

A Process for the Emulation of Comparative Oncology Trials with Real-world Evidence (ENCORE)

Authors: Janick Weberpals¹, Kenneth L. Kehl², Donna R. Rivera³, ..., Sebastian Schneeweiss¹, Shirley V. Wang¹

Author affiliations:

¹ Division of Pharmacoepidemiology and Pharmacoeconomics, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

² Dana-Farber, ..., USA

³ Oncology Center of Excellence, US Food and Drug Administration, Silver Spring, MD, USA

Correspondence:

Shirley V. Wang, PhD

Division of Pharmacoepidemiology and Pharmacoeconomics,

Department of Medicine, Brigham and Women's Hospital, Harvard Medical School,

1620 Tremont Street, Suite 3030-R, Boston, MA 02120, USA

Phone: +1 617-278-0932

Fax: + 1 617-232-8602

Email: SWANG1@BWH.HARVARD.EDU

Article type: Review

Word count: xxx words / xxx words

Tables: x

Figures: x

Supplementary material: Supplementary tables and figures

Short running title: ...

Keywords: Oncology, Real-World Evidence, Trial emulation, EHR

Funding Statement: This project was supported by ...

Competing Interests Statement: Dr. Weberpals is now an employee of AstraZeneca and owns stocks in AstraZeneca. Dr. Wang has consulted ad hoc for Exponent Inc. and MITRE a federally funded research center for the Centers for Medicare and Medicaid Services on unrelated work. Dr. Schneeweiss is participating in investigator-initiated grants to the Brigham and Women's Hospital from Boehringer Ingelheim, Takeda, and UCB unrelated to the topic of this study. He owns equity in Aetion Inc., a software manufacturer. He is an advisor to Temedica GmbH, a patient-oriented data generation company. His interests were declared, reviewed, and approved by the Brigham and Women's Hospital in accordance with their institutional compliance policies.

Data sharing statement: ...

Analytic code sharing statement: ...

Proposed target journals: *JCO CCI => JAMA Network Open => CPT*

Manuscript last updated: 2024-11-28 19:31:18.07775

Abstract

xxx words/xxx words

...

Background

Randomized controlled trials (RCTs) have been the gold standard for establishing the efficacy and safety of medical products. With the advent of the the 21st Century Cures Act directive, the Food and Drug Administration (FDA) established a framework to increasingly include and additionally consider real-world evidence (RWE) generated from routine-care health data such as electronic health records (EHR) to evaluate and contextualize the comparative safety and effectiveness of novel cancer therapies.¹ With 21% of all approvals, oncology was the disease area with the most FDA drug approvals in 2023^[2], and especially in the field of precision oncology, RWE has a large potential to complement evidence coming from RCTs. Examples comprise the assessment of effectiveness in patient populations that are underrepresented in RCTs, the construction of external control arms in single-arm trials where active recruitment may not be feasible or the use of real-world data (RWD) for biomarker discovery and label extensions among pan-tumor populations that harbor specific genomic and immunological signatures.

However, the validity and transportability of results derived between RWE studies and RCTs can depend on many factors and frequently references limitations include missing data, small sample sizes, data discontinuity^{3, 4}, rapid changes in guideline treatment patterns and the inability to measure and emulate common eligibility criteria and prognostic factors in RWD.⁵ While there are published examples of emulations of oncology trials⁵⁻⁷, a systematic and scaled approach to emulate a diverse set of different oncology trials in various heterogeneous databases is necessary to gain confidence in the accuracy of RWE studies and to provide an answer as to which questions can be validly answered with which non-interventional study designs and analysis methods.

The RCT DUPLICATE initiative⁸ increased our understanding of when RWE studies can come to causal conclusions on treatment effects by comparing results against RCTs under the assumption that each RCT finding reflects a causal treatment effect. In settings where the RCT designs could be emulated well, RWE studies came to the same conclusions.⁹ However, prior work from RCT-DUPLICATE has focused primarily on emulating trials in the cardio-metabolic, renal, and pulmonary clinical areas using claims databases.

The *Emulation of Comparative Oncology Trials with Real-world Evidence* (**ENCORE**) project¹⁰ aims to extend this work to the field of oncology which comes with its own unique set of challenges that are not necessarily comparable with previous learnings from other disease areas and which must be systematically explored and understood. Building on a process co-developed with the FDA through RCT DUPLICATE⁸, this expansion to oncology is going to emulate 12 randomized clinical trials using multiple EHR data sources. The process includes an emphasis on transparency with documented assessment of data fitness of the RWD source for each trial^{11, 12} and conducting extensive sensitivity analyses to assess robustness of findings and trial eligibility criteria.

The objectives of this project are to develop state-of-the-art methodological approaches and apply those to create insights that may provide guidance on the potential use of RWE for regulatory science in oncology. This includes the systematic evaluation of the suitability of data in relation to the study design and statistical analysis by emulating 12 oncology trials across four cancers and assessing the agreement of treatment effect estimates between trial emulation and RCT.

In this process paper, we describe the design and process for the selection of the 12 oncology RCTs, the assessment of the database quality and selection, protocol development, study design and statistical analysis and final agreement metrics to evaluate the concordance between RCT and its emulation.

Methods

Systematic process for understanding the validity of RWE for oncology submissions

Trial selection

Data feasibility

Protocol development

Application of the target trial emulation framework to study design and statistical analysis

...¹³

Agreement metrics

Discussion

...

Conclusions

...

References

1. Purpura CA, Garry EM, Honig N, et al: The role of real-world evidence in FDA-approved new drug and biologics license applications. *Clinical Pharmacology & Therapeutics* 111:135–144, 2022
2. Senior M: Fresh from the biotech pipeline: Record-breaking FDA approvals. *Nature Biotechnology*, 2024
3. Merola D, Schneeweiss S, Schrag D, et al: An algorithm to predict data completeness in oncology electronic medical records for comparative effectiveness research [Internet]. *Annals of Epidemiology* 76:143–149, 2022 Available from: <http://dx.doi.org/10.1016/j.annepidem.2022.07.007>
4. Joshua Lin K, Jin Y, Gagne J, et al: Longitudinal data discontinuity in electronic health records and consequences for medication effectiveness studies. *Clinical Pharmacology & Therapeutics* 111:243–251, 2022
5. Rider JR, Wasserman A, Slipski L, et al: Emulations of oncology trials using real-world data: A systematic literature review. *American journal of epidemiology* kwae346, 2024
6. Merola D, Campbell U, Gautam N, et al: The action coalition to advance real-world evidence through randomized controlled trial emulation initiative: oncology. *Clinical Pharmacology & Therapeutics* 113:1217–1222, 2023
7. Merola D, Campbell U, Lenis D, et al: Calibrating observational health record data against a randomized trial. *JAMA Network Open* 7:e2436535–e2436535, 2024
8. Wang SV, Schneeweiss S, Franklin JM, et al: [Emulation of randomized clinical trials with nonrandomized database analyses: Results of 32 clinical trials](#). *Jama* 329:1376–1385, 2023
9. Heyard R, Held L, Schneeweiss S, et al: Design differences and variation in results between randomised trials and non-randomised emulations: Meta-analysis of RCT-DUPLICATE data [Internet]. *BMJ medicine* 3, 2024 Available from: <https://doi.org/10.1136/bmjmed-2023-000709>
10. Calibrating real-world evidence studies in oncology against randomized trials: ENCORE (last accessed 11/28/2024) [Internet], 2024 Available from: <https://www.fda.gov/about-fda/oncology-center-excellence/calibrating-real-world-evidence-studies-oncology-against-randomized-trials-encore>
11. Rivera DR, Eckert JC, Rodriguez-Watson C, et al: The oncology QCARD initiative:

Fostering efficient evaluation of initial real-world data proposals. *Pharmacoepidemiology and Drug Safety* 33:e5818, 2024

12. Gatto NM, Campbell UB, Rubinstein E, et al: The structured process to identify fit-for-purpose data: A data feasibility assessment framework. *Clinical Pharmacology & Therapeutics* 111:122–134, 2022

13. Weberpals J, Raman SR, Shaw PA, et al: A principled approach to characterize and analyze partially observed confounder data from electronic health records [Internet]. *Clinical Epidemiology* 16:329–343, 2024 Available from: <https://www.tandfonline.com/doi/abs/10.2147/CLEP.S436131>

Table 1: Criteria .

Criteria	Definition
Interventional study	The nature of the investigation or investigational use for which clinical study information is
Randomized allocation	The method by which participants are assigned to arms in a clinical trial.
Interventional study model	The strategy for assigning interventions to participants.
Sponsor/source	The entity (for example, corporation or agency) that initiates the study
Study start date	The estimated date on which the clinical study will be open for recruitment of participants,
Primary purpose	The main objective of the intervention(s) being evaluated by the clinical trial.
Primary outcome	A description of each primary outcome measure (or for observational studies, specific key me
Overall Recruitment Status	The recruitment status for the clinical study as a whole, based upon the status of the individ
Feasibility and clinical relevance	Are all key variables available to emulate the clinical trial at hand and is the clinical trial co

Tables

Table 2: Tentative list of randomized controlled trials (RCTs) considered for emulation.

NCTID	Acronym	Clinical setting
Non-small cell lung cancer		
NCT02296125	FLAURA	Advanced/metastatic EGFRm+
NCT01673867	CheckMate057	Metastatic non-squamous
NCT03215706	CheckMate9LA	Metastatic
Breast cancer		
NCT01740427	PALOMA-2	Advanced postmenopausal ER-positive and HER2-negative
NCT02819518	KEYNOTE-355	Locally recurrent inoperable or metastatic triple negative
NCT01772472	KATHERINE	HER2-positive
Colorectal cancer		
NCT04737187	SUNLIGHT	Refractory metastatic
NCT01374425	MAVERICC	Metastatic
NCT02563002	KEYNOTE-177	Metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient
Multiple Myeloma		
NCT01568866	ENDEAVOR	Relapsing or progressing disease
NCT02252172	MAIA	Newly diagnosed
NCT01239797	ELOQUENT - 2	Relapsed or refractory

Figures

[View figure in higher resolution](#)

Figure 1: Systematic process to understand effectiveness claims of oncology trials using real-world evidence

