



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

# Changing the discoverability and data quality of EU data ecosystem

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HMA/EMA Big Data Stakeholder Forum 2023

4 December 2023

Presented by Susana Perez-Gutthann (ENCePP)

Acknowledgements to Ana Cochino, Catherine Cohet (EMA)

An agency of the European Union





Co-Chair of the Steering Committee of the European Network of Centers for Pharmacoepidemiology and Pharmacovigilance (**ENCePP**) and past Co-Chair of the working group on **Research Standards**



Past President and long-time service as officer of International Society for Pharmacoepidemiology (**ISPE**), including chair public policy committee (**Good Pharmacoepidemiology Practice**)

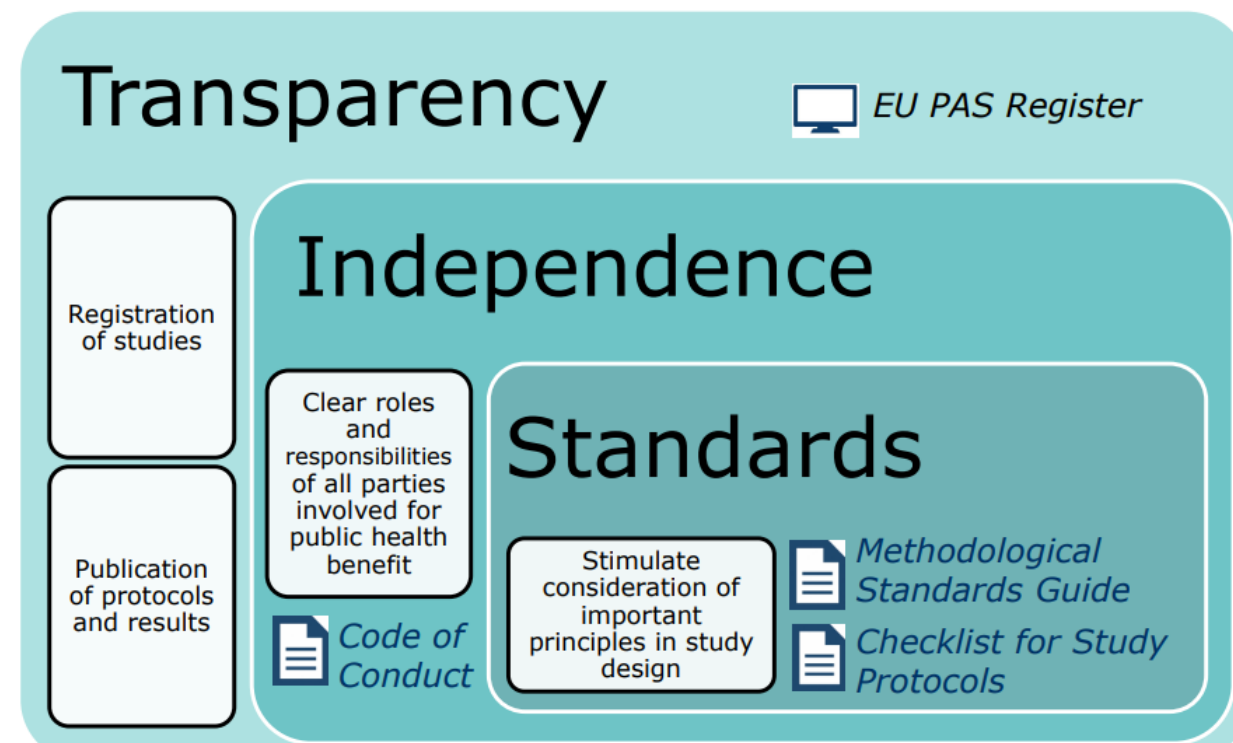
- Employed at RTI, independent non-profit research institute working for government and other institutions. My work focuses on regulatory grade RWE, mostly funded by pharma.
- Board Chair of the SIGMA Consortium, hub for regulatory RWE studies
- Past employment 1990-2007 R&D pharma epidemiology

The **European Network of Centres for Pharmacoepidemiology & Pharmacovigilance** is an **EMA-led** network of research centers to strengthen the

- Methods
- Study conduct
- Transparency (registration)

Of post-authorization studies in the EU

## Pillars & Tools



[ENCePP Home Page](#)

# HMA-EMA joint Big Data Task Force



EUROPEAN MEDICINES AGENCY

DARWIN EU

Data quality & representativeness

Data discoverability

EU Network skills

EU Network processes

Network capability to analyse

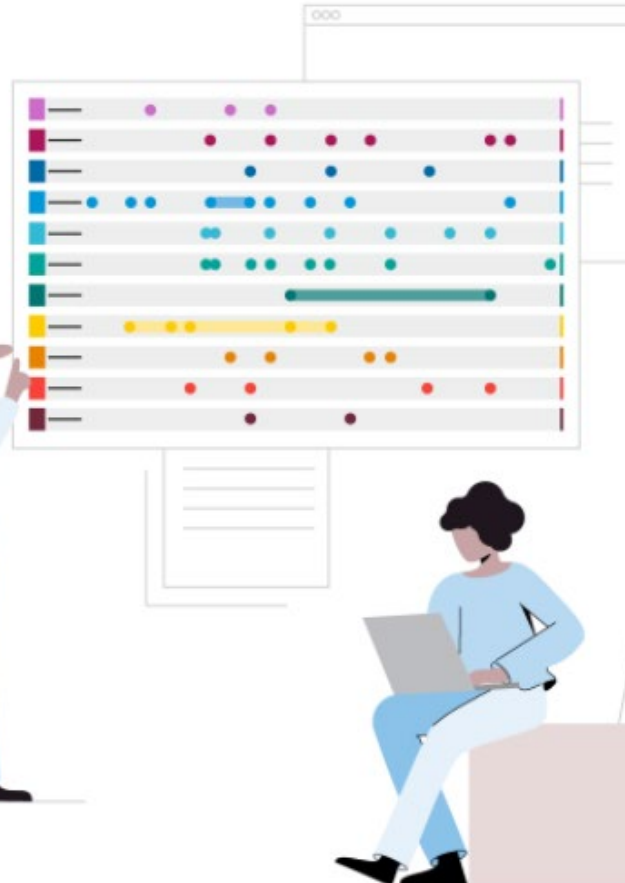
Delivery of expert advice

Governance framework

International initiatives

EU stakeholder implementation forum

Veterinary recommendations

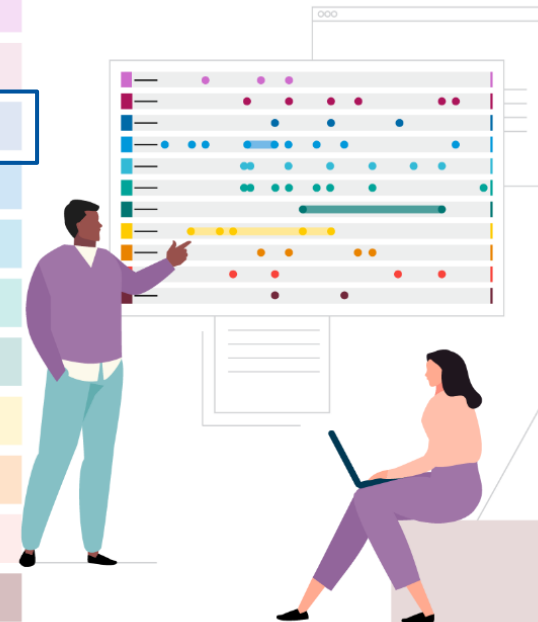
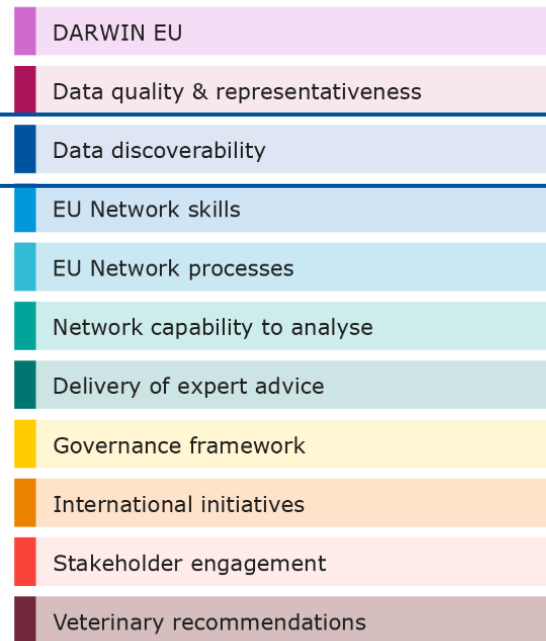


We outline our vision that by 2025 the use of real-world evidence will have been enabled and the value will have been established

[Arlett et al., Clin Pharmacol Ther. 2022 Jan](#)

## Recommendation 3: Enable data discoverability

- Identify **Key Metadata for regulatory decision-making** on the choice of data source
- **Strengthen the current ENCePP Resource Database**



**Catalogue of data  
sources**

**Catalogue of non-  
interventional studies**



- **15** RW population data sources and patient registries in **12** countries
- **18** research centers in **12** countries



RTI-HS,  
Barcelona, Spain



UMCU,  
Netherlands



UU,  
Netherlands



ARS, Toscana  
(ARS), Italy



UMCG,  
Netherlands



BPE,  
France



DCE-AU,  
Denmark



PHARMO,  
Netherlands



BIPS,  
Bremen, Germany



CPE KI,  
Stockholm, Sweden



LSHTM,  
London, UK



AEMPS, Madrid,  
Spain



FISABIO, Valencia,  
Spain



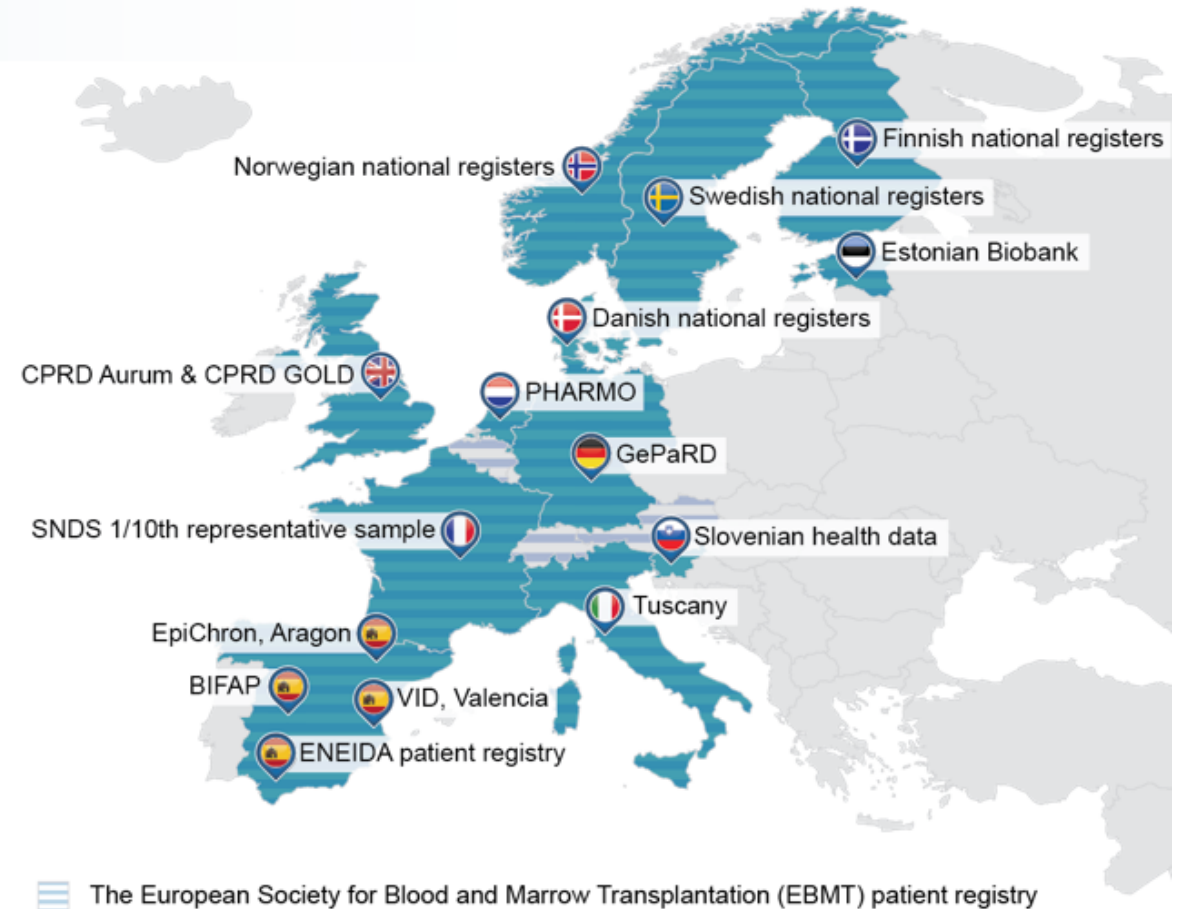
IACS, Zaragoza,  
Spain



UL FFA, Ljubljana,  
Slovenia



GETECCU, Santiago de  
Compostela, Spain



**EU PAS Register** Study EUPAS39322 [LINK](#)  
Protocol, reports, recommendations, list of metadata

The MINERVA pilot showed the value of piloting major metadata catalogue processes and a need for data curation requiring **epidemiologic** and **data prompt** knowledge

Setting up and maintaining an operational metadata catalogue on real-world data sources requires **substantial effort** to implement FAIR principles, adhere to data protection rules, and effectively support discoverability of data sources and reproducibility of studies in Europe.



# Good Practice Guide - update

- The **Good Practice Guide (GPG)** aims to **provide recommendations** for the use of the EMA-HMA catalogue to **identify real-world data sources suitable for specific research questions** and to **assess the suitability** of data sources proposed to be used in a study protocol or referred to in a study report.
- It also provides a **detailed description of all the metadata elements** as envisaged to be used in the catalogue. [List of metadata for Real World Data catalogues](#)
- The GPG also **guides the user for the insertion and maintenance** of data in the catalogue.

**Public consultation:** Contributions received from the regulatory network, data holders, researchers and research networks, industry, medical associations, etc.

**Amended scope:** GPG document will be split into two parts:

1. Good practice guide: Use of Catalogue to assess the suitability of data sources → **Q1-Q2 2024**
2. User Guides → **at Go-live of catalogues**

Public consultation

Good practice guide  
for the use of the real-world metadata

Send comments by 16 November 2022

**Thanks to all who commented!**



The **EMA-HMA Catalogues of data sources and non-interventional studies** will describe **real-world data sources and studies** through a set of collected **metadata** to help pharmaceutical companies and researchers **identify and use** such data when investigating the use, safety and effectiveness of medicines.

## Catalogue of data sources

will replace and enhance the European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP) Resources Database

## Catalogue of studies

will enhance the European Union electronic register of post-authorisation studies (EU PAS Register®)



- **Efficient and user-friendly platform** for researchers, regulators, and pharmaceutical companies
- **Centralised and enhanced resources** that contribute to the transparency of observational research
- Promotion of good practices aligning with '**FAIR**' **data principles** for **F**indable, **A**ccessible, **I**nteroperable, and **R**eusable data
- Facilitation of **search and evaluation of data sources and studies** related to medicines, ultimately supporting evidence-based decision-making

Integration with other catalogues, EHDS and similar initiatives to be developed in coming years



## Filter options

☒ Data source☐ Institution☐ Network☐ Study

Country

Germany



Regions (geographical regions that the data source covers)

Select Value



Data source type

Hospital inpatient records



Data Holder

Select Value



Apply

Clear

## Results (3)

Sort by Newest first

Export results

Data source Germany Hospital inpatient records

## Hepatitis Delta International Network (HDIN) - Patient Registry

Austria Belgium Brazil Germany Greece Italy Mongolia Pakistan Romania  
 Turkey United States

First published: 19/09/2023 Last updated: 08/11/2023

Data source

Hospital inpatient records

Hospital outpatient visit records

Primary care medical records

## Hospital Medical Records Database DE

Austria Germany

First published: 31/10/2023 Last updated: 31/10/2023

Data source

Hospital inpatient records

## Deutsche Leberstiftung (German Liver Foundation)

Azerbaijan Belgium Brazil Georgia Germany Greece Moldova, Republic of  
 Mongolia Pakistan Spain Sweden Turkey United States Viet Nam

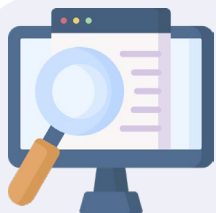
First published: 19/09/2023 Last updated: 30/10/2023

Data source

Hospital inpatient records

Hospital outpatient visit records

Primary care medical records



**Enhanced search & export functionalities** possibility to filter, sort and export search results and records



## Link between **data sources** and **associated studies**



[Home](#) [Studies](#) [Data Sources](#) [Institutions](#) [Networks](#) [FAQ](#)

[Home](#) > [DARWIN EU®](#) - DUS of Antibiotics in the 'Watch' category of the WHO AWaRe classification of antibiotics for evaluation and monitoring of use

[View](#) [Co-authors](#) [Revisions](#)

# DARWIN EU® - DUS of Antibiotics in the 'Watch' category of the WHO AWaRe classification of antibiotics for evaluation and monitoring of use

**Last updated:** 29/11/2023

[Study](#) [Finalised](#)

[Download as PDF](#)

[Administrative details](#) [Methodological aspects](#) [Data management](#)

Page content

[ENCePP Seal](#)  
[Data sources](#)  
[Use of a Common Data Model \(CDM\)](#)  
[Data quality specifications](#)  
[Data characterisation](#)

### Data sources

<b>Data source(s)</b>	<a href="#">CureDRPLA Global Patient Registry</a> <a href="#">Data Source Test 3</a> <a href="#">HealthData Hub: Singapore General Hospital</a>
<b>Data sources, if not available in the list above</b>	<a href="#">SIDIAP</a> , <a href="#">IPCI</a> , <a href="#">CPRD</a>

### Use of a Common Data Model (CDM)

HomeStudiesData SourcesInstitutionsNetworksFAQ

Home > Add content > Data source

# Add data source

Please complete the questionnaire to register your data source in the EMA-HMA catalogue of data sources. Mandatory fields are marked with an asterisk (\*).

The information provided in the questionnaire needs to be kept up-to-date by the editor of this entry, and this is not the responsibility of the EMA.

The questionnaire's 16 questions are divided into 4 steps: 1. Administrative Details, 2. Data Elements Collected, 3. Quantitative Descriptors, and 4. Data flows and management. A sample questionnaire for offline review only, can be downloaded using the following link: (FILE)

You agreed with the [terms and conditions](#) when you joined the EMA-HMA Catalogues.

STEP 1  
Administrative details

STEP 2  
Data elements collected

STEP 3  
Quantitative descriptors

STEP 4  
Data flows and management

## Administrative details

Name \*

The name of the data source, as used in European projects, must be provided. If the database is widely known by several names, the name can be provided in this field, separated by a '/' sign. Where the data source has been known by different names in the past, these can be provided, using parenthesis with the note 'formerly known as'. Where the name of the data source is in a local language, the English translation should also be provided, using parentheses.


WELCOME TO YOUR DASHBOARD

+ Add content

My collaboration requests

TYPE	TITLE	INVITED BY	UPDATED	STATUS	
Study	<a href="#">EXPLORING THE BIDIRECTIONAL RELATIONSHIP BETWEEN DATABASE MARKERS OF ASTHMA TREATMENT ADHERENCE AND ASTHMA-RELATED OUTCOMES</a>		Thu, 19/10/2023 - 10:06	Accepted	<button>Decline</button>
Data source	<a href="#">Biologika in der Kinderrheumatologie</a>		Thu, 19/10/2023 - 10:54	Accepted	<button>Decline</button>

TYPE	TITLE	UPDATED	PUBLICATION STATUS	MODERATION STATE	
Data source	<a href="#">Translational Research in Europe - Assessment and Treatment of Neuromuscular Diseases</a>	26/10/2023 - 14:58	Published	Draft	<button>Edit</button>
Network	<a href="#">European Forum for Primary Care</a>	26/10/2023 - 12:01	Published	Published	<button>Edit</button>



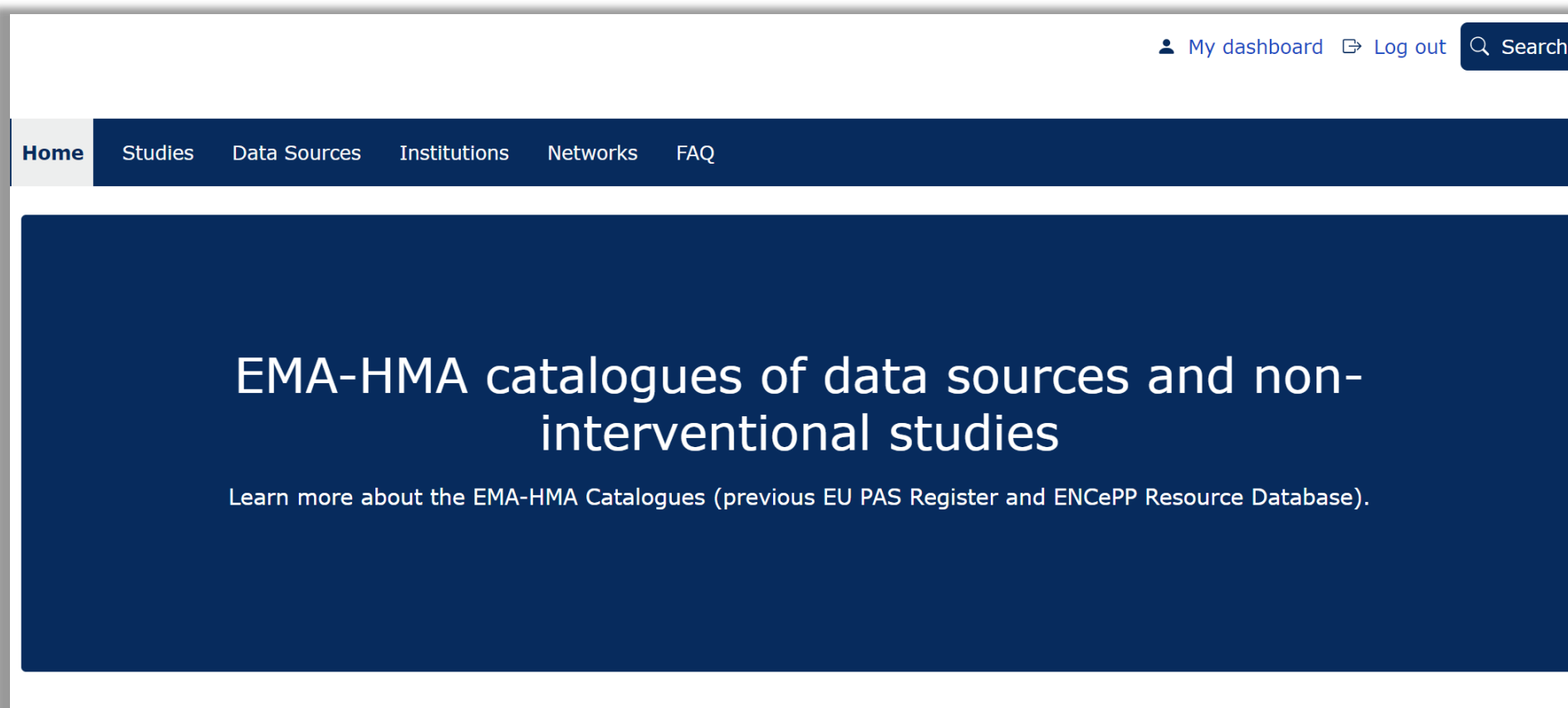
## New platform enables users to **easily access and manage content** as well as **collaborate on editing** content

12

Classified as public by the European Medicines Agency



**Integration with EMA website content:** studies will be visible in the **relevant medicines overview page**, on the EMA website connection to summary of RMP, EPAR, PI\*



## The EMA-HMA Catalogues will:



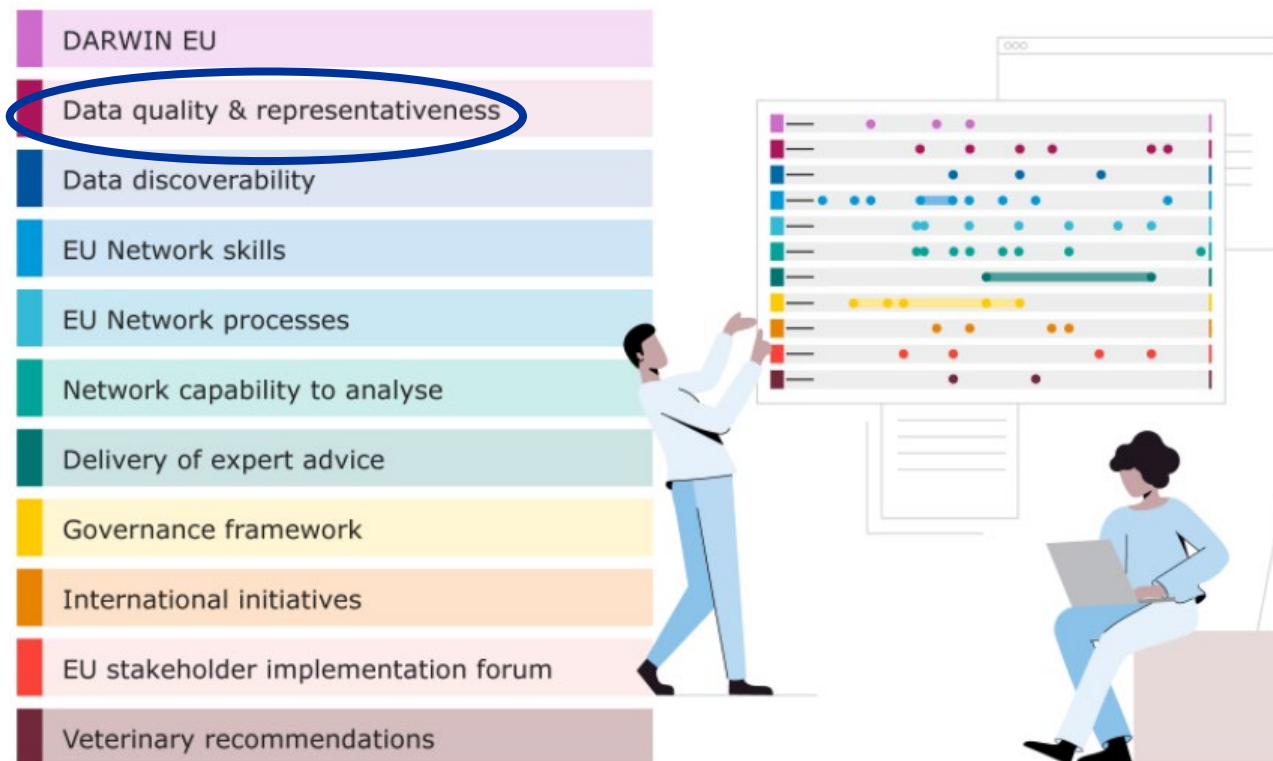
**Go-Live in early 2024**



**Be publicly available**



**Data sources and studies integrated**



## Data Quality Framework for EU medicines regulation

Draft: consultation closed

First published: 10/10/2022

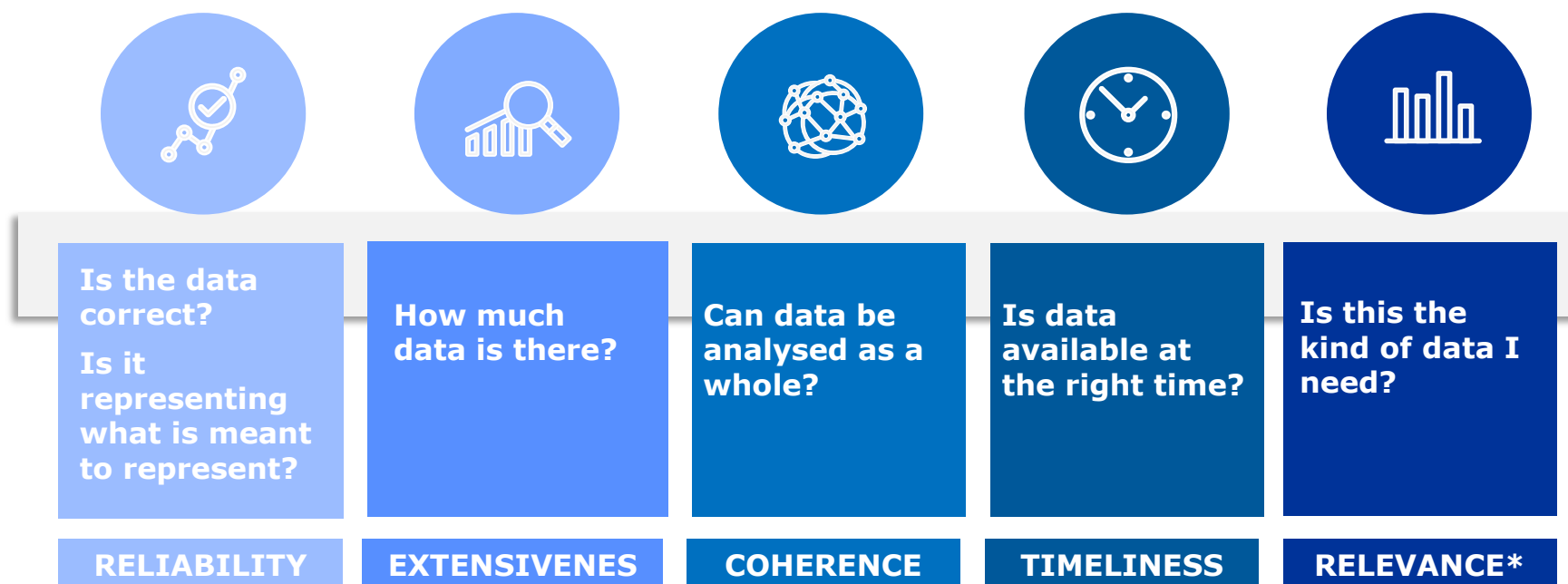
Consultation dates: 10/10/2022 to 18/11/2022

**Data quality** is defined as fitness for purpose for users' needs in relation to health research, policy making, and regulation and that the data reflect the reality, which they aim to represent.



- Joint sponsorship of **Big Data Steering Group** & **Methodology Working Party** in close **collaboration with TEHDAS Joint Action** (Towards the European Health Data Space)
- Describes concepts **applicable to all data sources used in medicine regulation** across EU regulatory network

## Main dimensions



\*Relevance should be considered as the suitability to a research question

## 2021 - 2022

### Landscape analysis and stakeholder consultations

- extensive landscape analysis has been produced in preparation of the work on DQF for EU regulation
- A dedicated stakeholder workshop (April 2023)

### Public consultation DQF for EU medicine regulation data

- Dedicated live webinar in November 2023 introducing the document
- Wide consultation with all stakeholder groups, 400+ comments
- **Document adopted by BDSG (Big Data Steering Group), MWP (Methodology Working Party) and CHMP in 2023 (publication upcoming).**

## 2023 onwards

### Ongoing activities:

- Preparation of draft **RWD deep dive chapter** based on the Data Quality Framework concepts and building on the input from DQF-RWD workshop

"**Opportunities for international convergence** across RWE and RWD frameworks should be considered"

"**Implications for data holders** and data submitters should be well articulated"



"The **heterogeneity of EU databases** needs to be considered when describing extensiveness"

"In relation with some research questions, it might be sufficient to **request descriptive documentation** on data reliability and relevance, as opposed to validation/verification"

### Next steps:

- Public consultation of the initial draft to follow (date TBC)



## The importance of methods

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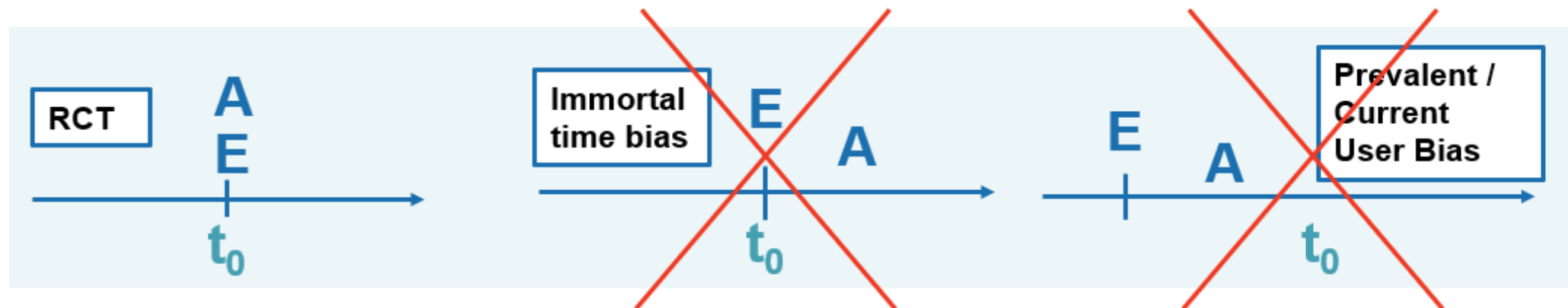
RWD are used to describe, predict, and for counterfactual prediction (causal inference)

# To identify a causal effect, we need data and assumptions external to the data:

Identifiability Assumptions	RCT	RWE studies
<b>Exchangeability</b> <i>No unmeasured confounding</i> The conditional probability of receiving every value of treatment, though not decided by the investigators, depends only on the measured covariates	Losses to follow-up do not happen at random	We miss baseline confounders  Losses to follow-up do not happen at random
<b>Positivity</b> <i>Exposure at all levels of the confounders</i> The conditional probability of receiving every value of treatment is greater than zero	N.A.: Artificial assignment of treatment guarantees it	Data are sparse or there are too many strata
<b>Consistency</b> The exposures under comparison correspond to well-defined interventions aligned with the versions of treatment in the data	Protocol does not specify accurately the experimental intervention, or researchers do not follow it	Intervention is not well-defined, or data do not differentiate multiple versions of the exposure (e.g., prevalent users)

# Data available, confounding and positivity are under control...:

- Problems derived from the lack of synchronization in time of eligibility, treatment assignment, and time zero:
  - Time of eligibility (E): point in time when patients meet the eligibility criteria
  - Treatment assignment (A): point in time when patients are classified into exposure groups
  - Time zero (T0): point in time when follow-up starts
- Not a problem in RCT, but source of important biases in RWD studies



# ENCePP, a committed research community collaborating in Europe and beyond to

## 1- Conduct research on a foundation of principles

- Work with fit for purpose data
- Address confounding
- Align time zero, eligibility and treatment assignment

## 2- Collaborate with all stakeholders in recognition of the complexity and importance of understanding observational methods

## 3- Share lessons learned



***And to support Big Data initiatives***

***THANK YOU VERY MUCH FOR YOUR ATTENTION***

For more information about the new system, you may want to refer to the product “**Real World Metadata Catalogues (RWMC)**” included in the EMA quarterly system demos listed below:

- [Demo: data source form \(Q2 2023\)](#)
- [Demo: studies form and user dashboard \(Q3 2023\)](#)
- [List of metadata elements](#)
- [Catalogues good practice guide \(draft version\)](#)

**For questions related to the new catalogues:** [metadata@ema.europa.eu](mailto:metadata@ema.europa.eu)



## Upcoming event

- [Quarterly system demo - Q4 2023 | European Medicines Agency \(europa.eu\)](#)  
on 19 December