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Objective and background

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- Share general insights from EFPIA position paper on randomised pragmatic trials (RPTs)
- Discuss how we can collaboratively identify solutions with relevant stakeholders (e.g. patients, healthcare providers, regulators, drug developers and other organisations e.g. Transcelerate)
- So that we can create an EU ecosystem which is more conducive for the conduct of RPT through the use of pragmatic elements¹, enabling operational flexibilities and building a learning loop

Background

• <u>An EFPIA position paper</u> on Randomised pragmatic trials to generate high-quality real-world evidence for regulatory decisions was released in June 2023. The paper outlines key considerations and proposals including a demonstration project to help us better understand the barriers and how to address them.



Why is it important to revisit the concept of pragmatic trials?

- The concept of pragmatic trials is not new, yet very few contributed evidence for regulatory decision
- Global efforts to support the generation of **high-quality RWD** and therefore **RWE** e.g. standardised data format to minimise variability in data collection
- The opportunity of generating evidence from randomised pragmatic trials¹ so that we can reduce confounding and bias using RWD sources e.g. EHR, registries
- A more patient-centric study design than traditional trials
 - Collect data from the "real patient", i.e. a more inclusive and diverse patient population and therefore increased external validity of the results
 - Collect patient-relevant outcomes while lowering the burden on participants (e.g. less visits)
 - Enable **broader participation of patients** in clinical trials that would normally not have access to the traditional clinical sites, e.g. because they live far away
- An opportunity to simplify the conduct of clinical trials and accelerate drug development

¹Recent example: RECOVERY – Randomised Evaluation of COVID-19 Therapy [resource on the internet]. [cited 2023 Jun 4]. Available from: https://www.recoverytrial.net/.



How do we define pragmatic trials?

From EU guidance on post-authorisation efficacy studies¹:

"Pragmatic trials examine **interventions under circumstances that approach real-world practice**, with more heterogeneous patient populations, possibly less-standardised treatment protocols and **delivery in routine clinical settings** as opposed to a research environment. Minimal or no restrictions may be placed on modifying dose, dosing regimens, co-therapies or co-morbidities or treatment switching"

Questions for discussion:

- Does this remain a good baseline definition?
- Is more awareness needed on what is a pragmatic trial?
- Do we need global alignment on the definition?



Possible regulatory settings for the use of randomised pragmatic trials

Regulatory settings (i.e. type of regulatory decisions)

- Approval of **new indications** for a product with an established safety profile (i.e. postauthorisation)
- Provide evidence (safety or effectiveness) for post-authorisation measures (PAMs) for example, could be part of the confirmatory strategy for a medicinal product which received conditional approval.
- In exceptional situations (e.g. outstanding benefit with high-quality data in an unmet medical need setting) for marketing authorisation of a new medicinal product



Key considerations and learning opportunities (1)

- Patients centric
 - Enable the use of:
 - outcomes and endpoints that are captured in clinical practice
 - aligning schedule of assessments with clinical practice
 - simplified informed consent
- Data, methods, and statistics
 - Explore when simplified safety reporting makes sense
 - Explore how to utilise standardised data (through Standard Setting Organizations) and methodological approaches in analysing data from a pragmatic setting
 - Identification of appropriate data sources and Electronic Health Record (EHR)-facilitated trials and registries
 - Interoperability of data between healthcare delivery settings and traditional trial data
 - Randomisation in routine care and other related methods (e.g. cluster randomisation)



Key considerations and learning opportunities (2)

Operational

- In an already strained healthcare system need for operational simplification for existing and new sites , e.g. simplified procedures, drug supply delivery and funding (e.g. co-pay systems)
- Data extraction from EHRs (e.g. automation)
- Regulatory; alignment across stakeholders
 - Reach global agreement on the definition of pragmatic trials
 - Agreement on appropriate clinical and regulatory setting when RPT can be used
 - Translating highly conceptual principles into practice e.g. fit-for-purpose, risk proportionate, quality by design while ensuring patient safety and data integrity
 - Enabling low interventional trials in the EU
 - Inclusion of RWE in product information; understand what constitutes sufficiently robust RWE

We propose the development of demonstration project(s) to collectively identify solutions







Thank you

