

Use cases for development, optimisation and implementation of artificial intelligence methods for real world data analyses in regulatory decision-making and health technology assessment along the product lifecycle (Real4Reg)

**First published:** 29/06/2023

**Last updated:** 20/11/2025

Study

Ongoing

## Administrative details

**EU PAS number**

EUPAS105544

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**Study ID**

105545


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**DARWIN EU® study**

No

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**Study countries**

 Denmark

 Finland

 Germany

 Portugal

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## **Study description**

The use of real world data (RWD) is established in regulatory processes such as safety monitoring, but evidentiary value for further use cases, especially in the pre-authorisation and evaluation phase of medicinal products, is rudimentary. Also, the use of RWD in post-authorisation steps is constrained by data variability and by challenges in analysing data from different settings and sources. Moreover, there are emerging opportunities in the use of artificial intelligence (AI), but there is a lack of knowledge on its appropriate application to heterogeneous RWD sources to increase evidentiary value in the regulatory decision-making and health technology assessment (HTA) context. Thus, the development of new and optimised AI-supported methodologies for RWD analyses is essential. In addition, the four use cases to be investigated in this study contain phenotype-specific open questions of high regulatory interest.

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## **Study status**

Ongoing

## Research institutions and networks

### Institutions

Pharmacoepidemiology Research, Federal Institute for Drugs and Medical Devices (BfArM)

 Germany

**First published:** 02/06/2023


**Last updated:** 23/04/2024

**Institution**

Regulatory Authority

ENCePP partner

## Real-World Evidence Team, University of Eastern Finland (RWE team)

 Finland

**First published:** 20/12/2017


**Last updated:** 27/08/2024

**Institution**

Educational Institution

ENCePP partner

## Aarhus University & Aarhus University Hospital DEPARTMENT OF CLINICAL EPIDEMIOLOGY

 Denmark


**First published:** 20/07/2021

**Last updated:** 08/05/2026

**Institution**

Educational Institution

Data Analytic Center (DAC), Danish Medicine Agency

 Denmark

**First published:** 17/04/2023

**Last updated:** 17/04/2023

**Institution**

EU Institution/Body/Agency

ENCePP partner

## INFARMED – National Authority of Medicines and Health Products, I.P.

 Portugal

**First published:** 19/11/2025

**Last updated:** 08/04/2026

**Institution**


EEA National Competent authority

Healthcare payer

Regulatory Authority

ENCePP partner

## Deutsches Zentrum für Neurodegenerative Erkrankungen e. V. (DZNE)

 Germany

**First published:** 20/11/2025

**Last updated:** 20/11/2025





**Institution**

Hospital/Clinic/Other health care facility

Fraunhofer Society, Fraunhofer Institute for Algorithms and Scientific Computing (SCAI), Research Group AI and Data Science Sankt Augustin, Germany;  
IT Centre for Science (CSC) Espoo, Finland;  
European Organization for Professionals and Patients with ALS (EUpALS) Leuven, Belgium;  
European Institute of Women's Health (EIWH) Dublin, Ireland.

## Networks

### Real4Reg

-  Belgium
-  Denmark
-  Finland
-  Germany
-  Ireland
-  Portugal

**First published:** 01/02/2024

**Last updated:** 08/05/2024

Network

# Contact details

## Study institution contact

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Study contact

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## Primary lead investigator

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Primary lead investigator

## ORCID number:

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# Study timelines

## Date when funding contract was signed

Planned: 05/11/2022

Actual: 11/11/2022

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## Study start date

Planned: 01/09/2023

Actual: 11/09/2023

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## Date of final study report

Planned: 31/12/2026

# Sources of funding

- Other

## More details on funding

HORIZON Europe (European Union, European Commission)

## Study protocol

[Study\\_protocols\\_Real4Reg\\_2023\\_June\\_29.pdf](#) (1.35 MB)

[Real4Reg\\_protocols\\_usecases\\_1-4.pdf](#) (2.74 MB)

[Study\\_protocols\\_Real4Reg\\_2024\\_April\\_11.pdf](#) (1.48 MB)

## Regulatory

**Was the study required by a regulatory body?**

No

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**Is the study required by a Risk Management Plan (RMP)?**

Not applicable

## Methodological aspects

Study type

Study type list

**Study topic:**

Disease /health condition  
Human medicinal product

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**Study type:**

Non-interventional study

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**Scope of the study:**

Assessment of risk minimisation measure implementation or effectiveness

Disease epidemiology

Drug utilisation

Effectiveness study (incl. comparative)

Method development or testing

Safety study (incl. comparative)

**Data collection methods:**

Secondary use of data

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**Study design:**

See study protocols.

**Main study objective:**

The study develops tools & technologies for the effective analyses of real-world data (RWD) in regulatory decision-making & HTA based on four highly relevant uses cases along the pre-& post-authorisation steps of the product life cycle.

Portugal, Finland, Denmark, & Germany provide routine care RWD.

## Study Design

### **Non-interventional study design**

Cohort

Other

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### **Non-interventional study design, other**

External control arm study

## Study drug and medical condition

### **Anatomical Therapeutic Chemical (ATC) code**

(A10BH) Dipeptidyl peptidase 4 (DPP-4) inhibitors

Dipeptidyl peptidase 4 (DPP-4) inhibitors

(A10BK) Sodium-glucose co-transporter 2 (SGLT2) inhibitors

Sodium-glucose co-transporter 2 (SGLT2) inhibitors

(J01) ANTIBACTERIALS FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

(J01MA) Fluoroquinolones

Fluoroquinolones

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### **Medical condition to be studied**

Type 2 diabetes mellitus

Amyotrophic lateral sclerosis

Breast neoplasm

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### **Additional medical condition(s)**

Cardiac arrhythmias, Peripheral neuropathies, Drug-induced liver injury, Cardiac failure, Sudden cardiac death

## Population studied

## Short description of the study population

The source population come from health registers for the entire adult population ( $\geq 18$  years) in Denmark, Finland, and Portugal and from claims records of public health insurance providers in Germany ( $\sim 90\%$  of population). Populations studied vary by use case, see settings below.

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### Age groups

- Adults (18 to  $< 46$  years)
  - Adults (46 to  $< 65$  years)
  - Adults (65 to  $< 75$  years)
  - Adults (75 to  $< 85$  years)
  - Adults (85 years and over)
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### Estimated number of subjects

88000000

## Study design details

### Setting

Adult population ( $\geq 18$  years unless otherwise specified).

Inpatient and outpatient data is used.

Setting varies by use case, in short:

1&2: a) persons diagnosed with incident primary breast cancer and external controls,

b) persons diagnosed with incident ALS and external controls,

3. persons with prescriptions of oral antibiotics,

4. persons with prescriptions of noninsulinic antidiabetes drugs ( $\geq 40$  years).

Study period:

for use cases 1&2: 2000/2005/2008\*-2021;

for use case 3: 2010-2021\*;

for use case 4: 2012-2021\*.

\*depending on data availability

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## **Comparators**

Use case 3: fluoroquinolones compared to active comparators

Use case 4: SGLT-2 inhibitors compared to active comparators

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## **Outcomes**

For details, see protocols.

Use case 1&2: incidence, prevalence, survival time, mortality; further outcomes see protocol;

Use case 3: number of prescriptions, trends in user characteristics, sudden cardiac death or cardiac arrhythmia, sudden cardiac death, aortic aneurysm and dissection, acute toxic liver disease, polyneuropathy;

Use case 4: proportion of SGLT-2 inhibitor prescription/non-insulin antidiabetic prescriptions, change in user characteristics, hospital admission, heart failure diagnosis, mortality.

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## **Data analysis plan**

Use Case (UC) 1

\* Define a simplified common data model based on OMOP to harmonise metadata

\* Determine the population as well as rates of occurrence and outcome using

the STROBE standards (Strengthening the Reporting of Observational studies in Epidemiology).

\* Examine heterogeneity within the dataset, including coding practices in the four partners, representativeness etc.

\* Develop a workflow to subset and display RWD by user definable inclusion/exclusion criteria; workflow allows to display summary statistics and disease trajectories of selected patients.

\* Generate synthetic data based on RWD of BC patients using a generative AI technique such as HALO [<https://www.nature.com/articles/s41467-023-41093-0>]

UC 2

\* Construct synthetic and external control arms for RWD ALS patients (based on data from the ProACT database: <https://ncrl.partners.org/ProACT>) by implementing different propensity score matching algorithms from the literature

\* Generate synthetic data based on ProACT by training generative AI approaches such as Multimodal Neural ODEs

[<https://pubmed.ncbi.nlm.nih.gov/17910531/>]

UCs 3 and 4

\* Drug utilisation study: description of outcomes:

UC 3: proportion of fluorquinolone (FQ) and comparison antibiotics prescriptions out of all oral antibiotic prescriptions, change in user characteristics;

UC 4: proportion of SGLT-2 inhibitors users and DPP-4 inhibitors users out of all non-insulin antidiabetic drug users, change in user characteristics

\* Adverse drug reaction study concerning FQ use (UC 3) and effectiveness analysis concerning SGLT-2 inhibitor use (UC4):

· Use active comparator new user (ACNU) design,

· Derive propensity scores for ACNU design from pre-specified covariates using different approaches

· Derive average treatment effect using Target Maximum Likelihood Estimation

· Estimate conditional average treatment effect using different approaches

See study protocols for more details.

## Documents

### Study, other information

[WP leaders R4R\\_2025.pdf](#) (407.74 KB)

[Checklists protocols UC1-4\\_signed.pdf](#) (9.2 MB)

[Declarations\\_of\\_Interest\\_Real4Reg\\_2025.pdf](#) (2.35 MB)

### Study publications

[The EU project Real4Reg: unlocking real-world data with AI Background The u...  
Supplementing Single-Arm Trials with External Control Arms—Evaluation of  
German...](#)

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## Data management

### ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

This study has been awarded the ENCePP seal

### Conflicts of interest of investigators

[Declarations\\_of\\_Interest\\_Real4Reg\\_2024.pdf](#) (2.27 MB)

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### Composition of steering group and observers

[WP leaders R4R\\_2024.pdf](#) (77.94 KB)

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### **Signed code of conduct**

[ENCePPCoCAnnex3\\_DeclarationofcompliancewiththeENCePPCodeofConduct\\_Real4Reg.pdf](#)  
(411.29 KB)

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### **Signed code of conduct checklist**

[Checklist\\_Code\\_of\\_Conduct\\_Real4Reg.pdf](#) (2.64 MB)

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### **Signed checklist for study protocols**

[Checklist\\_study\\_protocols\\_Real4Reg\\_spring\\_2024.pdf](#) (1.52 MB)

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## Data sources

### **Data source(s)**

Danish registries (access/analysis)

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### **Data source(s), other**

- Registo Oncológico Nacional (RON) - Portugal;
  - Individual-level data collected from the Finnish national healthcare, mortality and population registers and censuses - Finland;
  - Health Data Lab - Germany.
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### **Data sources (types)**

[Administrative healthcare records \(e.g., claims\)](#)

[Disease registry](#)

[Electronic healthcare records \(EHR\)](#)

[Population registry](#)

## Use of a Common Data Model (CDM)

## **CDM mapping**

Yes

## **CDM Mappings**

### **CDM name**

OMOP

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### **CDM website**

<https://www.ohdsi.org/Data-standardization/>

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## Data quality specifications

### **Check conformance**

Unknown

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### **Check completeness**

Unknown

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### **Check stability**

Unknown

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### **Check logical consistency**

Unknown

## Data characterisation

### **Data characterisation conducted**

Unknown