

Near-term opportunities to leverage RWE for regulatory use

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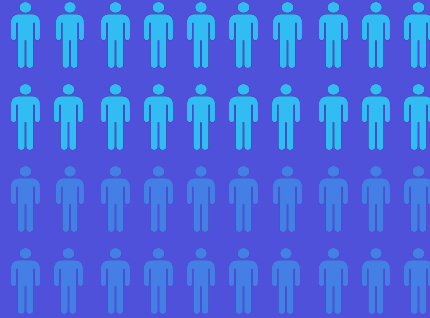
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Our need to understand cancer is only growing...



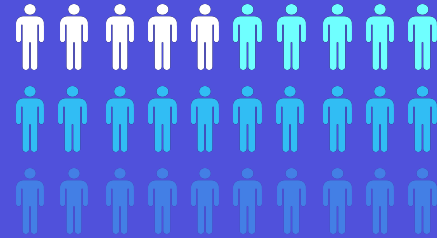
Pre 1990's

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



1990s

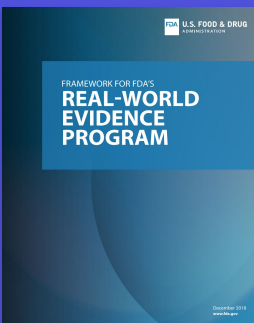
Targeted therapies such as monoclonal antibodies and tyrosine kinase inhibitors increased biological understanding of cancers



Today

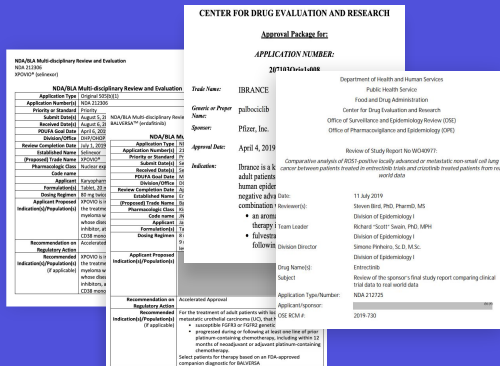
Cell therapy, immunotherapy, pan-tumor therapy and more, treats patients of different genomic make up in a personalized manner

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



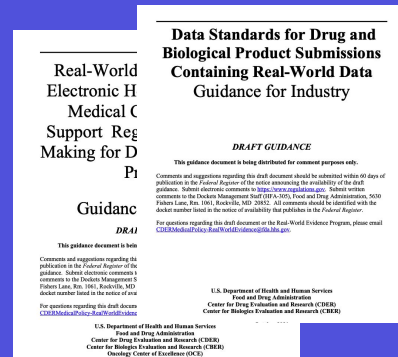
FDA RWE Framework

December 2018



Actionable Regulator Feedback

In Process



RWD/RWE Guidances

In Process

Flatiron's experience shapes our perspective on regulatory RWE

Supported
12 briefing packages
& **7** information
requests

Participated in
7 health
authority
meetings[†]

Flatiron RWE
used in
14 submissions*

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

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



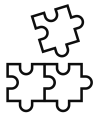
Significant unmet need, limited available therapies



Rare cohorts of interest, making randomized trials infeasible



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

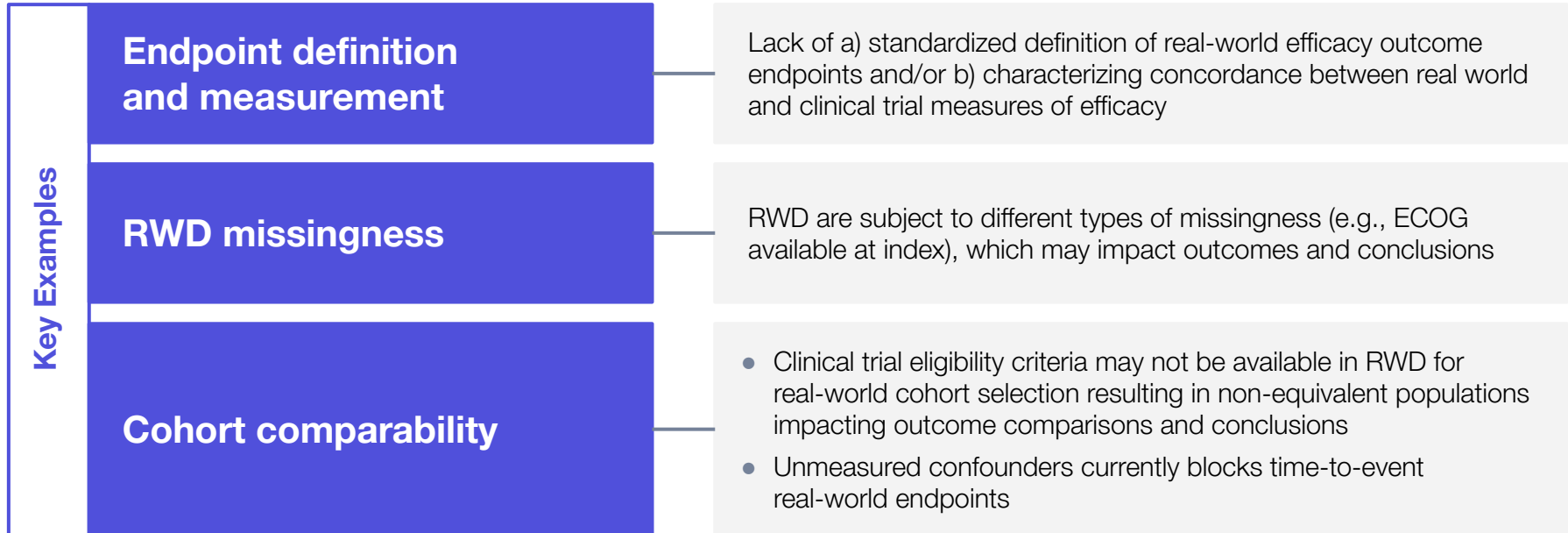


Existing body of evidence around safety / efficacy of a drug in related population(s)

“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

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



Near term opportunities for regulatory RWE

