

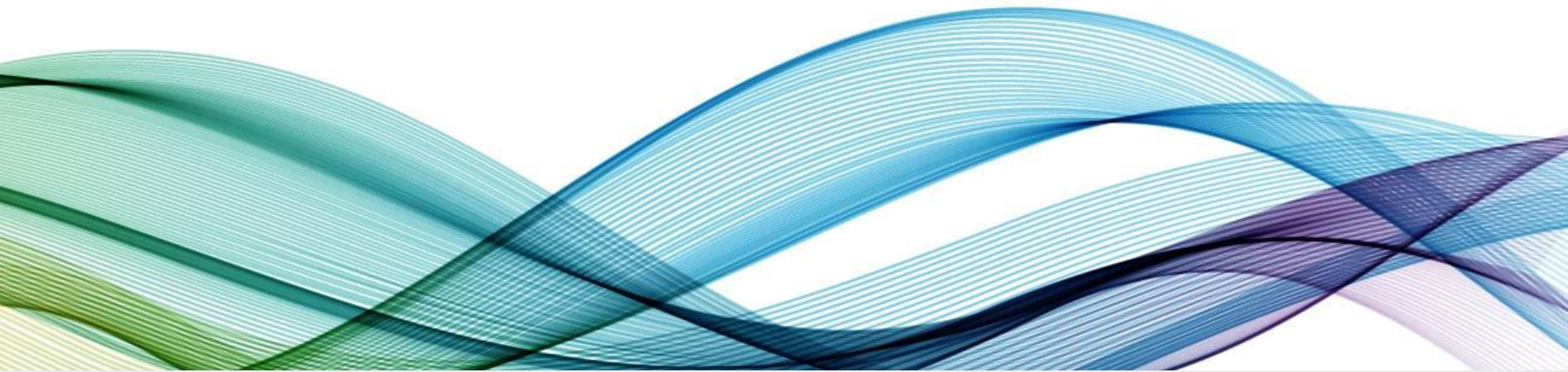


QuintilesIMS™

Real World Insights

Dr. John Doyle, Sr. Vice President and Managing Director
QuintilesIMS

September 19, 2017



This transformation is leading to increased demand for real-world data, evidence, and insights



Expanding application of real-world data (RWD) in clinical development



Increasing use of innovative study designs to generate real-world evidence (RWE)



Scalable approaches to efficiently generate real world insights (RWI)

Real world insights are fueling the health care system transformation from volume, to value, to outcomes

Patient

- Need to maintain health
- Benefit/risk tradeoffs
- Affordability of care

Rx & Dx Manufacturer

- Incentives to develop evidence
- Reimbursement commensurate with value
- Reward for innovation

Laboratory

- Better, faster, cheaper
- Staff resource requirements and turn around
- Managing with a budget



Policymaker

- Balance of quality and cost
- Societal considerations
- Health system statutes and guidelines

Payer & HTA

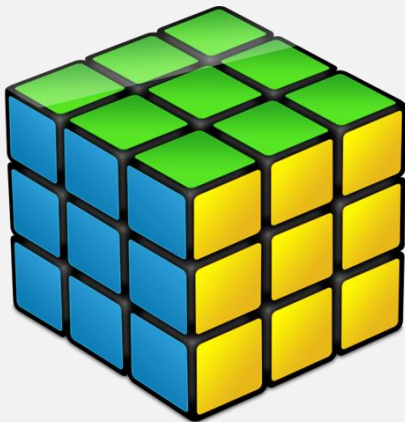
- Balance of quality and cost
- Evidence-based care
- Provision of appropriate care to appropriate populations
- Balancing care across the population

Provider & Hospital

- Provision of appropriate care
- Provision of reimbursed services
- Financial efficiency & viability
- Managing with a budget

How do we solve for all healthcare stakeholder needs at once when generating evidence?

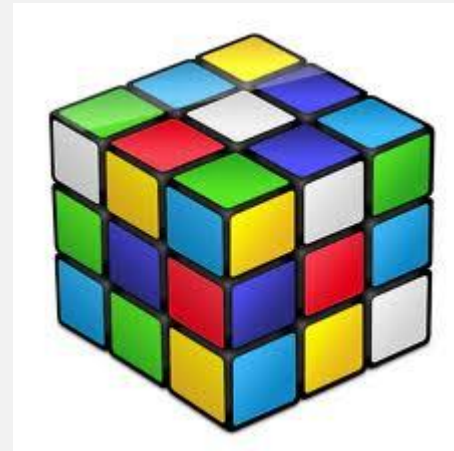
Historic



One-dimensional, people-driven,
supply-side organized



Emerging



Multi-dimensional, data-driven,
demand-side organized

New approaches are needed to align stakeholders

Traditional approach

Assumptions

Variable, Reactive

Siloed

Risk Avoidance

New approach



Evidence Based



Predictable, Proactive

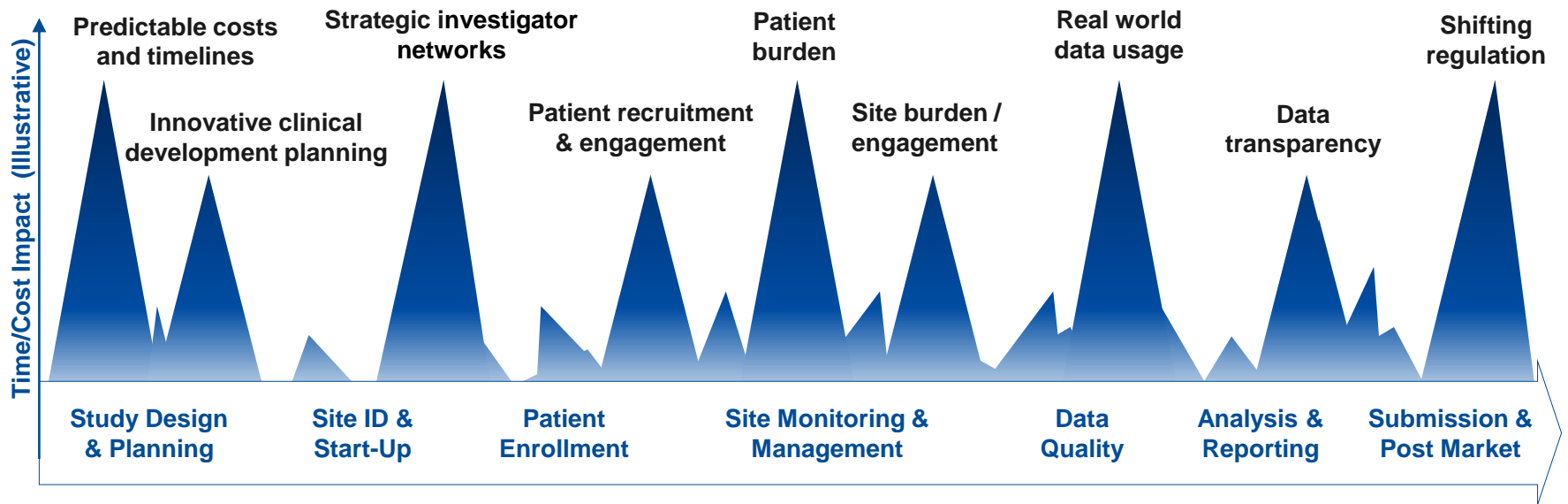


Integrated



Risk Sharing

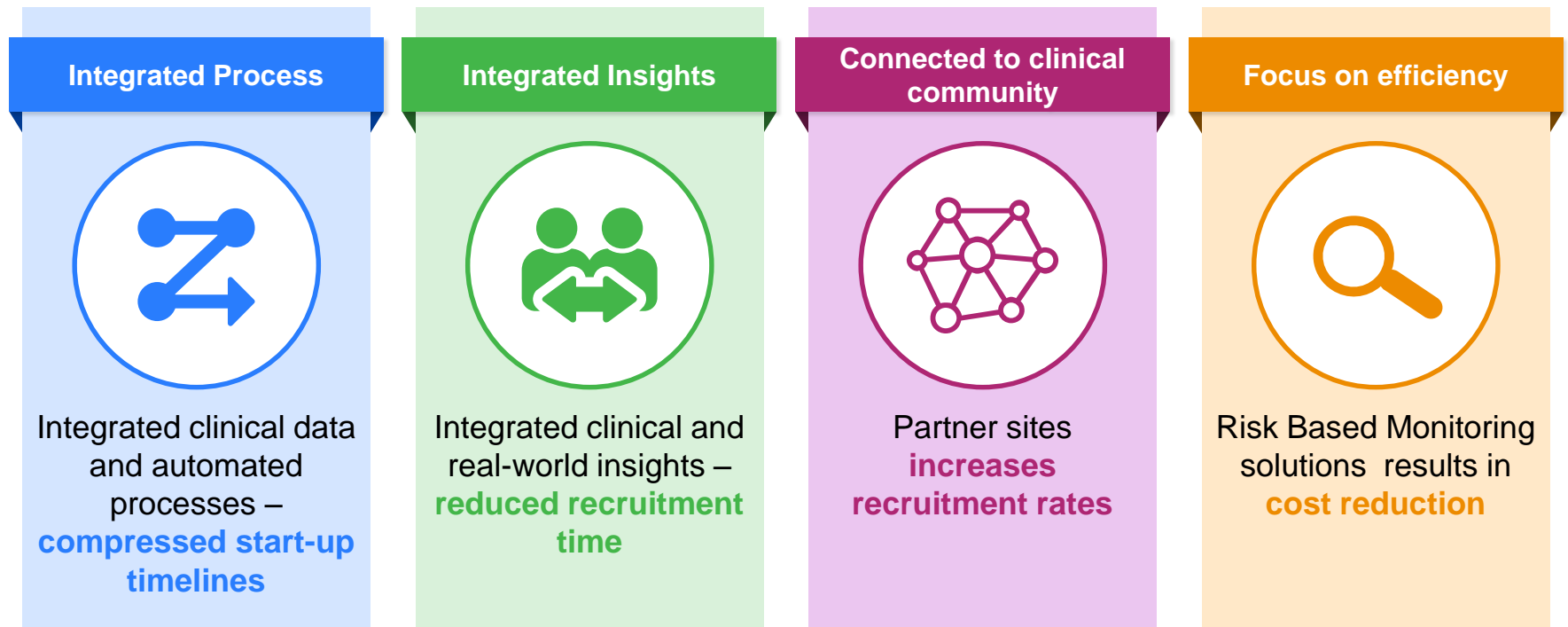
However, barriers to optimizing evidence-generation exist across all stages in clinical development



A holistic approach to applying RWD in clinical development begins to address these barriers



RWD application has begun to realize improvements in evidence generation



Evidence needs are becoming more demanding, requiring data not always suited to RCTs



Evidence generated for market authorization often requires follow-up for real-world validation



Payers and patients increasingly demand proof of relative value compared to standard of care



Move to precision therapy requires generating evidence for smaller and more diverse subgroups

Regulatory guidance opens the door to RWE



Hypothesis generation for prospective clinical study



Control groups (historical or concurrent) or mechanisms for collecting data



Evidence to support approval, requests, or reclassification



Evidence for label expansion to include additional indications or safety and effectiveness information

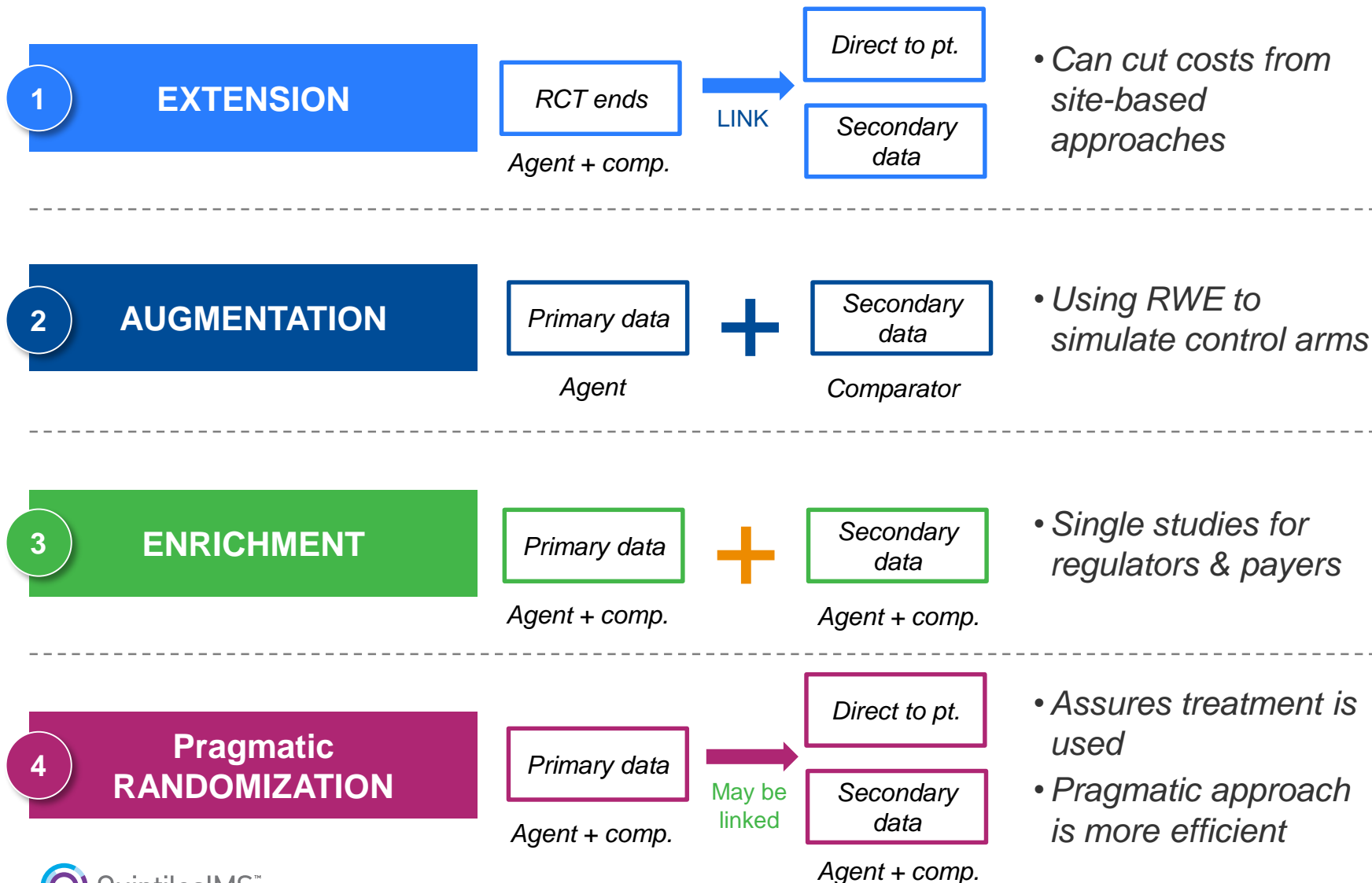


Ongoing public health surveillance efforts



Post-approval and post-market studies

Innovative approaches provide further incentives to increase use of RWD in clinical trials



Robust and relevant evidence from Randomized Pragmatic Trials (RPTs)

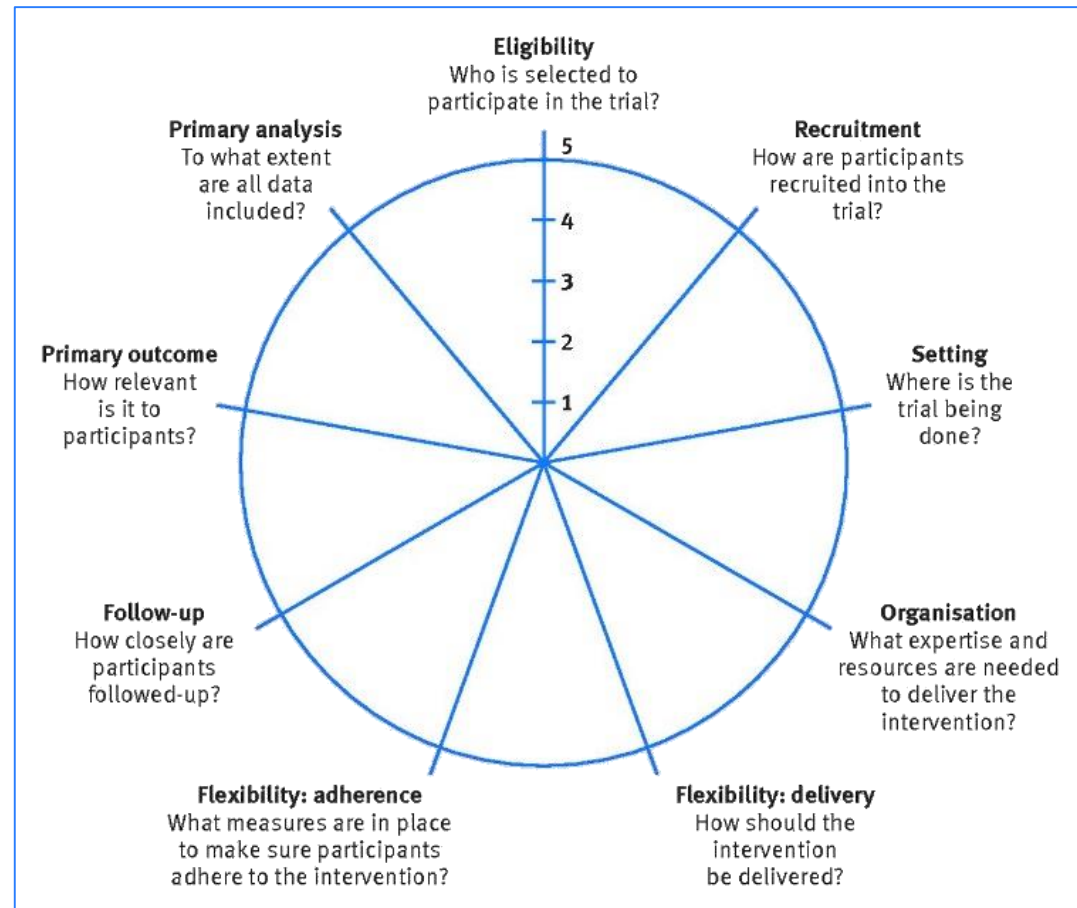
Design considerations for RPT

Key Benefit

Randomization coupled with the RW implications (“best of both worlds”)

Regulatory Standpoint

Emerging interest from FDA in using pragmatic trials for label expansions & other regulatory requirements



Source: [BMJ 2015;350:h2147](https://doi.org/10.1136/bmj.2015.350.h2147)

Digital health innovation is breaking silos and unlocking new scale and depth of non-identified patient data

