

Coordination Centre

Introduction of the DARWIN EU® Coordination Centre

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Executive Director

OHDSI Community Meeting Tuesday 2022-05-03

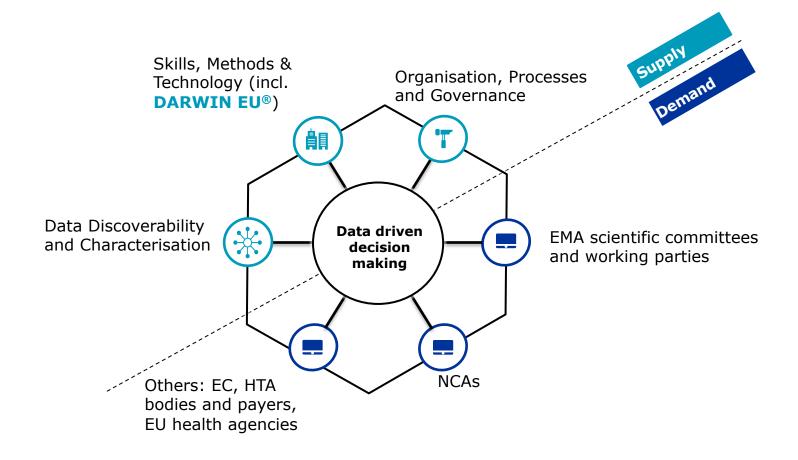


Disclosure

This presentation represents the views of the DARWIN EU® Coordination Centre only and cannot be interpreted as reflecting those of the European Medicines Agency or the European Medicines Regulatory Network.



How to increase the generation and use of RWE?

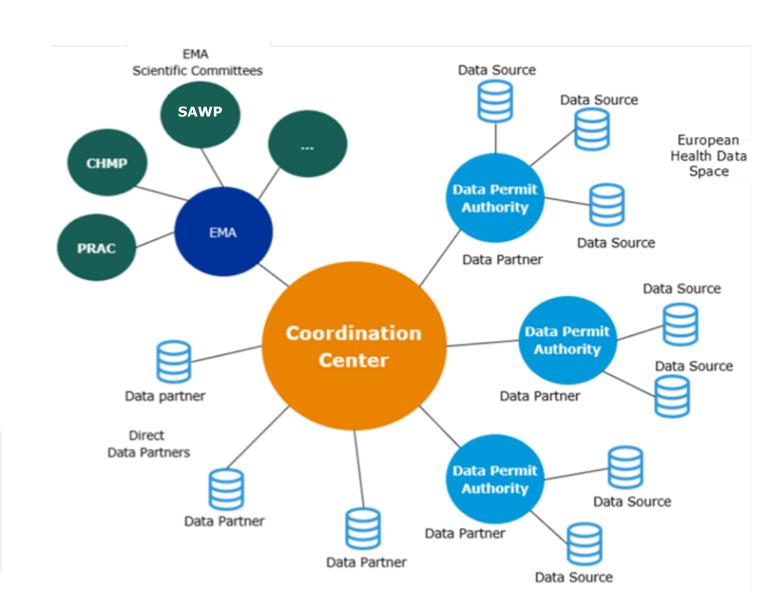




network of data, expertise and services that supports better decision-making throughout the product lifecycle by generating reliable evidence from real world healthcare data

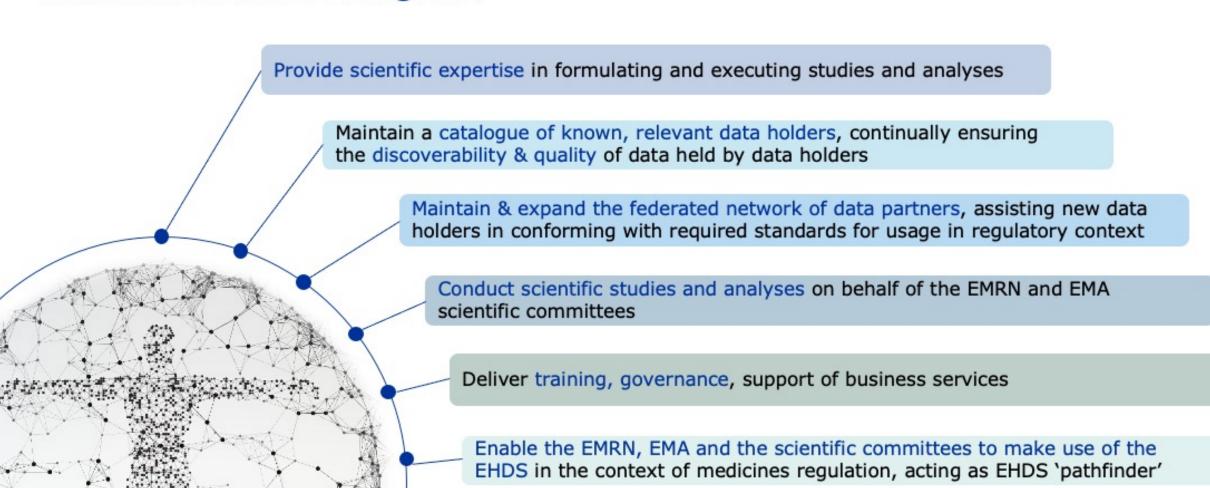
FEDERATED NETWORK PRINCIPLES

- Data stays local
- Use of Common Data Model (where applicable) to perform studies in a timely manner and increase consistency of results





What will DARWIN EU® do?





What analyses and studies will DARWIN EU® deliver?

| Category of observational analyses and studies | Description |
|--|--|
| Routine repeated analyses | Routine analyses based on a generic study protocol • Periodical estimation of drug utilisation • Safety monitoring of a medicinal product • Estimation of the incidence of a series of adverse events |
| Off-the-shelf studies | Studies for which a generic protocol is adapted to a research question • Estimate the prevalence, incidence or characteristics of exposures • Health outcomes • Describe population characteristics |
| Complex Studies | Studies requiring development or customisation of specific study designs, protocols and Statistical Analysis Plans (SAPs), with extensive collection or extraction of data Etiological study measuring the strength and determinants of an association between an exposure and the occurrence of a health outcome considering sources of bias, potential confounding factors and effect modifiers |
| Very Complex Studies | Studies which cannot rely only on electronic health care databases, or which would require complex methodological work • Studies where it may be necessary to combine a diagnosis code with other data such as results of laboratory investigations, or studies requiring additional data collection |



Budget and expected number of studies

PHASE I Establishment – 1st year PHASE II Establishment – 2nd year PHASE III Operation – 1st year

Operation 2nd year

Operation 3rd year

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|--|--------------------|--------------------|------------------------|---------------------|------------------------|
| Phases/Options | Phase I | Phase II | Phase III | Option 1 | Option2 |
| Estimated budget (in million EURO) | 4M | 8M | 8M | 16M | 16M |
| Routine repeated Analysis | At least 1 study | At least 6 studies | At least 30 studies | At least 60 studies | At least 60 studies |
| Off-the-shelf Study | At least 2 studies | At least 6 studies | At least 30 studies | At least 60 studies | At least 60 studies |
| Complex Study | 1 | 4 | At least 12 studies | At least 24 studies | At least 24 studies |
| Very complex Study | 0 | 0 | 0 | At least 1 study | At least 1 study |

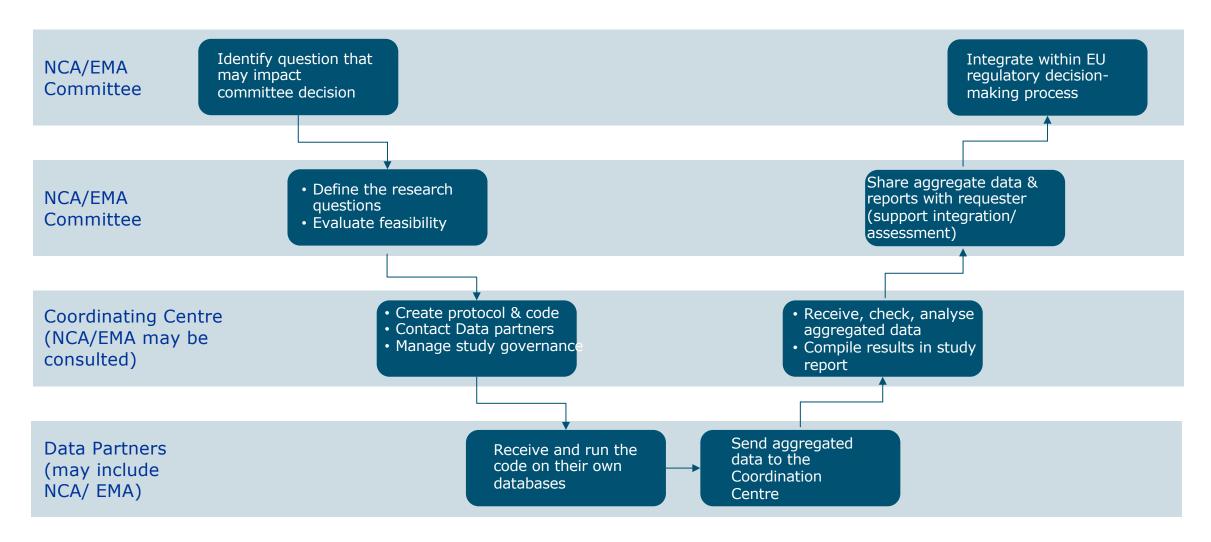


Establishment of Data Network

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|--|------------------------|--|--|--|---|
| Data Partners On- Boarded | up to 10 additional | up to 10 additional | up to 10 additional | up to 10 additional | |
| Data Partners Connected & to be Maintained | | Up to 10 following the ones already on- boarded in Year 1 | Up to 20 following the ones already on- boarded in Years 1 and 2 | Up to 40 following the ones already on- boarded in Years 1, 2 and 3 (i.e 30), plus 10 estimated to be on-boarded the same year | 40 following the ones already onboarded in Years 1, 2, 3 and 4. |



What is the DARWIN EU® process for conducting studies?





Which data sources will DARWIN EU® use?

Data sources will be onboarded over time taking into account the following criteria:

- Data sources collecting health data routinely and representative of the different types of real-world data in terms of data elements, setting (primary & secondary care), population, origin (e.g. electronic health care records, claims)
- Data sources which collectively provide a broad geographical cover
- Data sources containing patient-level data with a unique patient identifier linking all records relating to a given patient
- Medicines prescribed or dispensed identifiable with quantities (e.g. doses, package size) and dates allowing to calculate cumulative doses and duration of use and linked to individual but unidentifiable patients
- Clinical events formally coded, with accurate dates and linked to individual but unidentifiable patients
- Data already converted or planned to be converted into a common data model

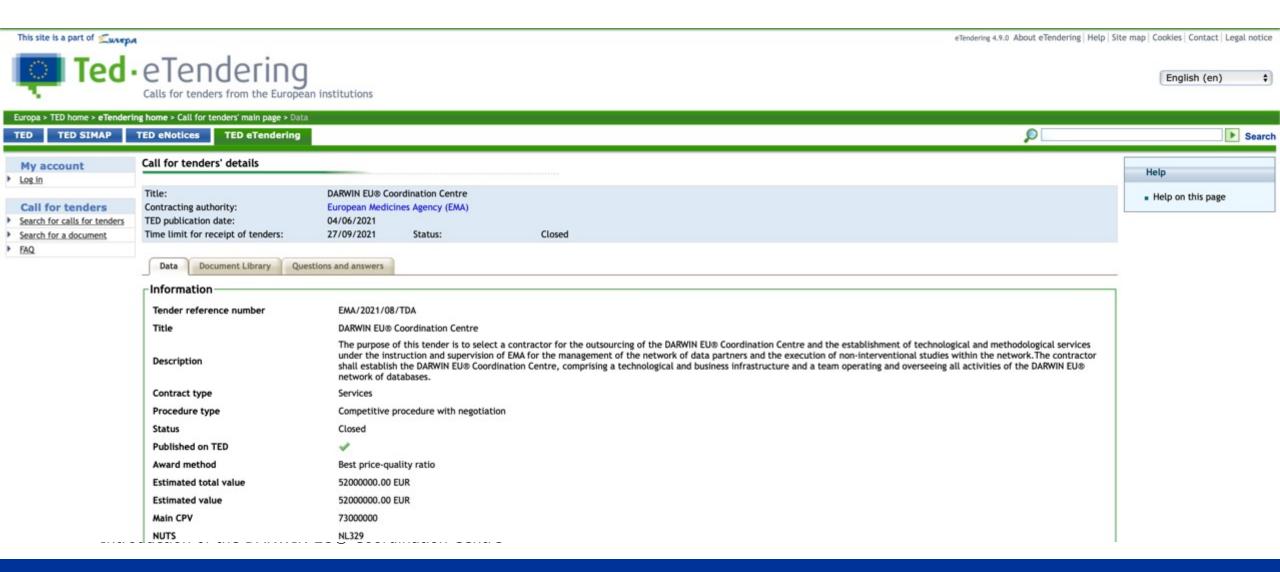


Selection criteria are currently under discussion





Call for tenders: a two stage process from june 2021 - feb 2022





DARWIN EU® Coordination Centre



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Contractor



Sub-contractors







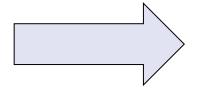






DARWIN EU® Implementing a paradigm shift

- A highly needed paradigm shift for the <u>fast</u> delivery of <u>reliable</u> evidence for regulatory decision-making on the utilisation, safety and effectiveness of medicinal products throughout their lifecycle
- A long-term investment needed to significantly scale up the number of studies on more databases and improve public health.



Not possible by simply scaling up the traditional approaches.

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What is needed to facilitate observational studies at scale?







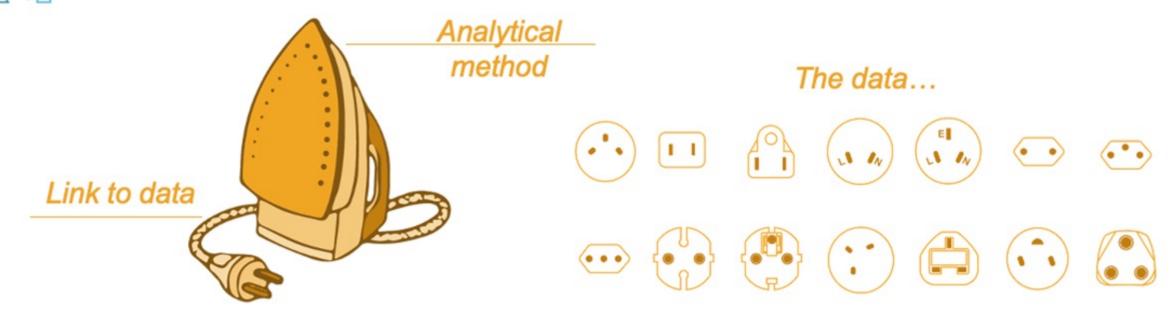


Standardised analytics

Technical Infrastructure



Improving interoperability of data

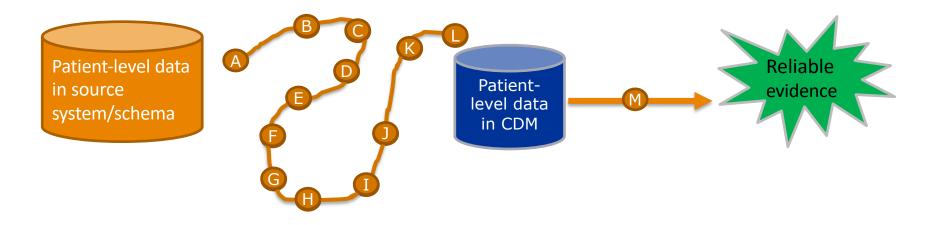


- Increasing productivity to an industrial level requires the automation of the analytical processes, which
 in turn cannot be done without a rigorous standard representation of the data.
- Full interoperability of the data is needed with respect to structure (syntactic interoperability) and coding systems (semantic interoperability) by using a Common Data Model (CDM)



Generating Reliable Evidence using a Common Data Model

We need to make studies repeatable, reproducible, replicable, generalisable, and robust



A Common Data Model will enable standardised analytics to generate reliable evidence.

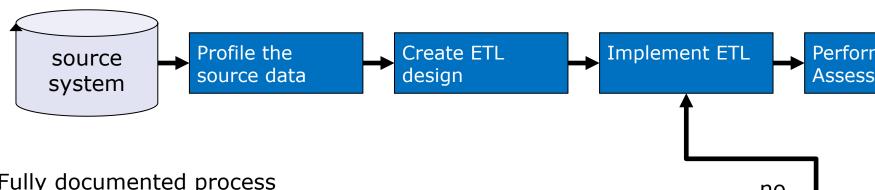


The OMOP Common Data Model

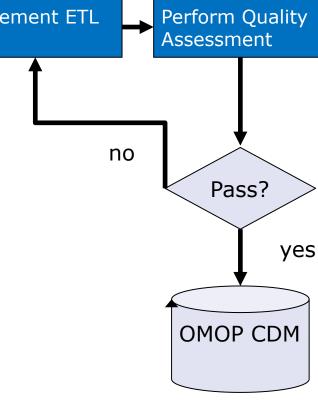
- It is maintained by the Observational Health Data Sciences and Informatics (OHDSI) initiative with an active European Chapter (www.ohdsi-europe.org).
- Many tools are available for data standardisation, data quality, and data analysis.
- It is designed for federated querying and analytics, whereby applications are run locally by the data partners and only aggregated results are shared. This privacy-by-design approach is compliant with data protection requirements.
- It has been used in many observational studies including studies that informed regulatory decision-making.
- The European Health Data and Evidence Network (EHDEN) project is investing €17M private/public funding in standardising health data to the OMOP-CDM through the Innovative Medicines Initiative (www.ehden.eu).



From Source Data to the OMOP CDM: Extraction Transform Load (ETL)



- Fully documented process
- Process is supported by tools and procedures
- Applied to a large number of database
- Quality control mechanism in place -> DQD, Inspection Report







Standardising the analytics

 A catalogue of open source standardised analytics is needed to support "all" regulatory decision-making on the utilisation, safety and effectiveness of medicinal products



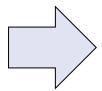
Will require alignment on the priority and choice of the analytical methods, and the standardised output!





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 A catalogue of open source standardised analytics is needed to support "all" regulatory decision-making on the utilisation, safety and effectiveness of medicinal products



Will require alignment on the priority and choice of the analytical methods, and the standardised output!

- Development will be driven by initial studies taking different complexity levels into account.
- The standardised analytics will be based on available tools and methods developed in the OHDSI community.





Creating a strong technical infrastructure

Required components:

- Collaboration Space for CC and Study Teams
- **Analytics Platform**
- Study Execution Platform
- Training Platform
- Service Desk
- Source Control Repository
- DARWIN EU Website

Will build on prior work

Will be developed using short sprints during the establishment phase



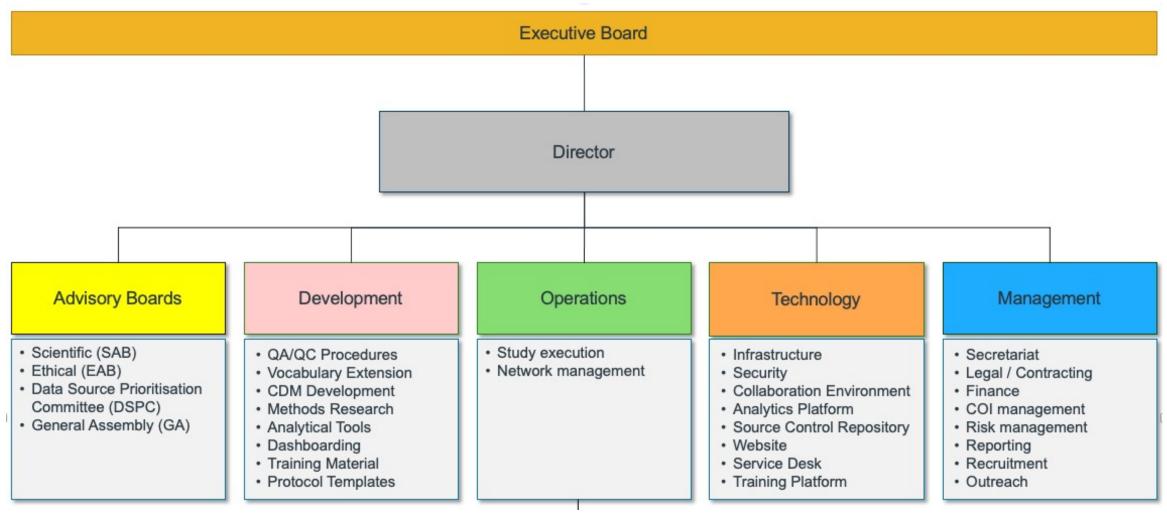


Operating a high-quality Data Network

- Selection of data partners
 - 1) Prioritisation of already converted data sources
 - 2) Potentially mapping highly valued data sources
- All data sources will go through a quality control process approved by EMA



Establishment and Evolution of the Coordination Centre





Operations Operations · Study execution Study teams should leverage: · Network management 1) Common Analytics Phenotype Library **Studies** Network Study Network Pls **PMs PMs** Evidence Evidence Data Infrastructure Data Partners Generation Synthesis Standardization Onboarding · Data + CDM expertise · Current evidence · Data Expertise Data Expertise Node setup · CDM and Vocabularies · Analytical expertise · New evidence · IRB Approval · Data QC · OMOP ETL · Node testing · Epidemiological expertise · Interpretation · OMOP ETL · OMOP QC Execution Dissemination Infrastructure · Study QC · Meta Data



Operations Operations Network teams should leverage: · Study execution Network management 1) Common ETL Tools 2) Established QC mechanisms Studies Network Study Network Pls **PMs PMs** Evidence Data Evidence Infrastructure Data Partners Generation Synthesis Standardization Onboarding · Data + CDM expertise · Current evidence Data Expertise · Node setup Data Expertise · CDM and Vocabularies · Analytical expertise · New evidence · IRB Approval · Data QC · OMOP ETL · Node testing · Epidemiological expertise · Interpretation · OMOP ETL · OMOP QC Execution Dissemination Infrastructure · Study QC · Meta Data



Implementation roadmap

PHASE I Establishment – 1st year PHASE II Establishment – 2nd year PHASE III Operation – 1st year

Operation 2nd year

Operation 3rd year

Phase I - 2022

- Start running pilot studies to support EMA committees – first benefits delivered
 - Coordination Centre set-up
 - Data Protection Impact Assessment
 - Start recruiting and onboarding data partners
 - Pilot with the EHDS model and existing Data Permit Authorities
- Consultation of stakeholders

Phase II - 2023

 Support the majority of Committees in their decision-making with reliable RWE by 2023

Phase III - 2024

Up scale delivery and capacity to routinely support the scientific evaluation work of EMA's scientific committees and NCAs by delivering studies and maintaining data sources.

Operation - 2025/2026

- DARWIN EU® to be fully operational and yearly evolves to meet the needs from the EU Regulatory Network
- Integration with the EHDS



DARWIN EU® - Coordination Centre immediate next steps

- Formation of the coordination centre: governance team, technology operations team, governance & boards
- Project management

 (e.g. project plan, risks management, reporting)

- Strengthening of the coordination centre:
 - Requirements & solution design
 - Conflict of Interest management process
 - Mandate and composition of the Scientific Panel
 - Change management plan
- **Strategic oversight** of the coordination centre:
 - Management plan and Business plan
- On-Boarding of data sources templates:
 - On-boarding specifications, data use agreement
- Execution of studies templates:
 - Feasibility assessment form, study outline/protocol/report, Agreement for Study Participation



More Information



Data Analysis and Real World Interrogation Network (DARWIN EU) | European Medicines Agency (europa.eu)



Coordination Centre website – coming soon in 2022!

 For questions to the Coordination Centre, please contact: enquiries@darwin-eu.org



For regular updates on DARWIN EU® Subscribe to the **Big Data Highlights** newsletter by sending an email to: bigdata@ema.europa.eu



INSIDE THES ISSUE Editorial

Welcome to the first edition of the newsletter on Big Data which reports on the implementation of the HMA-EMA Big Data Steering Group workplan 2021-2023 and the data and digital pillar of the Network

The BDSG was established in May 2020 with the mandate to take forward and advise on implementation of the priority recommendations set out in the Big Data Task Force final report (phase two), The vision, set out by the Big Data Taskforce that guides delivery of the workplan is that:

decision making, we can support the development of innovative treatments more quickly and optimise the safe and effective use of medicines.

Big Data Task Force Final Report, Dec 2019



of Data Analytics Centre,

Already in 2021, we have seen an impressive array of activities and outputs that support transformation to data-driven medicines. regulation. These include the finalisation of the network's data standardisation strategy and a series of technical workshops covering standardisation, real-world data, artificial intelligence, veterinary data and real-world evidence. More details on the 2021 deliverables are included later in this newsletter

Moving forward, we are excited to be able to share with you more regular updates on big data and the implementation of the BDSG workplan via this newsletter. We look forward to collaborating and leveraging the work of stakeholders to increase the utility of big data in medicines regulation.

The Big Data Steering Group welcomes your feedback and questions you may have by email at bigdata@ema.europa.eu .

We hope you find the Big Data Highlights



