

Real World Evidence update

20th Industry Stakeholder Platform

13 November 2025

EMA

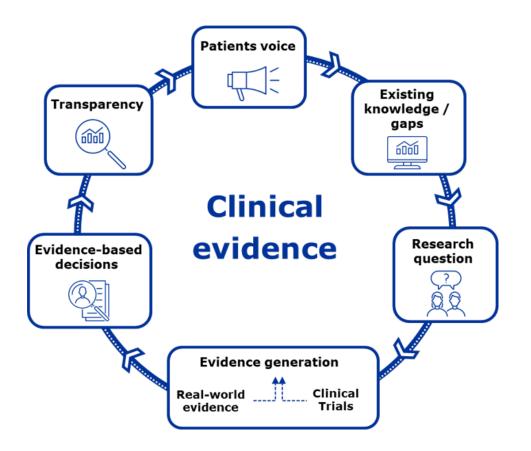


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The presenter does not have any conflict of interests.

Generating clinical evidenceShared vision towards 2030



- Patient voice guides every step of the way
- Evidence generation is **planned** and guided by purpose, data, knowledge and expertise
- Research question **drives** evidence choice and embraces spectrum of data and methods
- Clinical trials remain core but should be better, faster and optimised
- Real world evidence is enabled, and its value is established
- High transparency level underpins societal trust



Who delivers RWE for regulatory purpose in the EU?



EMA

- Performs studies using inhouse databases
- Procures studies through EMA framework contracts
- Conducts studies via DARWIN EU



RWE generation

Medicine developers

 Submit Real-World Evidence (RWE) to support efficacy/ effectiveness claims and safety



National Competent Authorities (NCAs)

Direct access to national data sources



 EHDS foresees that national Health Data Access Bodies will facilitate access to national datasets

- Academia
- Perform independent studies
- Involved in studies conducted via EMA framework contracts
- · Participate in large consortia





3 main pathways to use RWD for generating RWE



Studies using in-house databases

 Primary and secondary care health records from France, Germany and UK



Studies procured through EMA FWCs

- Framework contract (FWC) since September 2021: services of 8 research organisations and academic institutions
- Access to wide network of data:
 59 data sources in 21 EU countries
- Ability to leverage external scientific expertise





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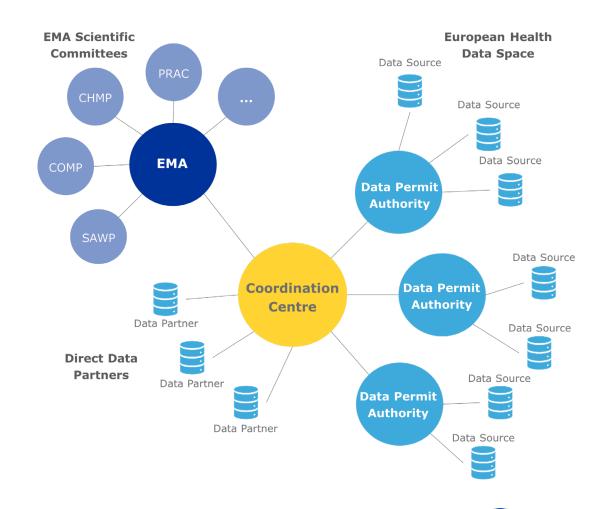


DARWIN EU®Data Analysis and Real-World Interrogation Network

Federated **network** of **data**, **expertise** and **services** set up in *February 2022* to better support decision-making throughout the product lifecycle by generating **valid and reliable evidence from real-world healthcare data**

FEDERATED NETWORK PRINCIPLES

- Data stays local
- Use of Common Data Model (OMOP) to perform studies in a timely manner and increase consistency of results





Three main areas where RWD analyses support decision-making

1

Understand the clinical context

- ✓ Disease epidemiology
- ✓ Clinical management
 - ✓ Drug utilisation

2

Support the planning and validity

- ✓ Design and feasibility of planned studies
- Representativeness and validity of completed studies

3

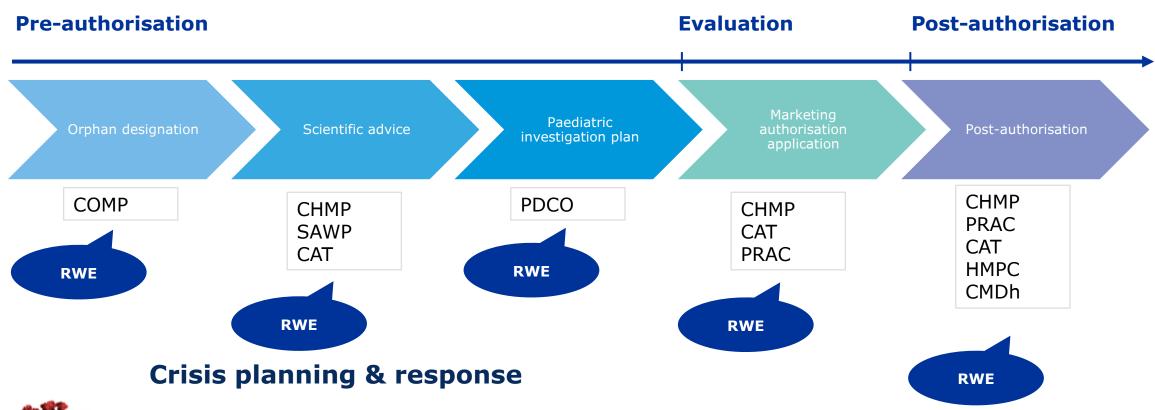
Investigate associations and impact

✓ (Comparative)Effectiveness and safety studies

✓ Impact of regulatory actions



RWE use across the medicinal product lifecycle





- Understanding the disease natural history -> development of vaccines and therapeutics,
- Provide evidence for repurposing existing medicines
- Monitor the safety and effectiveness of vaccines and therapeutics post-authorisati

DARWIN EU Network of Data Partners

IMASIS and IMIM

H120

Valencia Health System Integrated Database

Health Data Research Platform of the Balearic Islands

Norway Norwegian Linked Health Registry International data platform Cancer Registry of Norway HARMONY Big Data Platform Sweden Health Impact The Netherlands — Integrated Primary Care Information Finland Netherlands Cancer Registry **FinOMOP** Belgium -**Estonia** IQVIA Longitudinal Patient Database Belgium Estonian Biobank **United Kingdom** -Denmark UK BioBank Danish Health Data Registries Clinical Practice Research Datalink National Neonatal Research Database Germany France – IOVIA Disease Analyzer Germany InGef Research Database Bordeaux University Hospital Système National des Données de Santé Health Data Warehouse of Assistance Publique - Hungary Semmelweis University Clinical Data Portugal -Croatia **ULSM-RT** Egas Moniz Health Alliance DataBase National Public Health Information System Spain Greece SIDIAP Papageorgiou General Hospital **BIFAP**

30 Data
Partners
as of Feb
2025 (+10
by end
of Feb
2026) in
16
European
countries



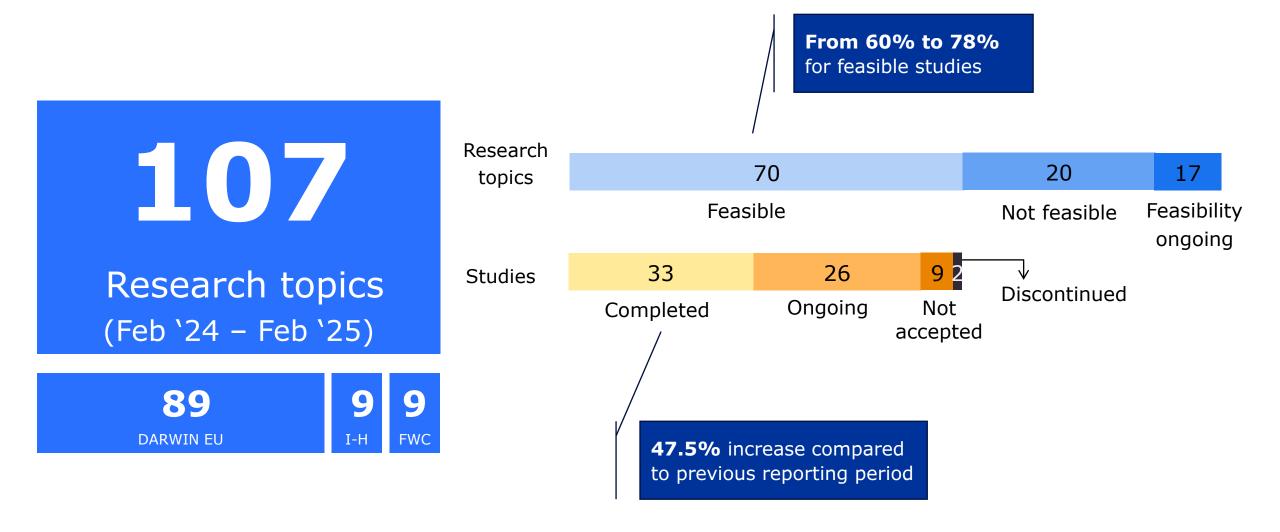
~100 studies per year from 2025 onwards



Italy

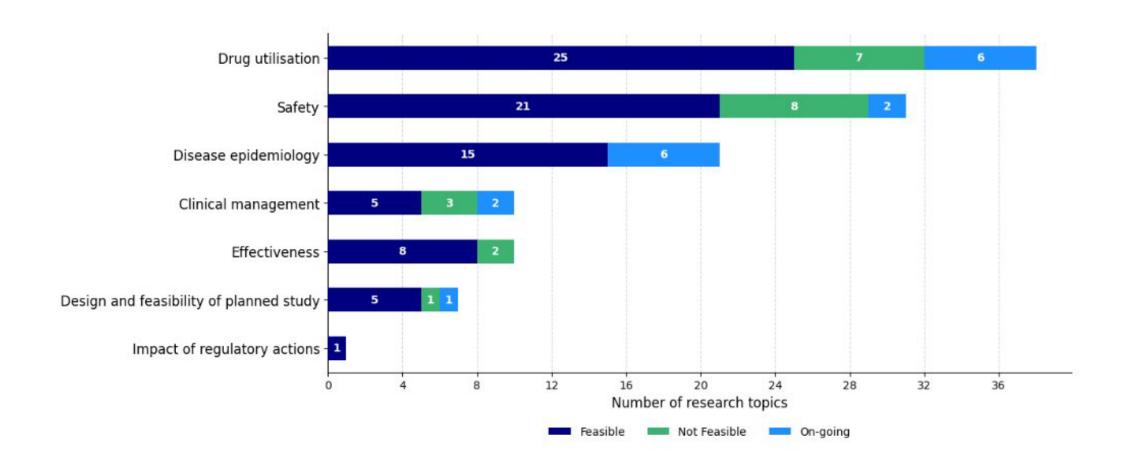
POLIMI

Where are we now?



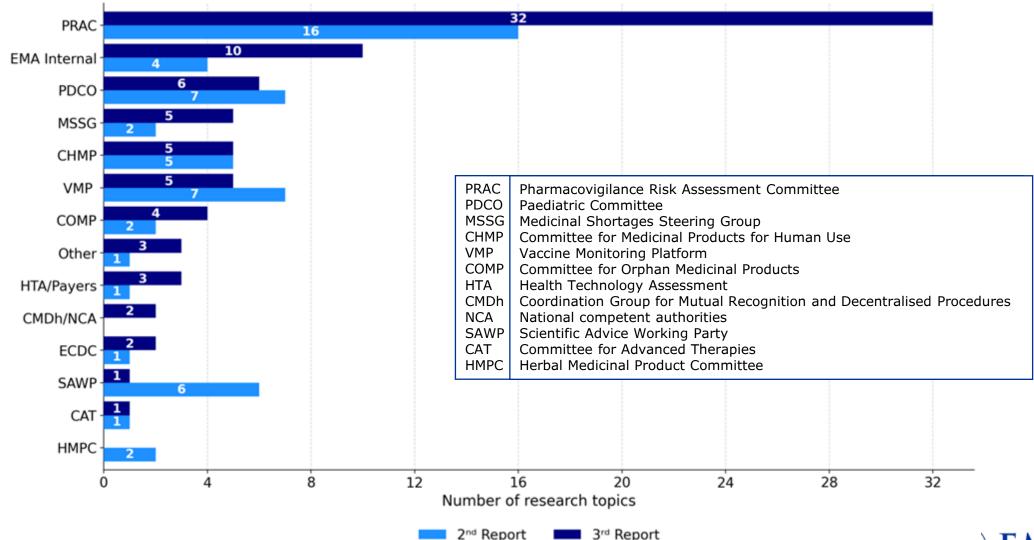


Feasibility of research topics by use case



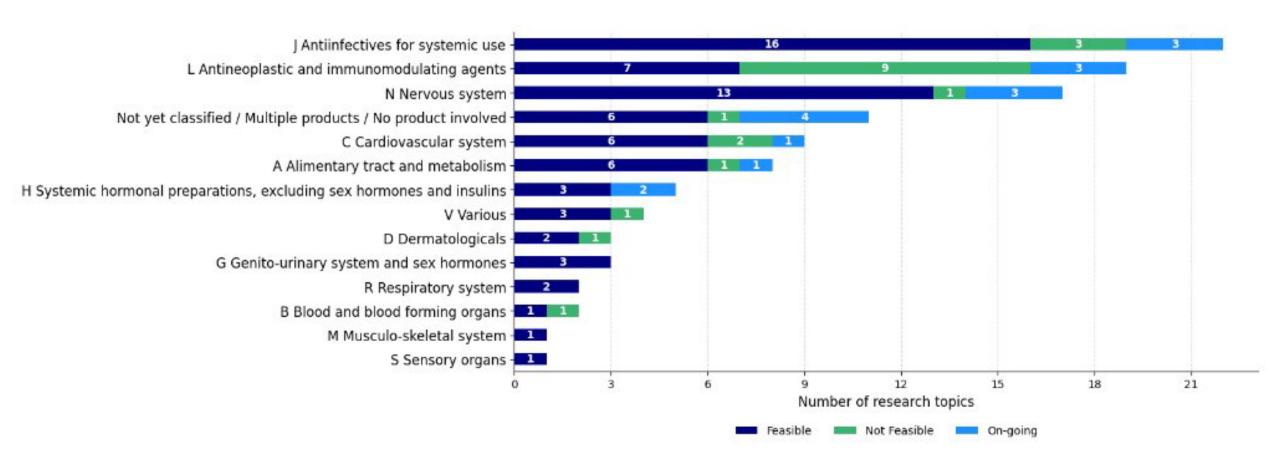


Requesters dynamic over time





Feasibility of research topics by Anatomical Therapeutic Chemical (ATC) classification







Doxycycline and association with risk of **suicidality** (PRAC request to facilitate signal assessment)

Safety signal on "suicidality" raised based on cases reported to the Finnish national competent authority and EudraVigilance

Currently available evidence not supporting link between this antibiotic drug and risk of suicidality —> No update to doxycycline product information warranted

Pharmacovigilance Risk Assessment Committee



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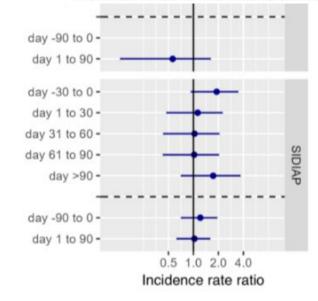
PRAC statistics: December 2024

Glossarv

Doxycycline: currently available evidence not supporting link with risk of suicidality

EMA's safety committee (PRAC) has concluded that the currently available evidence is not sufficient to establish a causal relationship between the use of the antibiotic doxycycline and the risk of suicidality.

Doxycycline is a broad-spectrum antibiotic, widely used to treat a wide range of infections caused by bacteria such as









Study results, including incidence data concerning RSV infection and hospitalization, especially for the 50–59-year-old age group (the MAH required an extension of indication for this age group) were used as evidence to support the argument of unmet clinical need for this age group. Results supported preparation of vaccine effectiveness studies

Committee for Medicinal Products for Human Use



Juvenile polymyositis (JPM) and dermatomyositis (JDM) and disease natural history in paediatric population (PDCO request to better understand the disease context)

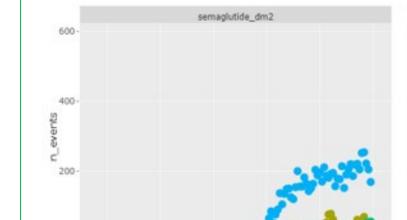
Largest European JDM & JPM study showing increased prevalence over time, clinical manifestations and treatments in line with clinical recommendations

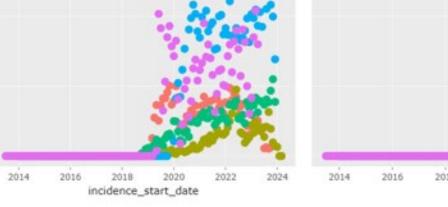
Used by PDCO in a PIP as results suggested sufficient patients available to perform a controlled clinical trial —> Obligation placed on the applicant

Paediatric Committee





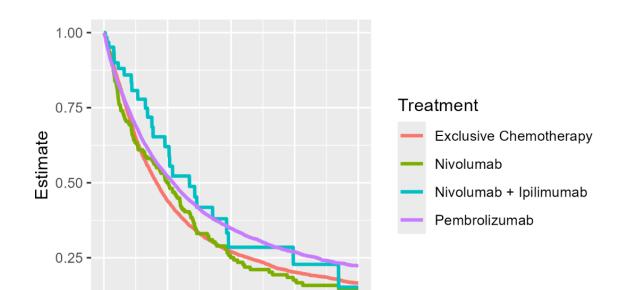












Time (years)

Non-Small Cell Lung Cancer (NSCLC) and immunotherapy treatments (HTA bodies request to assess comparative overall survival)

Study describing the patient population treated with selected immunotherapies and chemotherapy, showing findings on the benefit of immunotherapy in comparison to chemotherapy in terms of overall survival

Results from the real-world setting in line with results from clinical trials

Health Technology Assessment Bodies







17 March 2025 EMA/99865/2025 Committee for Human Medicine Products/Methodology Working Party (CHMP/MWP)

Reflection paper on use of real-world data in noninterventional studies to generate real-world evidence for regulatory purposes

Draft agreed by Methodology Working Party (MWP)	October 2023
Adopted by CHMP PROM for release for consultation	15 April 2024
Start of public consultation	3 May 2024
End of consultation (deadline for comments)	31 August 2024
Agreed by Methodology Working Party (MWP)	March 2025
Adopted by CHMP PROM	17 March 2025

Keywords	Non-interventional study, real-world data, real-world evidence, feasibility
	assessment, bias, confounding, data quality

Coming soon:

Q&A document aiming to clarify what is (is not) RWD in the context of current guidance (including the RP, the Registry-based studies guideline, and the HMA-EMA Data Quality Framework and its application to RWD)

A "Journey towards a roadmap for regulatory guidance on real-world evidence" published on 3 April 2025

Provides contextual information on the work done so far

Identifies RWD-related topics for potential guidance development in the future

Externally controlled trials, where external controls may come from RWD sources or clinical trials

Augmented-control trials, where a small control arm is recruited in the current trial but supplemented with external controls from RWD sources or clinical trials **Pragmatic trials**



Thank you

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