Near-term opportunities to leverage RWE for regulatory use

Lynn Howie, MD

Medical Director, Flatiron Health

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Our need to understand cancer is only growing...

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Pre 1990's

Cancer was a histological and anatomical diagnosis with systemic therapy (chemotherapy) as our main option

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1990s

Targeted therapies such as monoclonal antibodies and tyrosine kinase inhibitors increased biological understanding of cancers

Today

Cell therapy, immunotherapy, pan-tumor therapy and more, treats patients of different genomic make up in a personalized manner



Our understanding of the role of RWE use has come a long way in a short amount of time





Flatiron's experience shapes our perspective on regulatory RWE



Since 2019, we've received regulator input/feedback on 22 unique RWE project opportunities with more than a dozen life science partners



¹Includes formal and informal meetings and written response only *Inclusive of submissions where Flatiron has provided direct regulatory support. © Flatiron Health

FDA has signaled specific circumstances in which RWD can complement traditional evidence



Significant unmet need, limited available therapies



Rare cohorts of interest, making randomized trials infeasible



Expected large effect size from preliminary data (e.g., from clinical trials)



Existing body of evidence around safety / efficacy of a drug in related population(s)

"In limited instances, FDA has accepted RWE to support drug product approvals... often when using a parallel assignment control arm is **unethical or not feasible and usually when the effect size is expected to be large**, based on preliminary data."

FDA's framework for RWE program



- Duke Margolis Whitepaper: Determining Real-World Data's Fitness for Use and the Role of Reliability

Regulatory feedback has highlighted common limitations of RWE that are critical to consider for a given use case

Endpoint definition and measurement

Lack of a) standardized definition of real-world efficacy outcome endpoints and/or b) characterizing concordance between real world and clinical trial measures of efficacy

RWD missingness

RWD are subject to different types of missingness (e.g., ECOG available at index), which may impact outcomes and conclusions

Cohort comparability

- Clinical trial eligibility criteria may not be available in RWD for real-world cohort selection resulting in non-equivalent populations impacting outcome comparisons and conclusions
- Unmeasured confounders currently blocks time-to-event real-world endpoints



Examples

Key

Near term opportunities for regulatory RWE



