



Mapping of Existing Disease-Specific Data Sources in Latin America for the Conduct of Real-World Studies

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BACKGROUND

- Safety and cost-effectiveness assessment of new drugs increasingly require the collection of disease-specific variables in the real-world practice setting.
- Given the importance of having fit-for-purpose data sources, while ensuring efficiencies in preventing duplication of data collection, absence of a central repository of longitudinal and disease-specific data sources in Latin America (LATAM) represents a major challenge.

OBJECTIVES

- Identify and characterize existing real-world data (RWD) sources in Latin America for 19 diseases of interest in 5 disease areas: hematology/oncology; immunology; infectious diseases; metabolic diseases; and central nervous system;
- Determine the usefulness of identified data sources for observational research.

METHODS

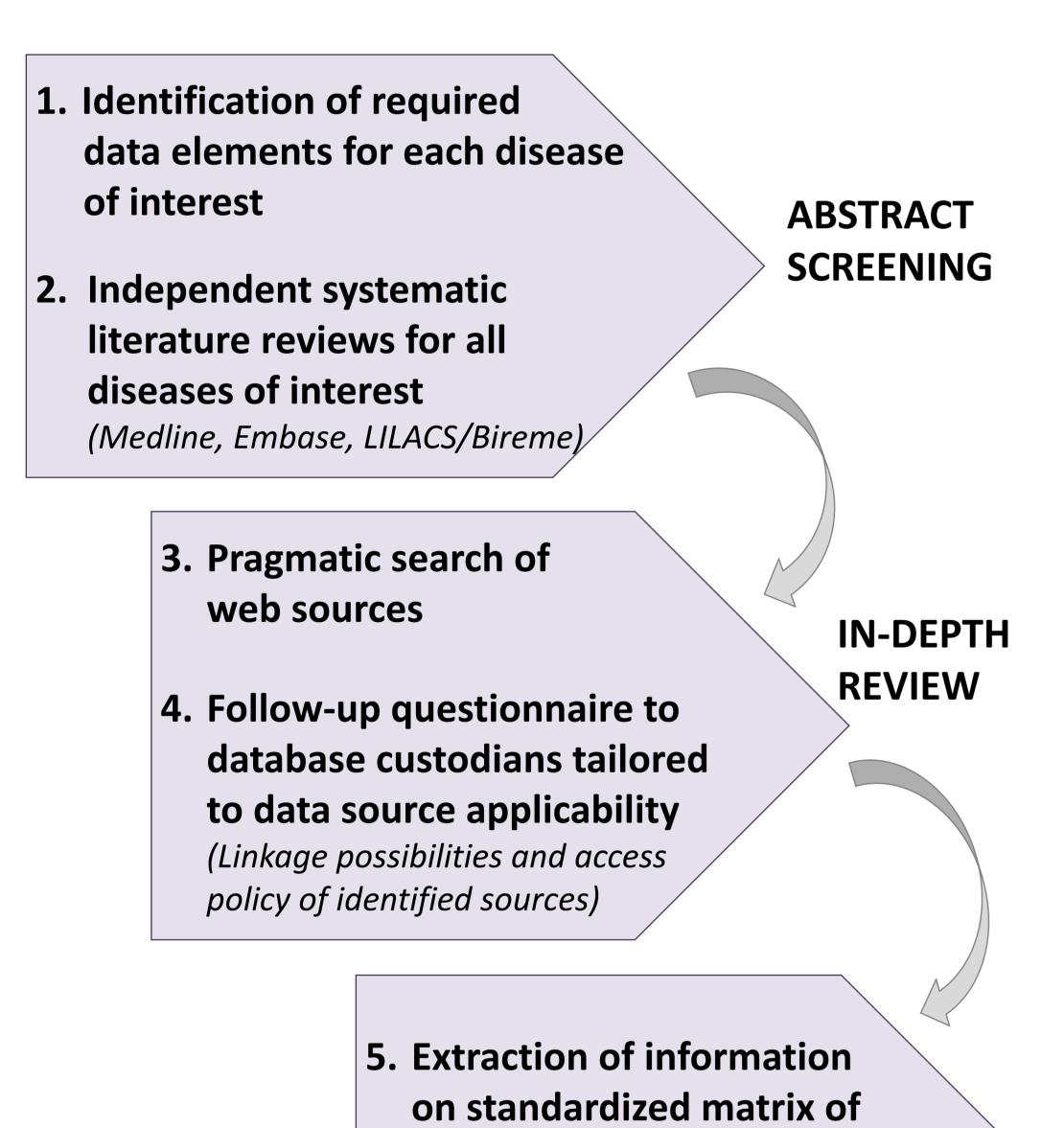


Table 1. Criteria for the assessment of usefulness of data sources

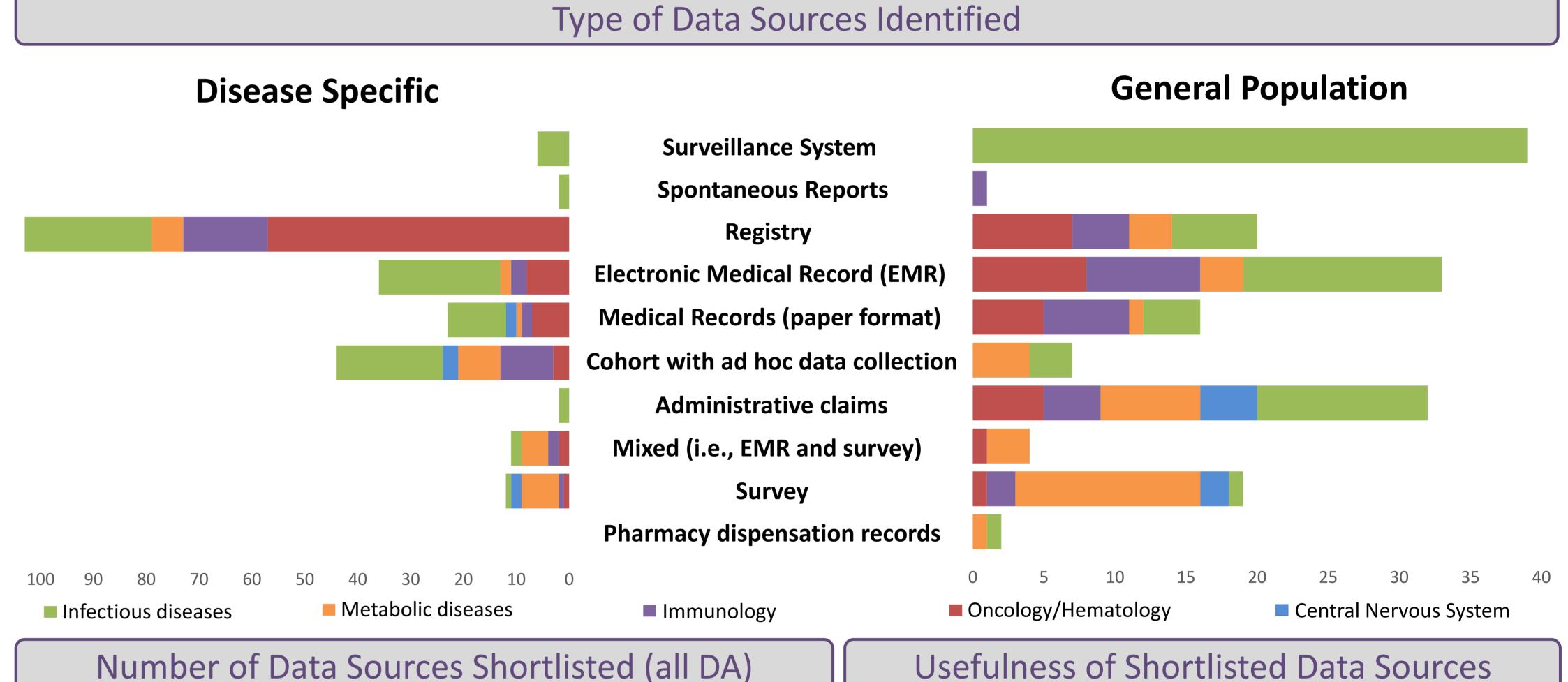
usefulness

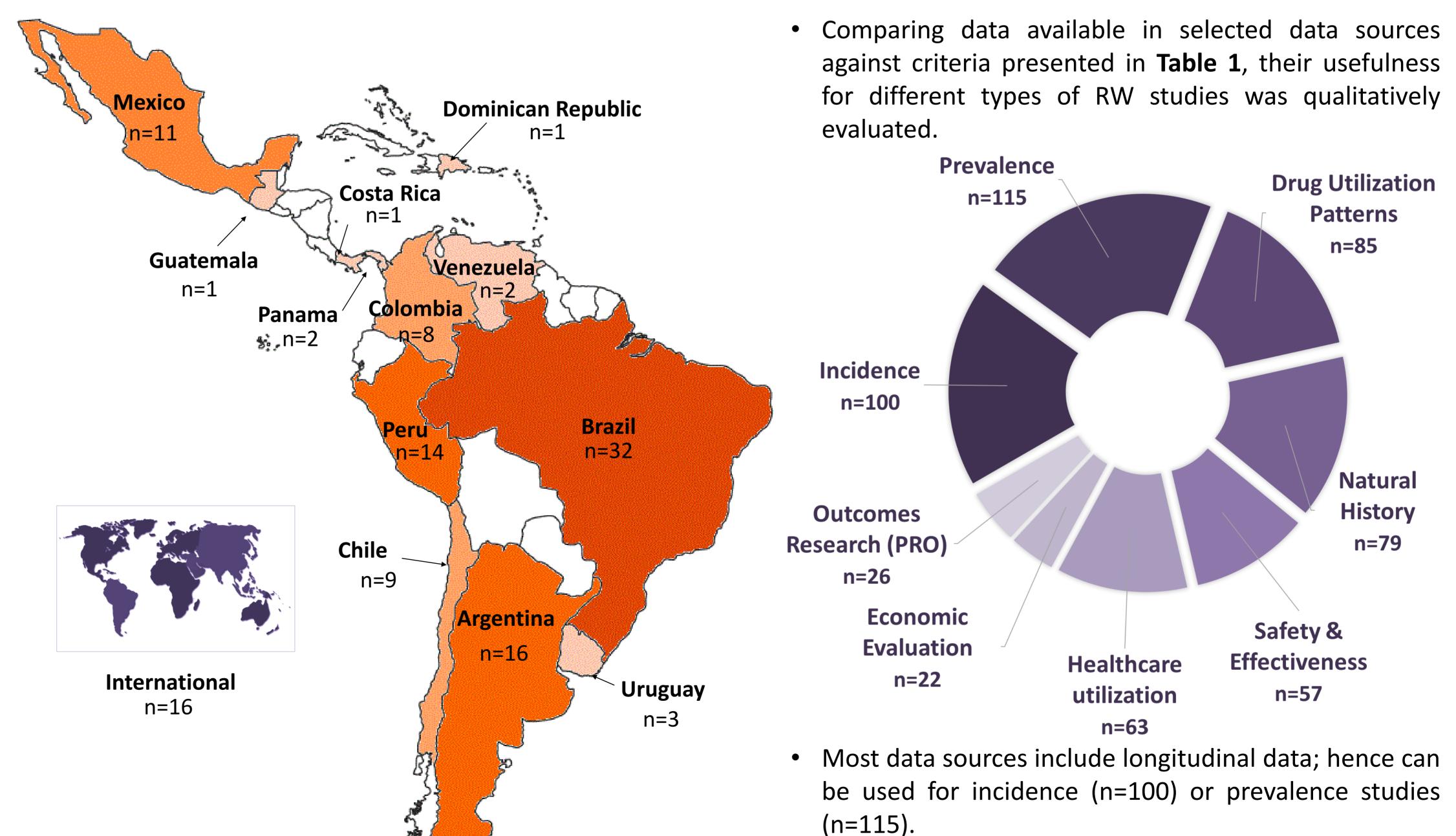
characteristics

6. Assessment of database

Type of Study	Required Characteristics or Data
Prevalence	- Cross-sectional data
Incidence	- Longitudinal data
Drug utilization	- Prescription or drug dispensing
	- Longitudinal data
Natural history	- Clinical outcomes
of the disease	- Longitudinal data
Safety and	- Patient characteristics:
effectiveness	 Socio-demographic
	 Medical history
	 Comorbidity
	- Disease characteristics and symptoms
	- Treatments
	- Clinical outcomes & Death
	- Longitudinal data
Healthcare	- Drugs, visits, tests, hospitalizations
utilization	- Longitudinal data
Economic	- Same as above, with cost data
evaluation	Jaine as above, with tost data
Outcomes	- Quality of life measures, work
research	productivity, etc.
	- Patient questionnaire

RESULTS Number of Data Sources per Disease Area (DA) Quorum Chart of Literature Review Records identified in Medline, - Chronic Lymphocytic Leukemia (n=10) **Embase and Lilacs/Bireme databases** Oncology/Hematology* - Multiple Myeloma (n=20) (n = 14,554)(n=108) - Non-Hodgkin Lymphoma (n=35) - Prostate Cancer (n=43) **Duplicates** - Crohn's Disease & Ulcerative Colitis (n=1,550) (n=12)Immunology* - Rheumatoid Arthritis, Ankylosing (n=59)**Spondylitis and Psoriatic Arthritis (n=37) Records screened** - Psoriasis (n=10) Unique (n = 13,004)Data - Respiratory Syncytial Virus (n=11) **Sources** (n=343) - HIV (n=51) **Infectious Diseases*** - Hepatitis B/C (n=33 (n=171)Data sources added - Influenza (n=36) following pragmatic - Tuberculosis (n=40) searches **Metabolic Diseases*** (n=107, some counted - Type II Diabetes (n=64) (n=64)multiple times) - Schizophrenia (n=8) Unique data sources included in the Central Nervous System* - Treatment Resistant Depression (n=5) (n=13)searchable matrix (n = 343)* Some data sources are duplicates and have been counted for more than one disease





CONCLUSION

evaluation (n=22).

However, only a limited number of data sources is

adapted for outcomes research (n=26) or economic

- This project contributed to the development of a repository of available RWD sources in Latin America
- Almost all identified data sources include details regarding treatment patterns (i.e., daily dose, medication history) and clinical characteristics (i.e., symptoms, medical history, clinical outcomes).
- However, most lack information on PROs and costs. Therefore, use of additional data sources (i.e., patients interviews, administrative claims data) will be key to collect patients' experience and identify unmet needs or treatment gaps.