

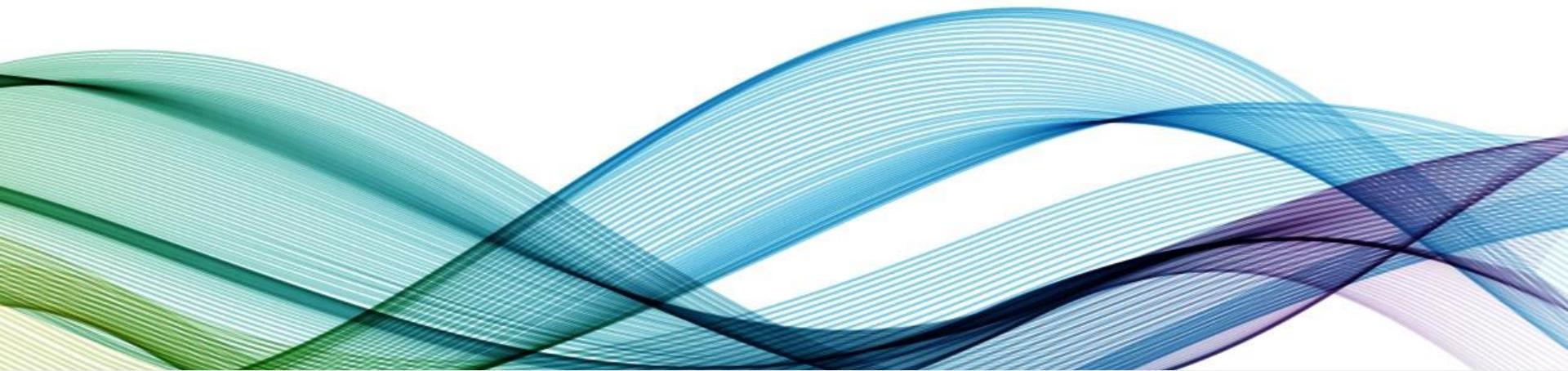


QuintilesIMS™

Real World Insights

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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

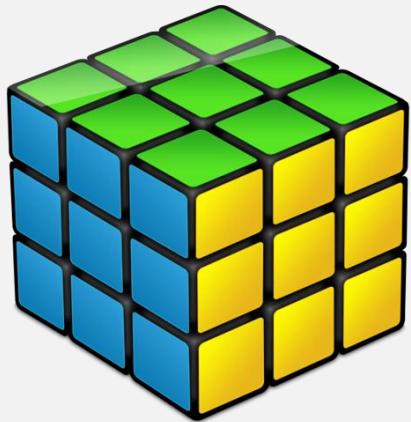
- Balance of quality and cost
- Evidence-based care
- Provision of appropriate care to appropriate populations
- Balancing care across the population

Provider & Hospital

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

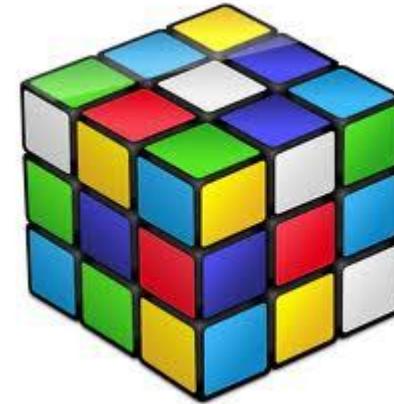
How do we solve for all healthcare stakeholder needs at once when generating evidence?

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

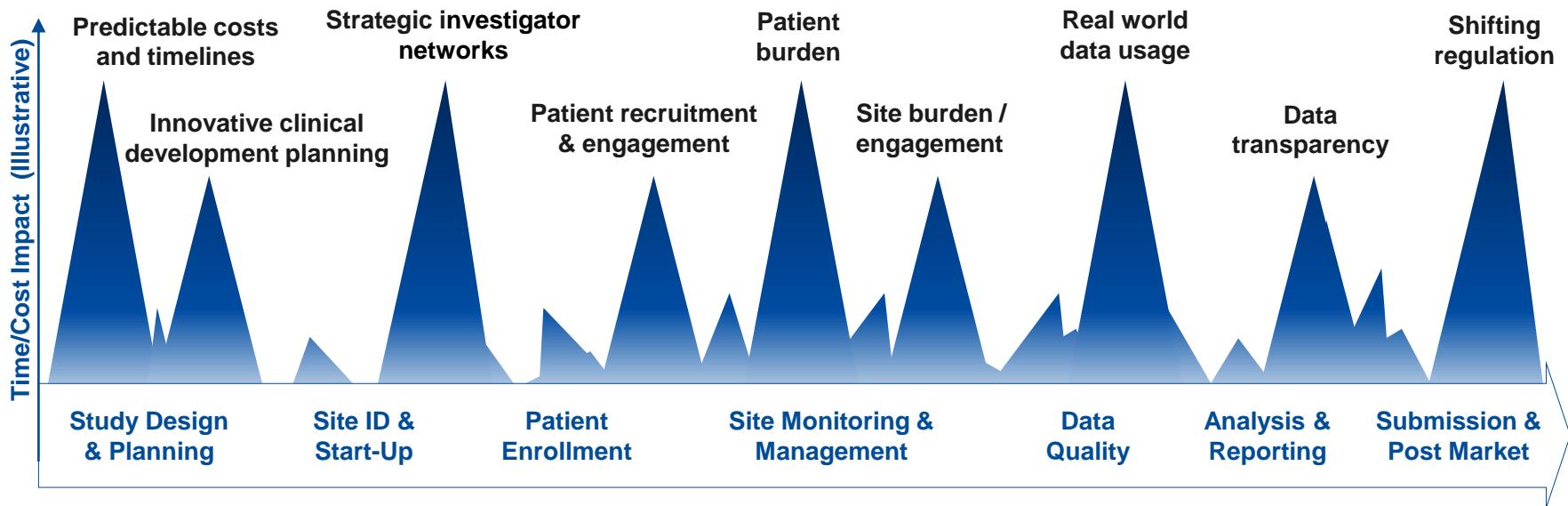
Predictable, Proactive

Integrated

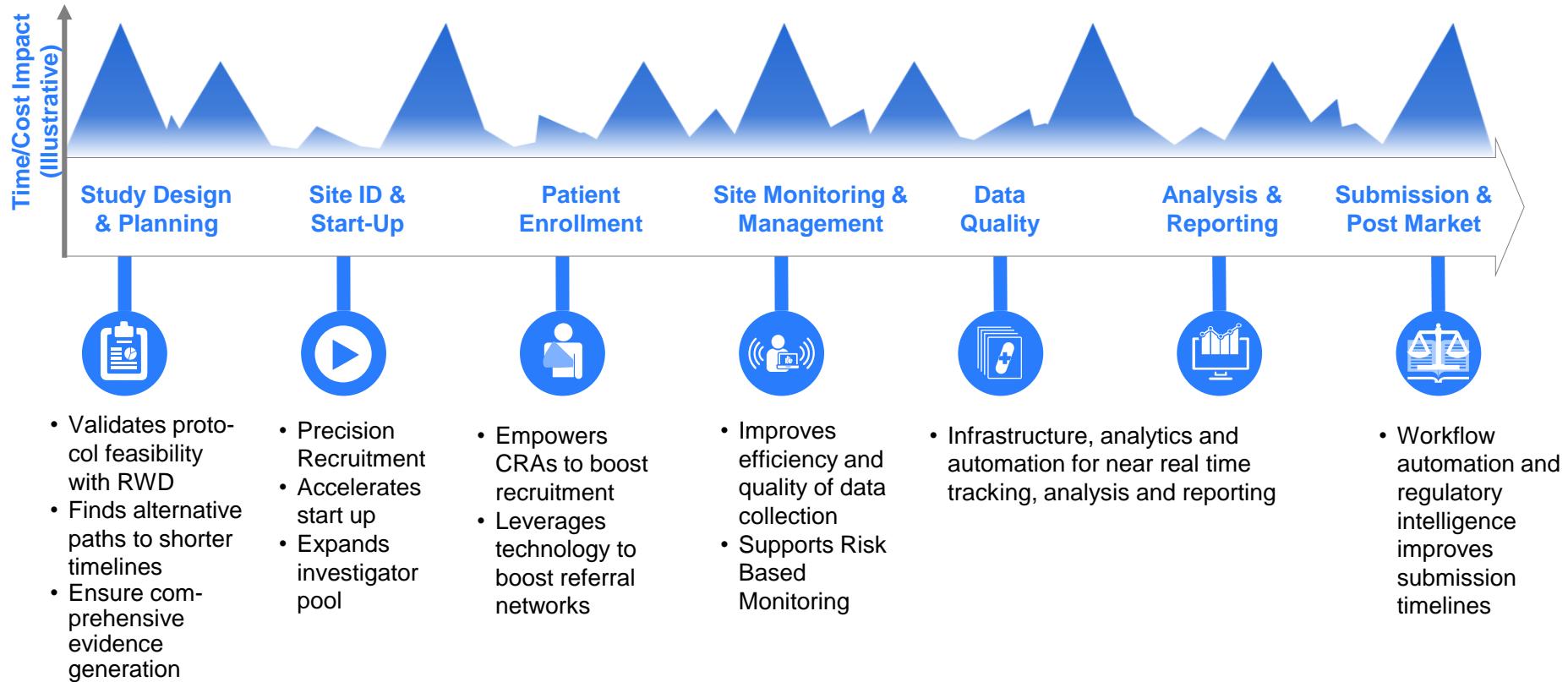
Risk Sharing



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

Integrated Process



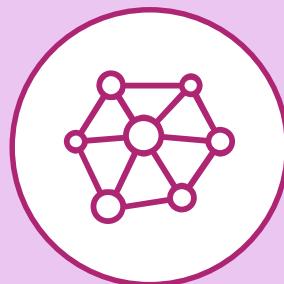
Integrated clinical data and automated processes – **compressed start-up timelines**

Integrated Insights



Integrated clinical and real-world insights – **reduced recruitment time**

Connected to clinical community



Partner sites **increases recruitment rates**

Focus on efficiency



Risk Based Monitoring solutions results in **cost reduction**

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

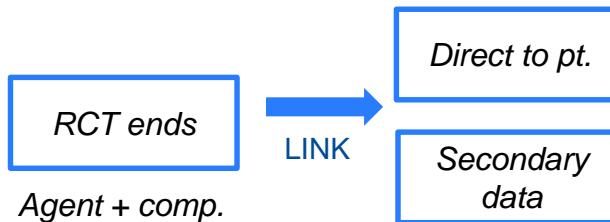
Regulatory guidance opens the door to RWE

-  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

1

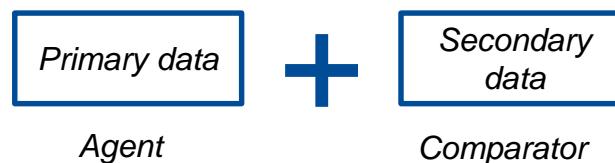
EXTENSION



- Can cut costs from site-based approaches

2

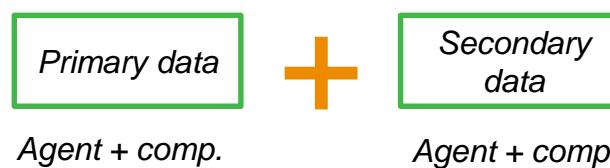
AUGMENTATION



- Using RWE to simulate control arms

3

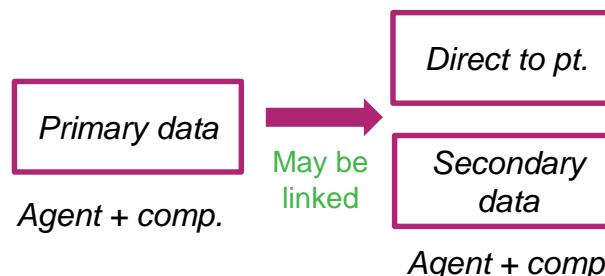
ENRICHMENT



- Single studies for regulators & payers

4

Pragmatic RANDOMIZATION



- Assures treatment is used
- Pragmatic approach is more efficient

Robust and relevant evidence from Randomized Pragmatic Trials (RPTs)

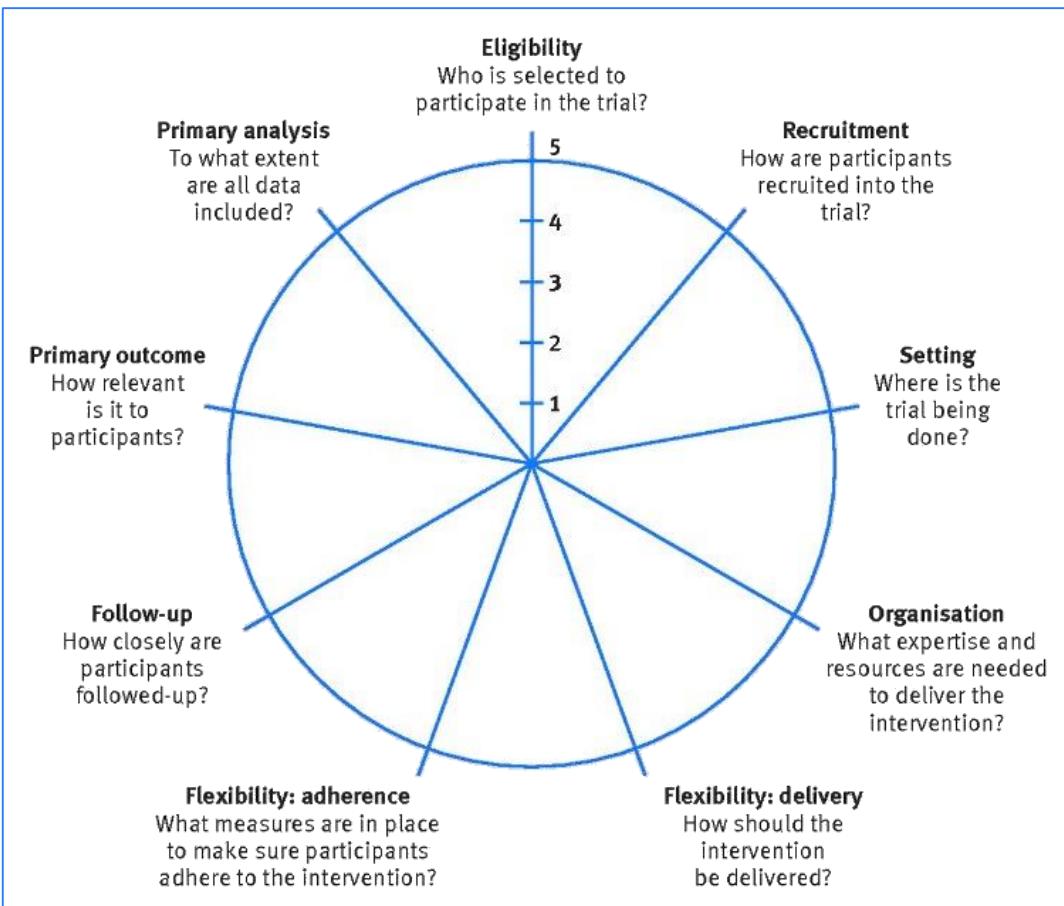
Key Benefit

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

Design considerations for RPT



Source: [BMJ 2015;350:h2147](https://bmj.com/content/350/bmjjournals/2015/0/h2147)

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

