

# Randomized Control Trials Vs. Real-World Evidence

**RCTs and RWE are mutually complementary forms of evidence generation**



Real-World Evidence (RWE) is a growing area of research not derived solely from the rigorously controlled standards of randomized controlled trials (RCT) but based on real-world patient data. RWE is gathered as an observational analysis of people in a less controlled environment and is focused on the efficacy and outcomes of therapies in a real-world setting.



## Randomized Control Trials



Focus: Efficacy of a Treatment

Definition: Artificial experiments designed to understand the efficacy of a treatment across a homogenous treatment group.

## Real-World Evidence

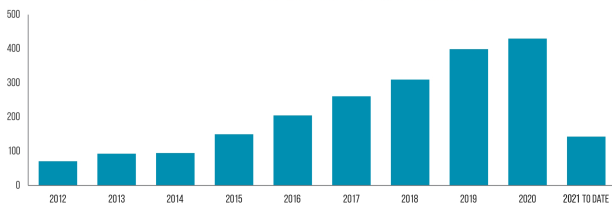


Focus: Effectiveness, safety, or costs of treatment

Definition: Observations of real-world populations in a heterogeneous group that reflects realistic scenarios, exposing the effectiveness of a treatment under various conditions

## Real World Studies

**More than 2,000 Real World Studies Registered to Date**



## KEY DIFFERENCES BETWEEN RCTs & RWE

	RCTs	RWE
Purpose	Efficacy	Effectiveness
Setting	Experimental	Real-World
Follow-up	Designed	Actual Practice
Treatment	Fixed Pattern	Variable Pattern
Study Group	Homogenous	Heterogeneous
Patient Monitoring	Per Protocol	Changeable

## ADVANTAGES

### OF RWE

(compared with RCTs)

- Less time and cost for evidence
- Safe research for high-risk groups
- Focus for special populations
- Detect low-frequency side effects
- Allows for comparison of treatment sequences
- More rapid data access and retrieval
- Foundational for AI

## LIMITATIONS

### OF RWE

(compared with RCTs)

- Doesn't allow accurate comparison with standard
- Selection bias is inherent
- Data quality may be lower
- More time for DQM
- Subject to multiple sources of bias
- Low internal validity

## Conclusion:

RWE can describe treatment efficacy in a "clinical practice" population. It can add insights on populations under-represented or excluded from pivotal clinical trials.



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