IJCRT.ORG

ISSN: 2320-2882



## INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

# REAL-WORLD DATA FOR REGULATORY DECISION-MAKING: CHALLENGES AND POSSIBLE SOLUTIONS

Sonal Chaudhari<sup>1</sup>, Mahima Reddy<sup>2</sup>, Dr. B Lakshmi<sup>3</sup>, Mr. Sai Kishore V<sup>4</sup>

<sup>1</sup>MBA, Pharmaceutical Management, NIPER Hyderabad India <sup>2</sup>MBA, Pharmaceutical Management, NIPER Hyderabad India <sup>3</sup>Assistant Professor, NIPER Hyderabad India <sup>4</sup>Assistant Professor, NIPER Hyderabad India

> \*Corresponding author: E-mail: chaudharisonal71@gmail.com

#### ABSTRACT:

Real-world data (RWD) has emerged as a valuable resource for the pharmaceutical industry, providing insights into the safety, efficacy, and effectiveness of medications in real-world settings. However, RWD presents a number of challenges, including data quality, data integration, data analysis, and data privacy. Despite these challenges, RWD offers significant opportunities for improving drug safety, facilitating more effective drug development, enabling personalized medicine, and enhancing pharmacovigilance. To fully realize the potential of RWD, it is crucial to address the existing challenges by developing data quality standards, data integration tools, advanced data analysis methods, and robust data privacy protection measures. Additionally, collaboration among pharmaceutical companies, regulators, and healthcare providers is essential, along with clear regulatory guidance and patient education. By effectively utilizing RWD, the pharmaceutical industry can make a meaningful contribution to improving the quality of pharmaceutical products and patient care.

Keywords- Real-world data, Regulations in the Pharmaceutical Industry, RWD collection challenges, Opportunities in RWD operations, decision-making in the Pharmaceutical Industry.

#### I. INTRODUCTION:

Real-world data (RWD) is increasingly being utilized in the pharmaceutical industry to make informed decisions across various stages of drug development, regulatory approval, and marketing. This data, gathered from real-world settings such as electronic health records (EHRs), medical claims data, and patient-generated data, offers a valuable complement to traditional clinical trial data(Corrigan-Curay et al., 2018).

RWD plays a crucial role in drug development, enabling researchers to identify promising new drug candidates, assess the safety and efficacy of drugs in development, and tailor personalized treatment plans for patients (**Dagenais et al. 2022**). During the regulatory approval process, RWD can support the approval of new drugs, new indications for existing drugs, and modifications to drug labels. Additionally, RWD

proves invaluable in post-market surveillance by tracking the safety and effectiveness of drugs in real-world settings, identifying potential new markets, and informing marketing campaigns (Lee et al., 2021).

Despite its immense potential, RWD presents several challenges that need to be addressed to ensure its effective utilization. Data heterogeneity, characterized by variations in format, quality, and completeness, poses a significant hurdle in analyzing and interpreting RWD studies. Data bias, arising from patient selection, data collection methods, and confounding variables, can lead to misleading conclusions (Breckenridge et al., 2019). Linking RWD to other data sources, such as EHRs or claims data, is often necessary for comprehensive regulatory decision-making, but privacy concerns and data-sharing limitations can hinder this process. Methodological challenges, such as selecting appropriate study designs, statistical methods, and control groups, further complicate the analysis of RWD (Souza et al., 2020).

To fully realize the potential of RWD, it is crucial to address the associated challenges. Data standardization practices, harmonization efforts across data sources, and the development of advanced statistical techniques are essential for ensuring the validity and reliability of RWD studies (Lamberti et al., 2018). Early planning and collaboration among stakeholders, including regulatory agencies, pharmaceutical companies, healthcare providers, and patient advocacy groups, are crucial for maximizing the value of RWD in regulatory decision-making. By addressing the challenges and harnessing the opportunities of RWD, we can improve the efficiency and effectiveness of drug development and regulatory processes, ultimately leading to better patient outcomes and a healthier population(Naidoo et al., 2021).

#### II. REVIEW OF LITERATURE:

Real-world data (RWD) can be gathered from a variety of sources, including social media, patient networks, healthcare databases, claims databases, and wearable technology. RWD serves as the foundation for real-world evidence (RWE)(Baumfeld Andre et al., 2020).

Electronic health records, claims data, prescription data, and patient registries are important sources of RWD. Data from wearables, m-health apps, and environmental data—such as information on social status, education, and other lifestyle factors are included in the definition (Cave et al., 2019).

Real-World Evidence (RWE), which strengthens the business case for novel medications, RWD can enhance the effectiveness of research and development, contribute to the understanding of disease, and help find new therapeutic intervention sites (R&D), and clinical trials(Wise et al., 2018).

#### 2.1 Challenges in the collection of RWD:

The challenges associated with Real-World Evidence (RWE) include bias, reporting bias, incomplete data, and data mining, which can compromise the reliability of findings. Addressing these challenges requires rigorous methodology, transparency, and standardization to enhance the reliability and validity of RWE in healthcare research(Hampson et al., 2018).

Challenges in collecting real-world data (RWD) include ensuring data quality, handling data heterogeneity, addressing privacy concerns, and managing data bias. Additionally, the volume and storage of RWD, regulatory compliance, data security, and data access and sharing present notable difficulties. Overcoming these challenges is essential to harness the full potential of RWD for research and decision-making in diverse domains (Souza et al., 2020).

Drawbacks of real-world data (RWD) include data quality issues, selection bias, incomplete information, and ethical concerns. These limitations can affect the validity and generalizability of findings, requiring careful consideration when using RWD for research and decision-making (Aalen et al., 2015).

High expenditures for creating, setting up, and maintaining real-world databases of superior quality are one of the technical obstacles. Because data in systems (such as EMR and billing systems) that are not intended for research purposes may be missing, incomplete, incorrect, or inaccessible, it might be difficult to extract relevant RWD from them (Crane et al., 2022).

#### 2.2 Changing healthcare trends in real-world data:

Any information gathered outside of a controlled clinical trial, such as claims information, electronic health records (EHRs), and patient-generated health information, is referred to as "real world data" (RWD) (PGHD (Linkert et al., 2010).

The growing use of machine learning (ML) and artificial intelligence (AI) to evaluate massive datasets is one of the most significant evolving themes in RWD. Next, by using this data, healthcare providers can enhance the effectiveness and quality of care they provide, create novel medications and diagnostic techniques, and gain a deeper understanding of how social determinants of health affect patient outcomes(Khosla et al., 2018).

Clinical studies have typically only included data from a small group of individuals who were carefully chosen to fit certain requirements. Researchers can obtain a more comprehensive understanding of the realworld efficacy of novel therapies and interventions by integrating RWD into clinical trials(Baumfeld Andre et al., 2020).

#### 2.3 RWD incorporating evolving healthcare trends:

- 1. Precision medicine: Biomarkers that indicate a patient's propensity to react to a certain medication can be found using RWD. Personalized treatment strategies with a higher chance of success can then be created using this information(Breckenridge et al., 2019).
- 2. Value-based care: The cost and quality of medical treatments can be evaluated using RWD. The development of payment schemes that incentivize providers to provide high-quality, reasonably priced treatment can then be done using the information provided (Sherman et al., 2020).
- 3. Public health: RWD can be used to identify people at risk for particular health issues and track the spread of infections. Public health initiatives can then be developed and put into action using this information (Halimi et al., 2020).

#### 2.4 RWD is applied to enhance medical care:

RWD is being used by researchers to create novel cancer therapies was utilized in one study, for instance, to determine the best medicine combination for treating individuals with a rare type of leukaemia. One payer, for instance, used RWD to pinpoint diabetic patients who would experience problems like heart disease and stroke(Wise et al., 2012).

Next, tailored therapies were made available to these individuals in an effort to assist them in controlling their diabetes and lower their risk of complications are being used by providers to raise the standard of care they offer. For instance, one hospital used RWD to determine which patients were susceptible to infections(Katkade et al., 2018).

All things considered, RWD use in healthcare is expanding quickly. RWD is being used to create innovative therapies and diagnostic tools, enhance the effectiveness and quality of healthcare delivery, and get a deeper understanding of how social determinants of health affect patient outcomes (Coorevits et al., 2013).

#### 2.5 Regulations in pharmaceutical industries:

Pharmaceutical industry regulations ensure drug safety, efficacy, and ethical standards. Regulatory agencies review and approve new drugs based on clinical trial data. Pharmacovigilance regulations monitor and report adverse drug reactions post-market. Intellectual property laws protect pharmaceutical innovations, and clinical trial regulations govern ethical treatment and data integrity (Souza et al., 2020).

A significant trend in pharmaceutical regulations is the growing incorporation of real-world evidence (RWE) and real-world data (RWD) for drug approval and safety monitoring. This shift toward data-driven decision-making allows for faster assessments of drug effectiveness and safety in real-world contexts. Pharmaceutical companies are adapting to utilize RWE and RWD, while regulatory agencies are developing guidelines to facilitate their integration into the regulatory process(Nishioka et al., 2022).

Pharmaceutical industry regulations the use of real-world data (RWD) to ensure data quality, patient privacy, and ethical practices. RWD is considered valuable for demonstrating drug safety and efficacy, and it is increasingly recognized as real-world evidence (RWE) by regulatory agencies. Compliance with privacy laws is vital when using RWD in drug development and post-market surveillance(Zou et al., 2020). The approval and regulation of pharmacological agents have undergone changes and become more intricate due to the addition of special programs and the promotion of surrogate measurement. The FDA funding required to carry out and administer these initiatives has been tackled by raising industry-funded user fees. The FDA is accepting fewer data shorter review periods and more substitute measures (Darrow et al., 2020). Regulatory failure in both nations where government regulatory authorities actively oversee promotion and nations that primarily assign regulatory responsibilities to business associations (Mulinari, 2016).

#### 2.6 Real-world data trends in health care:

To digitize and compile health data from administrative claims, electronic health records, and laboratory testing, numerous public and private initiatives are undertaken. In addition, many of these initiatives are gathering data from other sources, such as genetic, patient-reported, and biometric sensor data (Ramagopalan et al., 2020)

Data from electronic medical records that come from healthcare providers, information used to plan and pay for medical care, and information from pharmacies used to fill prescriptions are examples of real-world data (Lee et al., 2021).

Real-world data (RWD) can be gathered from various sources such as publications, professional patient data banks, electronic health records (EHR), paper medical records, medical claims/billing data, etc. The terms real-world evidence (RWE) and real-world data (RWD) are combined under the name RWS(Keizer et al., 2020).

#### 2.7 RWD and Pharmacoepidemiology:

The well-established field of pharmacoepidemiology is the application of epidemiological techniques to pharmacological problems. It is also referred to as a bridge science that spans both pharmacology and epidemiology (Kushwaha et al., 2015). This field examines how medications are used and what impact they have on huge populations of people. It can give a population-level estimate of the likelihood of positive or negative consequences (Bérard, 2021).

A golden age of access to digitalized real-world data is about to rise for health research, especially comparative effectiveness and health outcomes studies, which has the potential to revolutionize our understanding of and approach to practicing medicine(Mahajan, 2015). A major opportunity and issue for the life sciences and the pharmaceutical industry is getting access to large-scale real-world data (RWD) to support fundamental and applied science in clinical research and development(Sievers et al., 2021).

It's general knowledge that routine, high-volume data gathering can yield high-quality data on specific patient populations while also generating theories regarding unusual illnesses, uncommon consequences, and uncommon biomarkers. It is well known that randomized, controlled trials provide insightful information about the health and treatment outcomes of a wide variety of people (Yeh, 2023).

#### 2.8 RWD and medical devices:

RWE is increasingly seen as a valuable tool for evaluating medical devices. China is in the early stages of using RWE for regulatory decisions, with the NMPA issuing guidelines to encourage its application. This indicates growing interest and potential in using real-world evidence to support clinical evaluation. It reflects a global trend in the healthcare industry (Pongiglione et al., 2021).

Real-world data (RWD) is pivotal in assessing the safety and effectiveness of medical devices. RWD represents real-world clinical experiences, complementing traditional clinical trial data. It's gaining prominence in healthcare and regulatory decision-making. This trend underscores the importance of a broader evidence base in evaluating medical devices (O'Neill et al., 2019).

#### 2.9 RWD and clinical research:

Regulations in clinical research address drawbacks such as patient recruitment challenges, data quality issues, ethical concerns, and the complexity and cost of trials. They ensure patient rights, data integrity, and ethical standards are upheld, promote transparency and data sharing, and optimize trial design to mitigate these challenges (Singh et al., 2018).

Clinical research is increasingly using Real-World Data (RWD), which offers insights beyond controlled studies. It includes information from patient experiences, clinical practice data, and medical records. By this integration, clinical research will be strengthened, and treatment results patient will be better understood. RWD enhances conventional clinical research through patient-focused investigations (Rogers et al., 2021).

Real-world data (RWD) supports clinical research regulation by offering insights into real-world treatment effectiveness and safety. It aids post-market surveillance, informs adaptive regulation, and helps update product labelling and usage guidance. RWD can reduce the reliance on traditional clinical trials for evidence generation in some cases (Kim et al., 2018).

#### 2.10 RWD in sales and marketing:

Regulations affect sales and marketing by governing advertising content, data privacy, product claims, pricing practices, and consumer protection. Compliance with these rules is essential to maintain ethical and

legal marketing strategies, impacting how products and services are presented to customers (Singh et al., 2018).

RWD is used in sales and marketing to understand customer behaviour and preferences for personalized strategies. It enables the evaluation of marketing effectiveness and informs decision-making. This approach enhances customer engagement and adaptability in response to market changes (Vikram et al., 2015).

Real-world data (RWD) enhances sales by providing insights into customer behaviour, enabling personalized approaches, optimizing product offerings, and facilitating trend analysis for more effective sales strategies (Urban et al., 1990).

#### 2.11 RWD in pharmaceutical manufacturing:

RWD can contribute to an increase in pharmaceutical manufacturing by guiding drug development, optimizing manufacturing processes, ensuring safety and quality, and improving supply chain management(Prescott et al., 2020).

Real-world data (RWD) supports safety and control by enabling real-time monitoring of drug and product safety. Pharmaceutical companies use RWD to swiftly identify and address adverse events or safety issues, improving patient safety and product quality control. This proactive approach enhances overall healthcare and regulatory oversight (Corrigan-Curay et al., 2018).

RWD can inform the development of new pharmaceuticals by providing real-world insights into disease prevalence, treatment effectiveness, and patient outcomes, facilitating the identification of unmet medical needs(Deng et al., 2021).

#### 2.12 RWD in enhancement of import and export:

RWD can play a crucial role in enhancing the import and export of goods by informing market strategies, optimizing supply chains, ensuring product quality, and supporting compliance with international regulations (Piel et al., 2008).

Real-world data (RWD) supports competitive analysis by providing insights into competitor performance, consumer feedback, pricing strategies, and market trends, allows businesses to benchmark themselves against competitors, adapt pricing and marketing approaches, and make decisions to enhance their competitive position(Pizzol & Scotti, 2017).

#### 2.13 The Role of Regulation in Promoting the Development of Generic Drugs and Biosimilars:

Since they enable patients to obtain safe, effective treatments at a price point that is lower than that of name-brand drugs, generic and biosimilar pharmaceuticals are vital to the healthcare system. By ensuring that generic medications and biosimilars are safe and effective and by fostering a competitive environment that rewards innovation, regulation is essential to the development of these products (Radtke & Butte, 2023).

### 2.14 Evidence from the real world demonstrating how regulations affect the creation of biosimilars and generic medications:

An increasing amount of empirical data indicates that regulations have a beneficial effect on the creation of biosimilars and generic medication (**Beaulieu-Jones et al., 2020**) s. For instance, research that was published in the Journal of the American Medical Association discovered that the US healthcare system saved an estimated \$1.67 trillion between 2007 and 2016 as a result of the introduction of generic medications. According to a different study that was just released in the journal PLOS Medicine, biosimilars helped the US healthcare system save an estimated \$13.5 billion in 2019(Li et al., 2021).

#### 2.15 Regulations encouraging the creation of biosimilars and generic medications:

There are several ways in which regulation advances the development of biosimilars and generic medications. It first establishes guidelines for the efficacy and safety of biosimilars and generic medications which guarantee the safety and efficacy of biosimilars and generic medications alike, are founded on solid scientific data(Sekhon & Saluja, 2011).

Second, regulation fosters innovation in the creation of biosimilars and generic medications by fostering a competitive environment. Prices are reduced and patients have more options when many companies are vying for the development and marketing of biosimilars and generic medications (Berger et al., 2015).

Third, innovators' intellectual property rights are safeguarded by regulation. Encouraging companies to invest in the development of new pharmaceuticals, including biosimilars and generics, requires this protection(Makady et al., 2017).

#### 2.16 Examples of certain laws that support the creation of biosimilars and generic medications:

The creation of biosimilars and generic medications is encouraged by a variety of special laws. For instance, generic medication producers can receive approval for their goods without having to carry out the same comprehensive clinical trials that are necessary for brand-name drugs in the United States thanks to the Abbreviated New Drug Application (ANDA) process(Burns et al., 2022). This is due to the fact that generic medications are essentially safe and effective duplicates of name-brand medications(Singh et al., 2018).

Furthermore, a road for the creation and authorization of biosimilars was established in the US via the Biologics Price Competition and Innovation Act (BPCIA). Although biosimilars and biologics are produced and marketed by separate businesses, they are very comparable medications (Simoens, 2011). Regulation contributes to the availability of safe, efficient, and reasonably priced pharmaceuticals for patients by guaranteeing the efficacy and safety of these medicines, fostering competition, and defending the intellectual property rights of innovators (Burns et al., 2022).

The 1984 US launch of the ANDA procedure serves as a concrete illustration of how regulations affect the creation of generic medications (Mysler et al., 2021). Generic medications made up a relatively minor portion of the pharmaceutical market before the ANDA procedure. But since the ANDA procedure was implemented, generic medications have taken center stage in the pharmaceutical industry. Almost 90% of all prescriptions filled in the US in 2022 were generic medications (Lu et al., 2023).

The US healthcare system has saved a substantial amount of money because of the ANDA process. The Generic Pharmaceutical Association estimates that between 2007 and 2016, generic medications helped the US healthcare sector save \$1.67 trillion(Dagenais et al., 2022).

#### 2.17 Opportunities in the development of RWD and regulations:

The development of RWD and regulations offers opportunities for data integration, advanced analytics, global harmonization, patient-centred research, and ethical data usage, ultimately improving healthcare decision-making and outcomes (Levenson et al., 2023).

A combination of data integration platforms, analytics tools, regulatory technology, data standards, and other technologies play a significant role in improving RWD and regulatory processes in various industries (Katkade et al., 2018).

AI and analytics enhance the development of RWD by improving data integration, quality, analysis, and security, facilitating more informed healthcare decisions and research outcomes (Chen et al., 2020).

Data integration in RWD development facilitates a holistic and standardized approach to analysing diverse data sources, ultimately contributing to more robust and meaningful real-world evidence for healthcare and research purposes (Huttenhower et al., 2009).

#### III. METHODOLOGY:

The literature search was limited to articles published from 2005- 2023. The search for articles was done online by using the search words "Real-world data, Regulations in Pharmaceutical Industry, RWD collection challenges, Opportunities in RWD operations, decision making in Pharmaceutical Industry" in the title and keywords in research databases at Wiley, Elsevier, Springer, and Frontiers.

#### 3.1 Analysis

The method used is the Preferred Reporting Item for Systemic Reviews and Meta analytic (PRISMA) method. All articles that have passed the selection process were then reviewed and summarised based on the objectives, year of publication, number of citations and suggestions for further research.

#### 3.2 Inclusion & Exclusion criteria

The be included in current study, studies have to meet some criteria:

- a. Studies have included some kind of selection criteria- Real-world data, Regulations in Pharmaceutical Industry, RWD collection challenges and Opportunities in RWD operations. These criteria limited the number of studies.
- b. Accordingly excluded the studies in which it based on irrelevant information there is no proper Title, Abstract & Review.

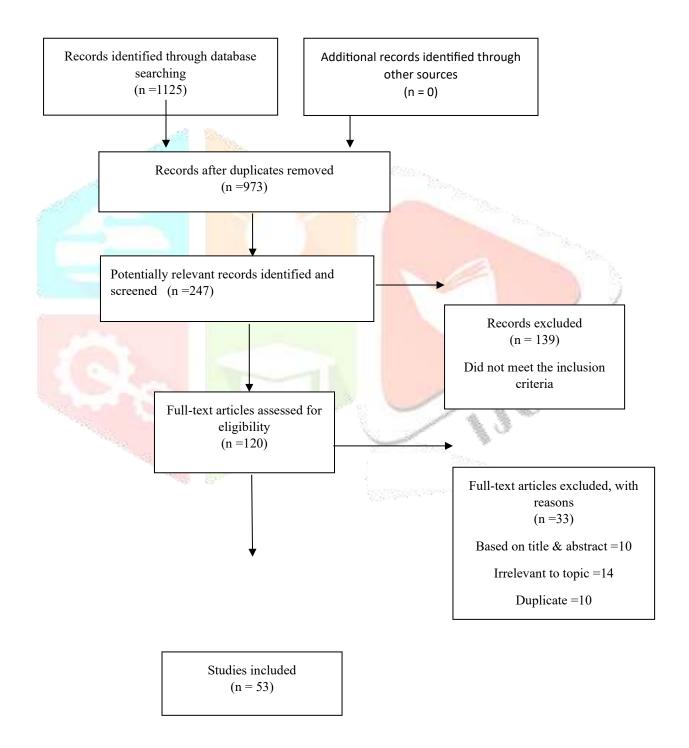
#### 3.3 Final data set

The research database search resulted in all keywords search results obtained 1125 research articles. After scanning the title, there was the same article in two different databases. The results after deducting the duplicates are 973 articles. A total of 247 articles were screened. 139 Articles excluded that they not meet the inclusion criteria.

Articles accessed for eligibility are 120 articles. A Total number of 33 articles excluded based on title and abstract (10) Irrelevant to topic (14) Duplicate (10).

The final data set consists of 53 articles. The oldest included study was published in the year 2005 and the most recent study was conducted on 2023

#### **PRISMA Flow Diagram**



#### IV. DISCUSSION:

Real-world data (RWD) is increasingly being used to support regulatory decision-making across the product life cycle. While RWD offers the potential to provide valuable insights into the use and performance of medicines in everyday clinical use, there are a number of challenges that need to be addressed before it can be fully utilized.

One of the key challenges is the heterogeneity of RWD. RWD is collected from a variety of sources, including electronic health records, claims data, prescription data, and patient registries. This data can be of varying quality and completeness, and it may not be standardized or harmonized. Additionally, RWD may be subject to biases and confounding factors, which can make it difficult to draw reliable conclusions from the data.

To address these challenges, there are a number of possible solutions. One approach is to develop standards for the collection and analysis of RWD. This would help to ensure that the data is of high quality and that it can be used to generate reliable evidence. Additionally, new methods are being developed to analyse RWD and to adjust for biases and confounding factors. These methods will be essential for ensuring that RWD can be used to make sound regulatory decisions.

#### V. CONCLUSION:

Real-world data (RWD) holds immense potential for regulatory decision-making, providing a more comprehensive understanding of the safety and efficacy of medical products in real-world settings. However, integrating RWD into regulatory processes poses significant challenges, including data heterogeneity, data quality concerns, and the need for robust analytical methods. To address these challenges, a multi-pronged approach is necessary, encompassing standardized data collection practices, harmonization efforts across data sources, and the development of advanced statistical techniques. Early planning and collaboration among stakeholders are crucial for maximizing the value of RWD in regulatory decision-making, ensuring that the benefits of RWD are fully realized while maintaining the highest standards of patient safety and public health.

#### **REFERENCES:**

- 1. Aalen, O. O., Cook, R. J., & Røysland, K. (2015). Does Cox analysis of a randomized survival study yield a causal treatment effect? *Lifetime Data Analysis*, 21(4), 579–593. https://doi.org/10.1007/s10985-015-9335-y
- 2. Baumfeld Andre, E., Reynolds, R., Caubel, P., Azoulay, L., & Dreyer, N. A. (2020). Trial designs using real-world data: The changing landscape of the regulatory approval process. In *Pharmacoepidemiology and Drug Safety* (Vol. 29, Issue 10, pp. 1201–1212). John Wiley and Sons Ltd. https://doi.org/10.1002/pds.4932
- 3. Beaulieu-Jones, B. K., Finlayson, S. G., Yuan, W., Altman, R. B., Kohane, I. S., Prasad, V., & Yu, K. H. (2020). Examining the Use of Real-World Evidence in the Regulatory Process. In *Clinical Pharmacology and Therapeutics* (Vol. 107, Issue 4, pp. 843–852). Nature Publishing Group. https://doi.org/10.1002/cpt.1658
- 4. Bérard, A. (2021). Pharmacoepidemiology Research-Real-World Evidence for Decision Making. *Frontiers in Pharmacology*, 12. https://doi.org/10.3389/fphar.2021.723427
- 5. Berger, M. L., Lipset, C., Gutteridge, A., Axelsen, K., Subedi, P., & Madigan, D. (2015). Optimizing the leveraging of real-world data to improve the development and use of medicines. *Value in Health*, *18*(1), 127–130. https://doi.org/10.1016/j.jval.2014.10.009
- 6. Breckenridge, A. M., Breckenridge, R. A., & Peck, C. C. (2019). Report on the current status of the use of real-world data (RWD) and real-world evidence (RWE) in drug development and regulation. In *British Journal of Clinical Pharmacology* (Vol. 85, Issue 9, pp. 1874–1877). Blackwell Publishing Ltd. https://doi.org/10.1111/bcp.14026
- 7. Burns, L., Roux, N. Le, Kalesnik-Orszulak, R., Christian, J., Hukkelhoven, M., Rockhold, F., & O'Donnell, J. (2022a). Real-World Evidence for Regulatory Decision-Making: Guidance From Around the World. In *Clinical Therapeutics* (Vol. 44, Issue 3, pp. 420–437). Elsevier Inc. https://doi.org/10.1016/j.clinthera.2022.01.012

- 8. Cave, A., Kurz, X., & Arlett, P. (2019). Real-World Data for Regulatory Decision Making: Challenges and Possible Solutions for Europe. In Clinical Pharmacology and Therapeutics (Vol. 106, Issue 1, pp. 36–39). Nature Publishing Group. https://doi.org/10.1002/cpt.1426
- 9. Chen, Z., Liu, X., Hogan, W., Shenkman, E., & Bian, J. (2020). Applications of artificial intelligence in drug development using real-world data. Drug Discovery Today, 00. https://doi.org/10.1016/j
- 10. Coorevits, P., Sundgren, M., Klein, G. O., Bahr, A., Claerhout, B., Daniel, C., Dugas, M., Dupont, D., Schmidt, A., Singleton, P., De Moor, G., & Kalra, D. (2013). Electronic health records: New opportunities for clinical research. In Journal of Internal Medicine (Vol. 274, Issue 6, pp. 547–560). https://doi.org/10.1111/joim.12119
- 11. Corrigan-Curay, J., Sacks, L., & Woodcock, J. (2018a). Real-world evidence and real-world data for evaluating drug safety and effectiveness. In JAMA - Journal of the American Medical Association (Vol. 320, Issue 9, pp. 867–868). American Medical Association. https://doi.org/10.1001/jama.2018.10136
- 12. Dagenais, S., Russo, L., Madsen, A., Webster, J., & Becnel, L. (2022). Use of Real-World Evidence to Drive Drug Development Strategy and Inform Clinical Trial Design. In Clinical Pharmacology and Therapeutics (Vol. 111, Issue 1, pp. 77–89). John Wiley and Sons Inc. https://doi.org/10.1002/cpt.2480
- 13. Darrow, J. J., Avorn, J., & Kesselheim, A. S. (2020). FDA Approval and Regulation of Pharmaceuticals, 1983-2018. JAMA - Journal of the American Medical Association, 323(2), 164–176. https://doi.org/10.1001/jama.2019.20288
- 14. Deng, Y., Luo, X., Zhang, Y., & Lytton, R. L. (2021). Evaluation of flexible pavement deterioration conditions using deflection profiles under moving loads. Transportation Geotechnics, 26. https://doi.org/10.1016/j.trgeo.2020.100434
- 15. Halimi, V., Daci, A., Netkovska, K. A., Suturkova, L., Babar, Z. U. D., & Grozdanova, A. (2020). Clinical and regulatory concerns of biosimilars: A review of literature. International Journal of Environmental Research and Public Health, 17(16), 1-17.https://doi.org/10.3390/ijerph17165800
- 16. Hampson, G., Towse, A., Dreitlein, W. B., Henshall, C., & Pearson, S. D. (2018). Real-world evidence for coverage decisions: Opportunities and challenges. Journal of Comparative Effectiveness Research, 7(12), 1133–1143. https://doi.org/10.2217/cer-2018-0066
- 17. Huttenhower, C., Tsheko Mutungu, K., Indik, N., Yang, W., Schroeder, M., Forman, J. J., Troyanskaya, O. G., & Coller, H. A. (2009). Detailing regulatory networks through large scale integration. Bioinformatics, 25(24), https://doi.org/10.1093/bioinformatics/btp588
- 18. Katkade, V. B., Sanders, K. N., & Zou, K. H. (2018a). Real world data: An opportunity to supplement existing evidence for the use of long-established medicines in health care decision making. Journal of *Multidisciplinary* Healthcare, 11, 295-304. https://doi.org/10.2147/JMDH.S160029
- 19. Keizer, R. J., Dvergsten, E., Kolacevski, A., Black, A., Karovic, S., Goswami, S., & Maitland, M. L. (2020). Get Real: Integration of Real-World Data to Improve Patient Care. Clinical Pharmacology and Therapeutics, 107(4), 722–725. https://doi.org/10.1002/cpt.1784
- 20. Khosla, S., White, R., Medina, J., Ouwens, M., Emmas, C., Koder, T., Male, G., & Leonard, S. (2018). Real world evidence (RWE) - a disruptive innovation or the quiet evolution of medical evidence generation? version 1; referees: 2 approved]. F1000Research, https://doi.org/10.12688/f1000research.13585.1
- 21. Kim, H. S., Lee, S., & Kim, J. H. (2018). Real-world evidence versus randomized controlled trial: Clinical research based on electronic medical records. Journal of Korean Medical Science, 33(34). https://doi.org/10.3346/jkms.2018.33.e213
- 22. Kushwaha, V., Agrawal, P., Shukla, Das, Vekaria, V., A., & H. (2015). PHARMACOEPIDEMIOLOGY AND DRUG UTILISATION STUDY-A BRIEF REVIEW. Www.Wipr.Net Journal of Pharmaceutical Research 11. https://doi.org/10.20959/wjpr202211-25017
- 23. Lamberti, M. J., Kubick, W., Awatin, J., McCormick, J., Carroll, J., & Getz, K. (2018). The Use of Real-World Evidence and Data in Clinical Research and Postapproval Safety Studies. *Therapeutic* 778-783. Innovation and Regulatory Science, *52*(6), https://doi.org/10.1177/2168479018764662

- 24. Lee, W., Dayer, V., Jiao, B., Carlson, J. J., Devine, B., & Veenstra, D. L. (2021a). 5 R E S E A R C H Use of real-world evidence in economic assessments of pharmaceuticals in the United States. In *JMCP.org* (Vol. 27, Issue 1). https://icer.org/
- 25. Levenson, M., He, W., Chen, J., Fang, Y., Faries, D., Goldstein, B. A., Ho, M., Lee, K., Mishra-Kalyani, P., Rockhold, F., Wang, H., & Zink, R. C. (2023). Biostatistical Considerations When Using RWD and RWE in Clinical Studies for Regulatory Purposes: A Landscape Assessment. *Statistics in Biopharmaceutical Research*, 15(1), 3–13. https://doi.org/10.1080/19466315.2021.1883473
- 26. Li, M., Chen, S., Lai, Y., Liang, Z., Wang, J., Shi, J., Lin, H., Yao, D., Hu, H., & Ung, C. O. L. (2021). Integrating Real-World Evidence in the Regulatory Decision-Making Process: A Systematic Analysis of Experiences in the US, EU, and China Using a Logic Model. *Frontiers in Medicine*, 8. https://doi.org/10.3389/fmed.2021.669509
- 27. Linkert, M., Rueden, C. T., Allan, C., Burel, J. M., Moore, W., Patterson, A., Loranger, B., Moore, J., Neves, C., MacDonald, D., Tarkowska, A., Sticco, C., Hill, E., Rossner, M., Eliceiri, K. W., & Swedlow, J. R. (2010). Metadata matters: Access to image data in the real world. In *Journal of Cell Biology* (Vol. 189, Issue 5, pp. 777–782). https://doi.org/10.1083/jcb.201004104
- 28. Lu, J., Ying, X., & Li, Z. (2023). Value-Based Generic Drug Evaluation Focus on Chinese Realworld Evidence. *International Journal of Health Policy and Management*. https://doi.org/10.34172/ijhpm.2023.7970
- 29. Mahajan, R. (2015). Real world data: Additional source for making clinical decisions. *International Journal of Applied and Basic Medical Research*, 5(2), 82. https://doi.org/10.4103/2229-516x.157148
- 30. Makady, A., de Boer, A., Hillege, H., Klungel, O., & Goettsch, W. (2017). What Is Real-World Data? A Review of Definitions Based on Literature and Stakeholder Interviews. *Value in Health*, 20(7), 858–865. https://doi.org/10.1016/j.jval.2017.03.008
- 31. Mulinari, S. (2016). Regulating Pharmaceutical Industry Marketing: Development, Enforcement, and Outcome of Marketing Rules. *Sociology Compass*, 10(1), 74–86. https://doi.org/10.1111/soc4.12335
- 32. Mysler, E., Azevedo, V. F., Danese, S., Alvarez, D., Iikuni, N., Ingram, B., Mueller, M., & Peyrin-Biroulet, L. (2021). Biosimilar-to-Biosimilar Switching: What is the Rationale and Current Experience? In *Drugs* (Vol. 81, Issue 16, pp. 1859–1879). Adis. https://doi.org/10.1007/s40265-021-01610-1
- 33. Naidoo, P., Bouharati, C., Rambiritch, V., Jose, N., Karamchand, S., Chilton, R., & Leisegang, R. (2021). Real-world evidence and product development: Opportunities, challenges and risk mitigation. In *Wiener Klinische Wochenschrift* (Vol. 133, Issues 15–16, pp. 840–846). Springer. https://doi.org/10.1007/s00508-021-01851-w
- 34. Nishioka, K., Makimura, T., Ishiguro, A., Nonaka, T., Yamaguchi, M., & Uyama, Y. (2022). Evolving Acceptance and Use of RWE for Regulatory Decision Making on the Benefit/Risk Assessment of a Drug in Japan. In *Clinical Pharmacology and Therapeutics* (Vol. 111, Issue 1, pp. 35–43). John Wiley and Sons Inc. https://doi.org/10.1002/cpt.2410
- 35. O'Neill, T., Miksad, R., Miller, D., Maloney, L., John, A., Hiller, C., & Hornberger, J. (2019). ISPOR, the FDA, and the Evolving Regulatory Science of Medical Device Products. *Value in Health*, 22(7), 754–761. https://doi.org/10.1016/j.jval.2019.03.020
- 36. Piel, F., Gilbert, M., De Cannière, C., & Grégoire, J. C. (2008). Coniferous round wood imports from Russia and Baltic countries to Belgium. A pathway analysis for assessing risks of exotic pest insect introductions. *Diversity and Distributions*, 14(2), 318–328. https://doi.org/10.1111/j.1472-4642.2007.00390.x
- 37. Pizzol, M., & Scotti, M. (2017). Identifying marginal supplying countries of wood products via trade network analysis. *International Journal of Life Cycle Assessment*, 22(7), 1146–1158. https://doi.org/10.1007/s11367-016-1222-6
- 38. Pongiglione, B., Torbica, A., Blommestein, H., De Groot, S., Ciani, O., Walker, S., Dams, F., Blankart, R., Mollenkamp, M., Kovács, S., Tarricone, R., & Drummond, M. (2021). Do existing real-world data sources generate suitable evidence for the HTA of medical devices in Europe? Mapping and critical appraisal. *International Journal of Technology Assessment in Health Care*. https://doi.org/10.1017/S0266462321000301
- 39. Prescott, J., Burawski, L., Ted Pigeon Project Manager Andrea Szeszko Associate Editors Hayley Fahey Jill Pastor Amanda Thomas, M., Schilling, A., Valerie Sjoberg, P., Director

- Julianne Costello, A., Baruch Megan Halsch, B., Foti Ryan, R. O., George, K., & Director Jon Severn, C. (2020). *EDITORIAL & PRODUCTION Senior Vice President Clinical Project Managers Senior National Account Managers*. www.ajmc.com
- 40. Radtke, K. K., & Butte, A. J. (2023). Advancing evidence-based treatment of infectious diseases in children with real-world data: Opportunities and challenges. *Frontiers in Pharmacology*, *13*. https://doi.org/10.3389/fphar.2022.1054688
- 41. Ramagopalan, S. V., Simpson, A., & Sammon, C. (2020). Can real-world data really replace randomised clinical trials? In *BMC Medicine* (Vol. 18, Issue 1). BioMed Central. https://doi.org/10.1186/s12916-019-1481-8
- 42. Rogers, J. R., Lee, J., Zhou, Z., Cheung, Y. K., Hripcsak, G., & Weng, C. (2021). Contemporary use of real-world data for clinical trial conduct in the United States: a scoping review. In *Journal of the American Medical Informatics Association* (Vol. 28, Issue 1, pp. 144–154). Oxford University Press. https://doi.org/10.1093/jamia/ocaa224
- 43. Sekhon, B., & Saluja, V. (2011). Biosimilars: an overview. *Biosimilars, Volume 1*, 1–11. https://doi.org/10.2147/bs.s16120
- 44. Sherman, R. E., Anderson, S. A., Dal, G. J., Gray, G. W., Gross, T., Hunter, N. L., Lavange, L., Marinac-Dabic, D., Marks, P. W., Robb, M. A., Shuren, J., Temple, R., Woodcock, J., Yue, L. Q., & Califf, R. M. (n.d.). Sounding Board Real-World Evidence-What Is It and What Can It Tell Us?
- 45. Sievers, H., Joos, A., & Hiligsmann, M. (2021). Real-world evidence: Perspectives on challenges, value, and alignment of regulatory and national health technology assessment data collection requirements. *International Journal of Technology Assessment in Health Care*. https://doi.org/10.1017/S0266462321000131
- 46. Simoens, S. (2011). Pricing and reimbursement of orphan drugs: The need for more transparency. In *Orphanet Journal of Rare Diseases* (Vol. 6, Issue 1). https://doi.org/10.1186/1750-1172-6-42
- 47. Singh, G., Schulthess, D., Hughes, N., Vannieuwenhuyse, B., & Kalra, D. (2018a). Real world big data for clinical research and drug development. In *Drug Discovery Today* (Vol. 23, Issue 3, pp. 652–660). Elsevier Ltd. https://doi.org/10.1016/j.drudis.2017.12.002
- 48. Souza, V. M. A., dos Reis, D. M., Maletzke, A. G., & Batista, G. E. A. P. A. (2020b). Challenges in benchmarking stream learning algorithms with real-world data. *Data Mining and Knowledge Discovery*, 34(6), 1805–1858. https://doi.org/10.1007/s10618-020-00698-5
- 49. Urban, G. L., Hauser, J. R., & Roberts, J. H. (1990). Prelaunch Forecasting of New Automobiles. *Management Science*, 36(4), 401–421. https://doi.org/10.1287/mnsc.36.4.401
- 50. Vikram, M. R., Patil, R., Chattanahalli, S., & H Meti, V. (2015, January 14). Torsional vibration damper development for emerging market RWD vehicle. *SAE Technical Papers*. https://doi.org/10.4271/2015-26-0128
- 51. Wise, J., Möller, A., Christie, D., Kalra, D., Brodsky, E., Georgieva, E., Jones, G., Smith, I., Greiffenberg, L., Mccarthy, M., Arend, M., Luttringer, O., Kloss, S., & Arlington, S. (n.d.). *The positive impacts of Real-World Data on the challenges facing the evolution of biopharma*.
- 52. Yeh, C. (2023). Enabling Real-World Data to Accelerate the Development of Innovative Cancer Biomarkers. *Global Medical Genetics*, 10(02), 097–100. https://doi.org/10.1055/s-0043-1768993
- 53. Zou, K. H., Li, J. Z., Imperato, J., Potkar, C. N., Sethi, N., Edwards, J., & Ray, A. (2020). Harnessing real-world data for regulatory use and applying innovative applications. In *Journal of Multidisciplinary Healthcare* (Vol. 13, pp. 671–679). Dove Medical Press Ltd. https://doi.org/10.2147/JMDH.S262776