



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

3rd EMA/HMA Big Data Stakeholder Forum 2022

01 December 2022

Session 3: Big Data – data discoverability, skills, processes and capability –
**Regulatory capability to analyse data – Clinical Trial Raw Data analysis in
medicine evaluation**

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Member of HMA-EMA Big Data Steering Group





Proof-of-concept raw data pilot update

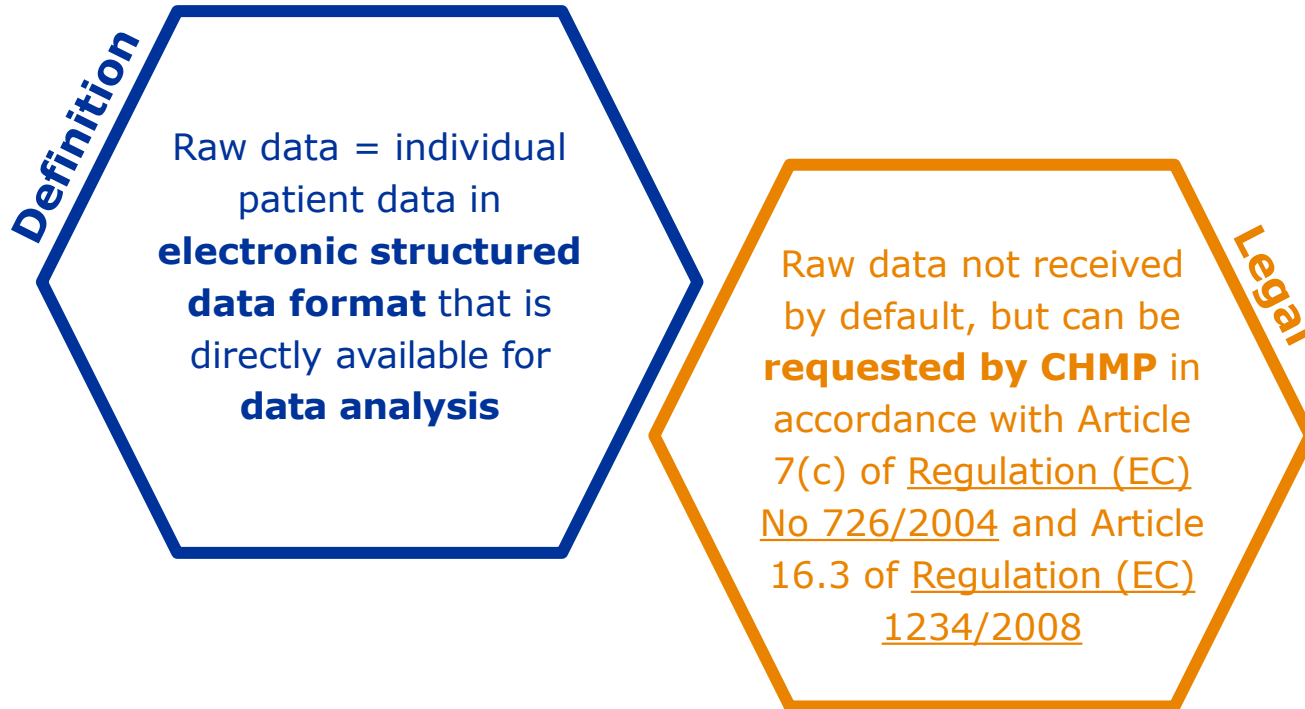
- Background and mandate
- What it entails?
- Pilot's design phase achievements
- Pilot's execution phase – selection of procedures



Next steps

- What to expect in 2023?

Now: Individual patient data in PDF format already regularly submitted by companies, but format does not directly enable data analysis.





Big Data Steering Group work plans

A proof-of-concept pilot will be performed to clarify the benefits and practicalities of access to individual patient data [...]. Learnings from the pilot will help the EU medicines regulatory network to make an informed decision on the place of raw data in regulatory decision-making.



- **Timeline:** Approx. **10 regulatory procedures over two years** from September 2022 (interim report after 12 months).



- **Scope:** **Initial Marketing Authorisation Applications (iMAAs)** and **post-authorisation applications** (e.g., variations or extensions). No restrictions for clinical characteristics of dossier.



- **Participation:** Procedures will be selected based on **voluntary participation of CHMP Rapporteurs** and **assessment teams**. Eligible applicants or marketing authorisation holder (MAHs) will be asked to confirm their voluntary participation by signing a participation letter.



- **Usage:** Analyses that are considered relevant to the assessment will be **shared with the Applicant or MAH via the assessment report (AR)** and be used for decision-making by the CHMP. The Applicant or MAH will also be asked to **replicate these results via the LoQ/ LoOI/ RSI**.



- **Resources:** Three **resourcing scenarios for who is doing the analysis** are going to be explored: (1) the Rapporteurs' assessment team, (2) EMA or (3) EMA contractor.

- Business consultancy support (funded by EMA)
 - **Pilot operating process (who, what, when, how)**
Timelines, interactions, metrics for benefits realisation
 - **Data protection impact assessment**
- Competition for EMA contractor to support raw data analysis
 - Danish Medicines Agency (DKMA)

Design phase Q3 2021 – Q3 2022



- Stakeholder engagement
 - Network Advisory Group on Raw Data (AGRD)
 - Industry Focus Group on Raw Data (IFGRD)
 - Information sessions for assessors
- Guidance and templates
 - Internal and external guidance
- Communication planning
 - Communication plan with stakeholders
 - Identification of learning needs and proposed training approach

Design phase Q3 2021 – Q3 2022



Stakeholders

- Internal
- External

- Public communication via [EMA's Big Data website](#) (July 2022) marks the pilot's launch 
 - Pilot's description for Industry and patients
 - Guidance for Industry
 - Data Protection documentation
 - Pilot participation documentation
- Selection of procedures – ongoing
 - Network interest 
 - Industry interest 

Raw Data for first pilot procedure now received

- An Initial Marketing Authorisation in neurology
- Resourcing scenario (3) – EMA contractor (DKMA) will be applied
- EMA and Rapporteurs will act as joint controllers for the data

Execution phase Q3 2023 – Q3 2024






Stakeholders



Internal



External

- **Pilot's outcomes**
 - Further consultation with Network and Industry in Q4 2022 - Q1 2023 
- Use of raw data for the assessment to be informed by pilot learnings: when and how
 - Interim pilot report expected in Q3 2023
- **Continue engagement with stakeholders**
 - Raw Data dedicated groups (AGRD, IFGRD) 
 - Presentations to WPs (e.g. PCWP/HCPWP) and Industry fora 
 - Network community on Raw Data 
 - Workshops/information sessions (focus on assessors) 



Stakeholders



Internal



External

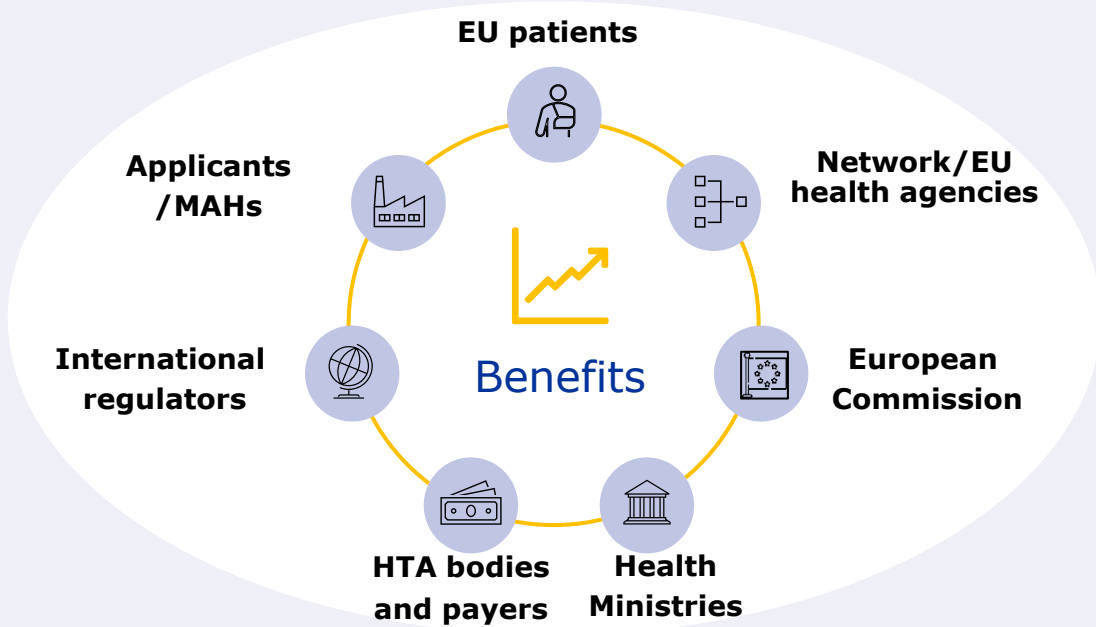
Thank you

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- **Faster access** to safe & effective medicines
- Improved **confidence** in regulatory decision-making
- Refined **product labelling**

- **Workload reduction**
- Earlier **authorisation**
- Greater **collaboration**



- Better informed regulatory **decision-making**
- Improved **robustness** of assessment
- Improved identification of sites for **GCP inspection**
- Facilitation of **cross-product analyses**
- Increased support to **health policy**

- Better understanding of **drug safety profiles**
- Increased **transparency** & sharing / **understanding** of quantitative evidence
- Improved **collaboration** in response to health emergencies



