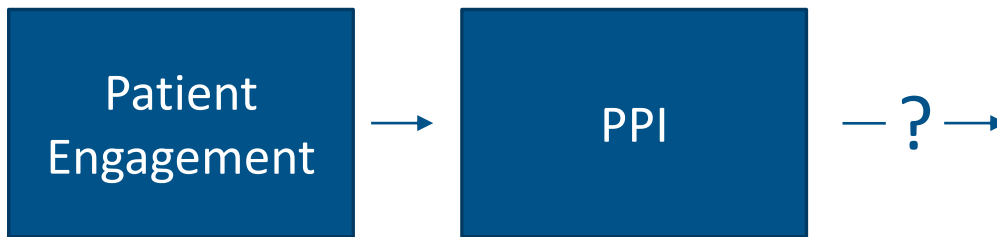
A range of input or data that is collected from the patient



A subset of PPI that is reported directly by a patient without amendment or interpretation by a clinician, researcher, or any other entity

A subset of PPI that is produced (i.e., created, recorded, or gathered) by the patient or caregiver

Patient-Centered RWE with Traditional Datasets



How do we apply PPI to study designs that rely on traditional data sets?

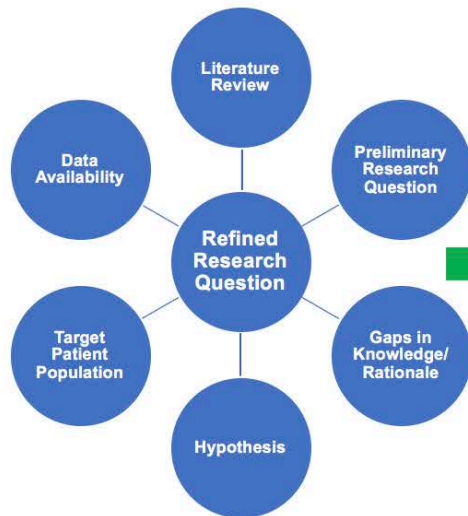
Poll

How have you involved patients in RWD studies?

1. I've never done a RWD study
2. I've never directly involved patients in primary data collection or study design for a RWD study
3. I've only collected structured PRO, preference, or economic information from patients in a RWD study
4. I've collected less structured information about the disease and treatment experience from patients
5. I've involved patients in the design of a RWD study

NHC RWE Research Design Framework

Refined research question



Research protocol



Translation

