



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Improving the generation of evidence: What is on the regulators' mind

EFSPI regulatory statistics workshop, 13 September 2021



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Disclaimer

The views expressed in this presentation are my personal views and may not be understood or quoted as being made on behalf of or reflecting the position of the European Medicines Agency or one of its committees or working parties.

- **Introduction** – what is on the regulators' mind
- **So far** – recent achievements on data and methods
- **Planning** – looking to 2022
- **How can you help?** – critical role of the statistician
- **Looking to the future** – what will change in the next 10 years?

COVID-19

COVID-19: latest updates [◀ Share](#)

The latest updates on the COVID-19 pandemic from the European Medicines Agency (EMA) are available below.

HMA-EMA Joint Big Data Taskforce
Phase II report:
'Evolving Data-Driven Regulation'

Joint Action Towards the European Health Data Space – TEHDAS

The TEHDAS Joint Action project develops European principles for the secondary use of health data.

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CTIS HIGHLIGHTS

News, views and interviews for the Clinical Trials Information System (CTIS)

An agency of the European Union 

AT A GLANCE
Plenary – July 2021



European Medicines Agency mandate extension

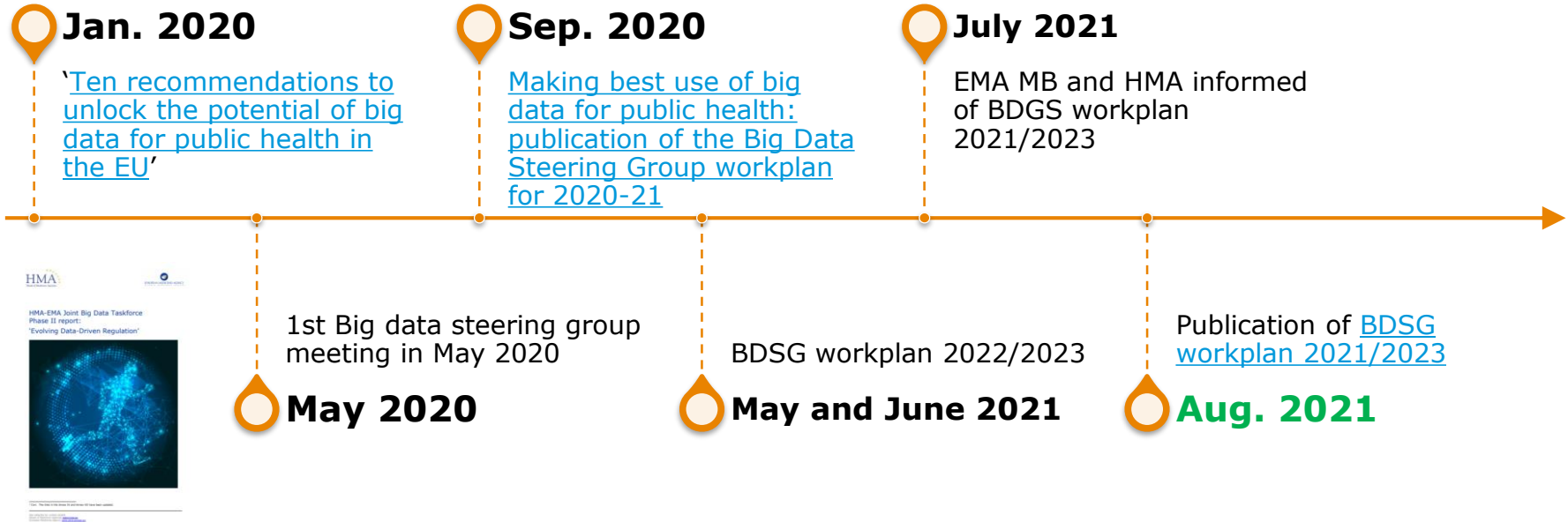


European
Commission

[> Expert Groups](#) [> Details](#)

Expert group on clinical trials (E01464)

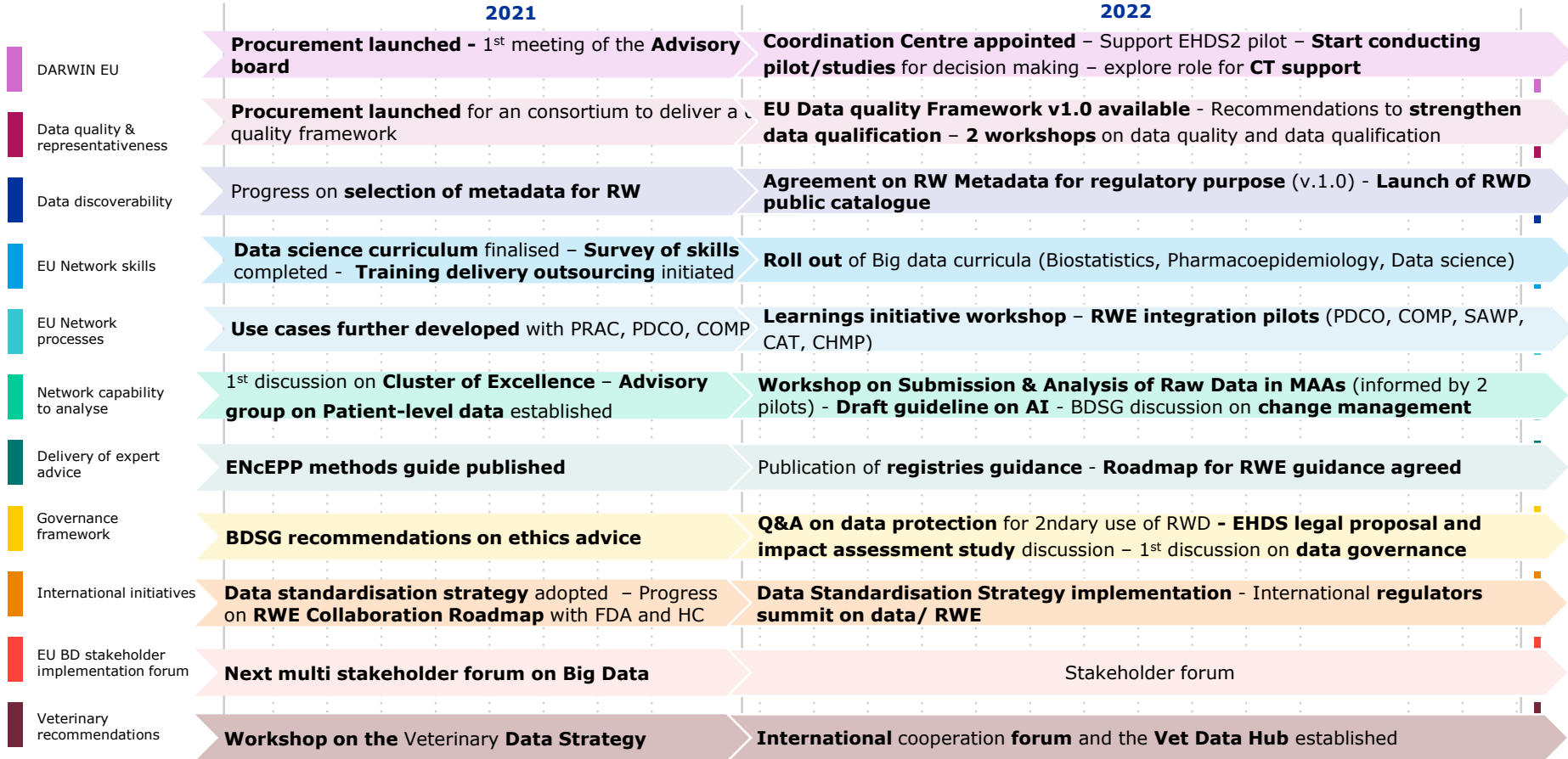
ACTIVE



Big Data Steering Group: 2021 achievements – 2022 plans



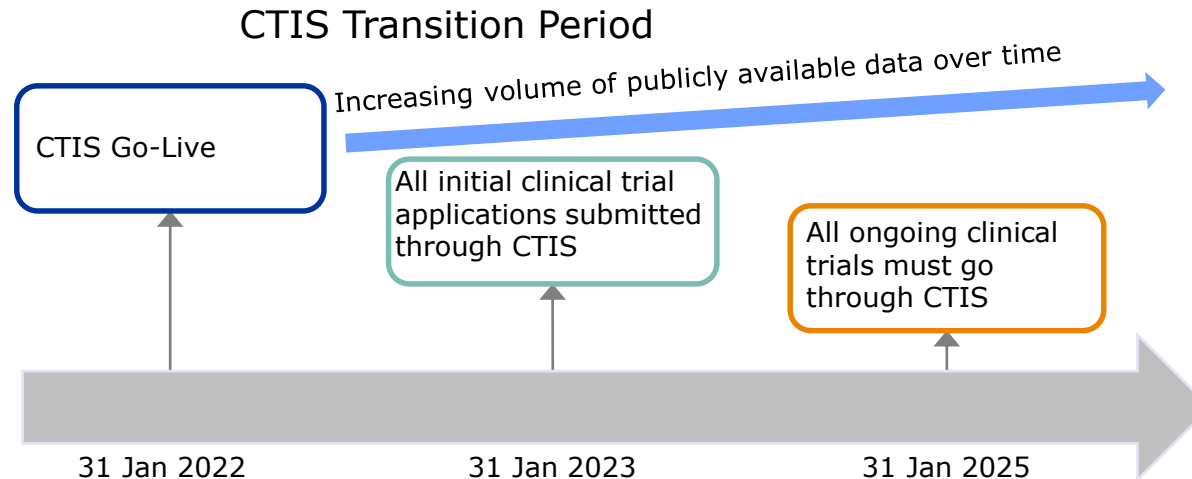
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The Clinical Trials Regulation has amongst its aims: the **harmonisation** of Clinical trials and Research in the Union and consequently easier upscaling to meet recruitment objectives.

CTIS will become the **single entry point** for clinical trial submission, authorisation and supervision in the EU and the EEA.

CTIS is the business tool of the **Clinical Trials Regulation**. It includes **Authority and Sponsor workspaces** and **public search functionality**.



The **future users of CTIS** include:

Sponsors



Commercial: large pharmaceutical companies & CROs, SMEs

Academia

Will **input clinical trial data** in CTIS

Authorities



Member States (NCA & ethics committee)



EMA



European Commission

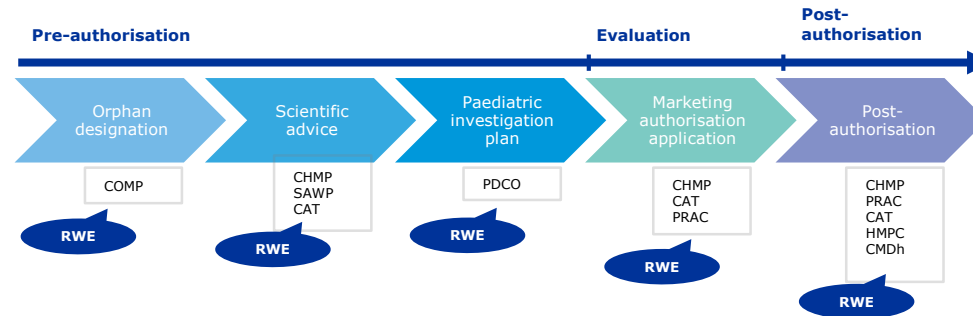
Will **review clinical trial data** (MS/EMA) and create **Union Control Reports** (COM)

Public



Public users (Healthcare professionals, patients, other)

Will **search for publicly available clinical trial data** in CTIS



- Field of pharmacoepidemiology is mature and RWE has an **established role to support safety evaluation** of medicinal products
- Use of RWE for **efficacy/effectiveness** is more debated but is increasing to **supplement, contextualise and, if needed, validate clinical trial results**
- Collaboration with **DG Research**, published call for the **Horizon Europe Cluster 1 Health**

DARWIN EU is a federated network of data, expertise and services

EU Medicines Regulatory Network

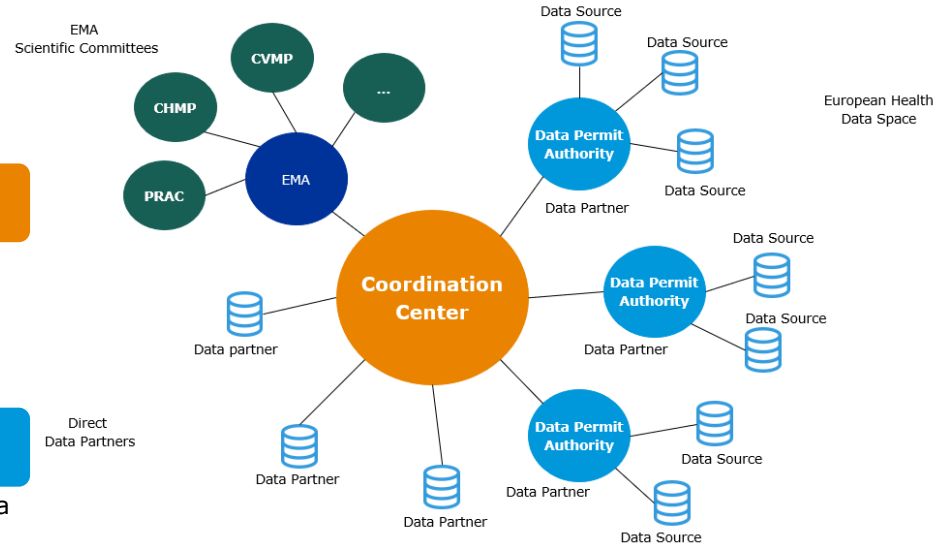
- **EMA** - provides leadership, setting standards, contracting studies,
- **EMRN** - including EMA scientific committees and working parties, national competent authorities (NCAs) and the European Commission: **request studies** via EMA

The Coordination Centre

- **Establishes** and **maintains the network** (including onboard/maintain data sources), manage the **execution of scientific studies**

Data Partners, incl. Data Permit Authorities

- **Partners** who have access to data, or who may request analyses in a data source and provide results to the Coordination Centre
- This includes **Data Permit Authorities** (DPAs), already existing or to be created as part for the EHDS





2021

- Selection of the [Coordination Centre](#) provider

Phase I and II - 2022/2023

- Establish connectivity with EHDS and existing Data Permit Authorities
- Start recruiting and onboarding the [data partners](#)
- First [catalogue of standard data analyses](#) available
- Start running [studies](#) to support EMA committees - [first benefits delivered](#)

Phase III - 2024

- DARWIN EU® at full capacity and [routinely supporting](#) the scientific evaluation work of EMA and NCAs' scientific committees

Operation - 2025/2026

- DARWIN EU® continues at full capacity and continue to evolve
- Full [integration with the EHDS](#)



- Effort to rationalise the structure of working parties
 - Proposed introduction of the concept of five Domains: quality, non-clinical safety, methodology, clinical and veterinary
 - New methodologies working party to bring together different expertise (biostats, pharmacoepidemiology, modelling etc.)
- Domains will support implementation of the Network Strategy to 2025 and EMA RSS
 - Potential to deliver strategic priorities, being adaptable to future needs, being able to reach out to stakeholders
 - Support EU innovation in global drug development to benefit patients
 - Domains will continue supporting committees for product advice, assessment, etc.
- Communities of experts with special knowledge and interest in a specific area will be formed to be the source of expertise when constituting drafting or other groups

- [CTEG](#) Question & Answer on decentralised trials
- [CTEG](#) Question & Answer on complex clinical trials
- EMA Reflection Paper on single-arm trials
- Revision of EMA [Guideline on Data Monitoring Committees](#)
- [EMA Guideline on registry-based studies | European Medicines Agency \(europa.eu\)](#)
- (i) [Metadata for Data Discoverability and Study Replicability](#) and (ii) Data Quality Framework
- International collaboration on Real World Evidence (e.g. FDA and Health Canada)

- Newer ideas exacerbates the need for a **critical eye** (role of gatekeepers)... But keep also an **open mind** (role of enablers)!
- Stress test new concepts across a **multitude of factors**: estimands, design, data collection, analysis, data quality, interpretation of results, communication, etc.
- Statisticians will not become data scientists tomorrow! But they should **get trained** in a wider range of experimental design and statistical methods and learn from **other application areas** of statistics.
- Role of statistician is similar from the sponsor's or regulator's side: ensure that **quality information** can be collected to transform it into **relevant evidence** for both drug development and regulatory decision-making.

What will remain the same:

- ✓ A. Clinical trials remain the bedrock of clinical evidence generation
- ✓ B. Authorisation of medicines based on quality, safety and efficacy and positive benefit risk
- ✓ C. Decision-ready evidence relies on quality data and robust study methods

What will change:

- A. Role of real-world evidence established across spectrum of regulatory use cases
- B. Regulation more data driven: includes analysis of raw data from industry and RWD independent of industry
- C. Better evidence supports better decisions on medicines for patients

- Transformation to data-driven regulation in line with Network Strategy to 2025
- Ambitious work programme to deliver the change
- Deliver through collaboration: critical role for the biostatistician
- Patient focussed – in every thing we do

Big Data Task Force 2020 vision : "By delivering the vision of a regulatory system able to integrate Big Data into its assessment and decision making, we can support the development of innovated medicines, deliver life-saving treatments to patients more quickly and optimise the safe and effective use of medicines on the market."



Any questions?

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