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Qualitative Interview Findings

Jack Sheehan Janssen/Johnson & Johnson



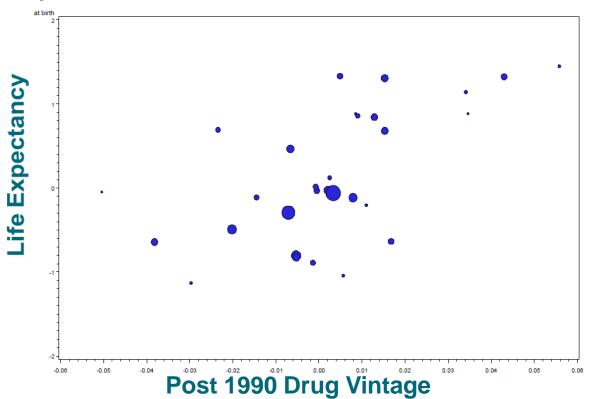
Disclaimer

The views and opinions expressed in this presentation are those of the individual presenter and do not necessarily reflect the views of the Clinical Trials Transformation Initiative or Janssen Pharmaceutical Companies of Johnson and Johnson.



My Inspiration

Gain in life expectancy from drugs launched after 1990: 1.27 years.





CTTI Social Scientist Team

CTTI's internal Social Scientist Team worked with the CTTI RWE project team to design and conduct qualitative in-depth interviews.

Principal Investigator: Amy Corneli

Interviewers: Brian Perry; Teri Swezey

Data Analysts: Brian Perry; Carrie Dombeck; Brigid Grabert; Teri Swezey



Objectives and Methods

Objectives:

- Describe how RWD sources facilitate planning and execution of clinical research.
 - Identify challenges and solutions
- Describe how RWD can generate evidence for regulatory decisions.
 - Identify guidance points for regulatory decisions

Methods

 1:1/group expert interviews December 2017 – February 2018.



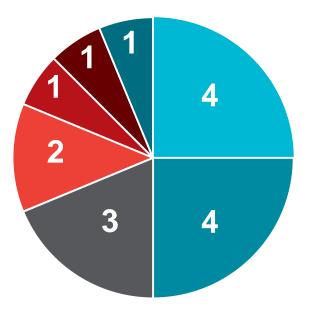
Interview Scope

- Describe:
 - Experience in using RWD in detail.
 - Current and future use of RWD in randomized trials.
 - Questions interviewees had for FDA or guidance needed from FDA.
 - Top recommendations for others considering using RWD in clinical research.



Participant Demographics

Number of Interviews



Professional Affiliation

- Academia
- Biopharmacuetical Company
- Payer-affiliated Research Group
- Health System Research Group
- CRO
- Government Organization
- Professional society



RWD: Benefits & Future Opportunities

- Combine with traditional RCTs to increase efficiency
 - Inform patient population selection
 - Identify patients at risk
- Replace traditional RCT with pragmatic RCTs
 - Reduce cost
 - Decrease patient burden
 - Improve generalizability
 - Understand effectiveness
- Enhance rigor
 - Collect long-term data



RWD: Benefits & Future Opportunities

"The value of collecting real world evidence is that it's cheap, which means you can keep doing it. And you can do it longitudinally, and you can do it indefinitely, as long as you set up a system."



RWD: Weaknesses

"I think the biggest area where you have to be careful in is what questions you ask with respect to how do you determine the endpoint? <u>And if you determine</u> <u>an endpoint that needs input from the patient, for example,</u> <u>that's problematic because you have to reach the patient.</u>"





RWD: Weaknesses

- Reliability/validation
- Quality
- Depth
- Subtle Outcomes



Challenges

- Pooling multiple sources/international sources
- Common data model
- Linking
- Regulatory pathway
- Data latency
- Patient privacy
- Data governance
- Defining: Evidence





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